

## 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
Hepatitis C agent	Zepatier (elbasvir/grazoprevir)	6/15/16
Uric acid transporter 1 inhibitor	Zurampic (lesinurad)	6/15/16
Lysosomal acid lipase (LAL) deficiency agent	Kanuma (sebelipase alfa)	6/15/16
Hypophosphatasia (HPP) agent	Strensiq (asfotase alfa)	6/15/16

### 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 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.