

Provider Update



This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com/KS>.

Prior authorization notice

Summary of change: The Kansas Drug Utilization Review Board reviewed and approved the prior authorization (PA) criteria for the drugs listed in the table below. These drugs will require PA on the effective date indicated on the table. This notice applies to Amerigroup Kansas, Inc. benefits in Kansas.

PA required		
Therapeutic class	Medication	Effective date
GLP-1 receptor agonist	Adlyxin® (lixisenatide)	1/20/2017
Beta blocker/ARB combination	Byvalson® (nebivolol/valsartan)	1/20/2017
NSAID plus H2 blocker	Duexis® (ibuprofen/famotidine)	1/20/2017
Intranasal antihistamine/corticosteroid	Dymista® (azelastine/fluticasone)	1/20/2017
SGLT2 inhibitor combination	Glyxambi® (empagliflozin/linagliptin)	1/20/2017
SGLT2 inhibitor combination	Invokamet® (canagliflozin/metformin)	1/20/2017
DPP-IV combination	Janumet® (sitagliptin/metformin)	1/20/2017
DPP-IV combination	Janumet XR® (sitagliptin/metformin ER)	1/20/2017
DPP-IV combination	Jentaduetto® (Linagliptin/metformin)	1/20/2017
DPP-IV combination	Jentdueto XR® (Linagliptin/metformin ER)	1/20/2017
DPP-IV combination	Kazano® (alogliptin/metformin)	1/20/2017
Immunomodulator	Keytruda® (pembrolizumab)	1/20/2017
DPP-IV combination	Kombiglyze XR® (saxagliptin/metformin)	1/20/2017
Opioid	Nucynta ER® (Tapentadol ER)	1/20/2017
Opioid	Opana ER® (Oxymorphone ER)	1/20/2017

DPP-IV combination	Oseni® (alogliptin/pioglitazone)	1/20/2017
SGLT2 Inhibitor combination	Synjardy® (empagliflozin/metformin)	1/20/2017
LA opioid	Targiniq ER® (Oxycodone/Naloxone ER)	1/20/2017
Antineoplastic agent	Tecentriq® (atezolizumab)	1/20/2017
LA opioid	Troxyca ER® (Oxycodone ER)	1/20/2017
NSAID plus PPI	Vimovo® (naproxen/esomeprazole)	1/20/2017
SGLT2 inhibitor combination	Xigduo XR® (dapagliflozin/metformin)	1/20/2017
LFA-1 antagonist	Xiidra® (lifitegrast)	1/20/2017
Prostaglandin analog	Zioptan® (Tafluprost)	1/20/2017
ARB/CCB combination	Azor® (amlodipine/olmesartan)	1/20/2017
ARB/CCB combination	Twynsta® (amlodipine/telmarstan)	1/20/2017
ARB/CCB combination	Exforge® (amlodipine/varsartan)	1/20/2017

What action do I need to take?

You will need to obtain prior authorization to continue coverage beyond the applicable effective date.

What if I need assistance?

To obtain a PA, call our Pharmacy PA department at 1-855-201-7170 and follow the voice prompts for pharmacy PA.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.