

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: Prior authorization (PA) criteria for the drugs listed in the table below were reviewed and approved by the Kansas Drug Utilization Review Board. These drugs will require PA on the effective date indicated on the table.

What this means to you

- Effective as indicated in the table, PA requirements will apply.
- This notice applies to Amerigroup Kansas, Inc. benefits in Kansas.

What is the impact of this change?

PA required		
Therapeutic class	Medication	Effective date
Muscle Relaxant	Amrix [®] (cyclobenzaprine ER)	04/01/2017
Sulfonylurea/Thiazolidinedione combination	Avandaryl [®] (rosiglitazone/glimepiride)	04/01/2017
Duchenne Muscular Dystrophy Agent	Exondys 51 [®] (eteplirsen)	04/01/2017
Nitroglycerin Agent	GoNitro [®] (nitroglycerin sublingual powder)	04/01/2017
Aspirin/Proton Pump Inhibitor Combination	Yosprala [®] (aspirin/omeprazole)	04/01/2017
Omeprazole/Sodium Bicarbonate Combination	Zegerid [®] (omeprazole/sodium bicarbonate)	04/01/2017
Human Monoclonal Antibody	Zinplava [®] (bezlotoxumab)	04/01/2017
Sleep Agent	Zolpimist [®] (zolpidem tartrate spray)	04/01/2017

What action do I need to take?

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

What if I need assistance?

To obtain a PA, please 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.