

Provider Update



Prior authorization notice

Prior authorization (PA) criteria for the drugs listed in the table below were previously reviewed and approved by the Kansas Drug Utilization Review Board. This is a reminder that these drugs require PA as previously communicated through KMAP publications.

THERAPEUTIC CLASS	MEDICATION
Immunological Agent	C9015-Injection, C1 esterase inhibitor (human), Haegarda, 10 units
Antitoxin	J0565-Injection, bezlotoxumab, 10 mg
Immunological Agent	J1602-Injection, golimumab, 1 mg, for intravenous use
Immunological Agent	J3358-Ustekinumab, for intravenous injection, 1 mg
Antiemetic	J1453-Aprepitant (Emend®), Fosaprepitant (Emend IV)
Antineoplastic Monoclonal Antibody	C9483/J3590/J9999-Atezolizumab (Tecentriq®)
Immunological Agent	J0596-C1 Esterase Inhibitors (Ruconest®)
Immunological Agent	J0638-Canakinumab (Ilaris®)
Musculoskeletal Agent	J0775-Collagenase clostridium histolyticum (Xiaflex®)
Antineoplastic Monoclonal Antibody	J9145-Daratumumab (Darzalex®)
Androgenic Agent	J3121-Delatestryl®
Antineoplastic	J9176-Elotuzumab (Empliciti®)
Antiretroviral	J1324-Enfuvirtide (Fuzeon®)
Musculoskeletal	C9484/J1428-Eteplirsen (Exondys 51)
Central Nervous System — Multiple Sclerosis Agents	J1595-Glatiramer (Copaxone®)
Hormone	J9226-Histrelin acetate (Supprelin® LA)
Antineoplastic Monoclonal Antibody	C9492/J3590/J9999-Imfinzi™ (durvalumab)
Immunological Agent	J9214-Interferon alfa-2b (Intron A)
Immunological Agent	J9213-Interferon alfacon-1 (Infergen®)
Central Nervous System — Multiple Sclerosis Agents	J1826/J3490/Q3027/Q3028 - Interferon beta-1a (Avonex®, Plegridy® & Rebif®)
Antineoplastic	J9205-Irinotecan (Onivyde®)
Antineoplastic	C9485/J9285-Lartruvo® (olaratumab)
Hormone	J9218-Leuprolide (Lupron®)
Immunosuppressant	J3490/J3590-Methotrexate (Otrexup® & Rasuvo®)
Injection	J2326-Nusinersen, 0.1 mg
Injection	J2350-Ocrelizumab, 1 mg
Injection	J9022-Atezolizumab, 10 mg
Injection	J9023-Avelumab, 10 mg
Gastrointestinal	J2212-Methylnaltrexone (Relistor®)
Hormone	C9399-Parathyroid hormone (Natpara®)
Antineoplastic Agent	J9999-Peginterferon alfa-2b (Sylatron®)
Antigout	J2507-Pegloticase (Krystexxa®)
Antineoplastic Agent	J9271-Pembrolizumab (Keytruda®)
Central Nervous System — ALS Agent	C9493/J3490-Radicava® (edaravone)

<https://providers.amerigroup.com/KS>

THERAPEUTIC CLASS	MEDICATION
Respiratory Agent	J2786-Reslizumab (Cinqair®)
Immunological Agent	J2793-Riloncept (Arcalyst®)
Enzyme Replacement	J2840-Sebelipase Alfa (Kanuma®)
Hormone	S0189/J3490-Testopel Pellets®
Analgesic Agent	J2278-Ziconotide intrathecal infusion (Prialt®)

Please use one of the following methods to request PA:

- **Web:** <https://www.Availity.com>
- **Fax:** 1-800-964-3627
- **Phone:** 1-800-454-3730

Federal and state law, as well as state contract language including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

If you have questions about this PA update, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.