

Provider Update



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 table, PA requirements will apply. This notice applies to Amerigroup Kansas, Inc. benefits.

What is the impact of this change?

PA requirements		
Therapeutic class	Medication	Effective date
Antipsychotic agent	aripiprazole (Abilify®, Abilify Maintenna®, Aristada®)	05/01/2016
Antipsychotic agent	asenapine (Saphris®)	05/01/2016
Antipsychotic agent	brexpiprazole (Rexulti®)	05/01/2016
Antipsychotic agent	cariprazine (Vraylar®)	05/01/2016
Antipsychotic agent	chlorpromazine	05/01/2016
Antipsychotic agent	clozapine (Clozaril®, Fazaclo®)	05/01/2016
Antipsychotic agent	fluphenazine	05/01/2016
Antipsychotic agent	haloperidol (Haldol®)	05/01/2016
Antipsychotic agent	iloperidone (Fanapt®)	05/01/2016
Antipsychotic agent	loxapine (Adasuve®)	05/01/2016
Antipsychotic agent	lurasidone (Latuda®)	05/01/2016

Antipsychotic agent	olanzapine (Zyprexa [®] , Zyprexa Zydis [®])	05/01/2016
Antipsychotic agent	olanzapine pamoate (Zyprexa Relprevv [®])	05/01/2016
Antipsychotic agent	olanzapine/fluoxetine (Symbyax [®])	05/01/2016
Antipsychotic agent	paliperidone (Invega [®])	05/01/2016
Antipsychotic agent	paliperidone palmitate (Invega Sustenna [®] , Invega Trinza [®])	05/01/2016
Antipsychotic agent	perphenazine	05/01/2016
Antipsychotic agent	pimozide (Orap [®])	05/01/2016
Antipsychotic agent	prochlorperazine maleate (Compazine [®])	05/01/2016
Antipsychotic agent	quetiapine (Seroquel [®])	05/01/2016
Antipsychotic agent	quetiapine fumarate (Seroquel XR [®])	05/01/2016
Antipsychotic agent	risperidone (Risperdal [®] , Risperdal Consta [®] , Risperdal M-Tab [®])	05/01/2016
Antipsychotic agent	thioridazine HCl	05/01/2016
Antipsychotic agent	thiothixene	05/01/2016
Antipsychotic agent	trifluoperazine	05/01/2016
Antipsychotic agent	ziprasidone (Geodon [®])	05/01/2016

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 please call our Pharmacy PA department at 1-855-201-7170 and follow the voice prompts for pharmacy prior authorization.

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