

Provider Update



Prior authorization notice

Summary: 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 as of 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
Respiratory agent	Cinqair [®] (reslizumab)	9/15/16
Farnesoid X receptor agonist	Ocaliva [®] (obeticholic acid)	9/15/16
Topical corticosteroid	Sernivo (betamethasone dipropionate)	9/15/16
Humanized interleukin-17A antagonist	Taltz (ixekizumab)	9/15/16
BCL-2 inhibitor	Venclexta (venetoclax)	9/15/16
Multiple sclerosis agent	Zinbryta (daclizumab)	9/15/16
Partial opioid agonist	Probuphine (buprenorphine implant)	9/15/16
Hepatitis C agent	Epclusa (sofosbuvir/velpatasvir)	9/15/16
Antidiabetic agent	Metformin ER	9/15/16
Hypertension agents	ARB-CCB Combination Agents	9/15/16

What action do I need to take?

You will need to obtain a PA to continue coverage beyond the above-outlined effective date.

What if I need assistance?

To initiate a PA request, please call our Pharmacy PA department at 1-855-201-7170 and follow the voice prompts for pharmacy PA. You may also fax the request and supporting documents to 1-800-601-4829.

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