

# 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:** 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
Constipation Agents	TRULANCE <sup>®</sup> ( PLECANATIDE )	07/01/2017
Corticosteroid	EMFLAZA <sup>®</sup> ( DEFLAZACORT )	07/01/2017
Cyclin-Dependent Kinase Inhibitor	IBRANCE <sup>®</sup> ( PALBOCICILIB )	07/01/2017
Interleukin-17A Agonist	SILIQ <sup>®</sup> ( BRODALUMAB )	07/01/2017
Long Acting Insulin/GLP-1 Agonist Combination	SOLIQUA <sup>®</sup> ( INSULIN GLARGINE-LIXISENATIDE )	07/01/2017
Long Acting Insulin/GLP-1 Agonist Combination	XULTOPHY <sup>®</sup> ( INSULIN DEGLUDEC-LIRAGLUTIDE )	07/01/2017
Opioid Agents	ARYMO ER <sup>®</sup> ( MORPHINE SULFATE ER )	07/01/2017
Opioid Agents	AVINZA <sup>®</sup> ( MORPHINE SULFATE ER )	07/01/2017
Opioid Agents	BUTRANS <sup>®</sup> ( BUPRENORPHINE )	07/01/2017
Opioid Agents	EMBEDA <sup>®</sup> ( MORPHINE/NALOXONE )	07/01/2017
Opioid Agents	EXALGO <sup>®</sup> ( HYDROMORPHONE )	07/01/2017
Opioid Agents	HYSINGLA ER <sup>®</sup> ( HYDROCODONE ER )	07/01/2017

<b>Opioid Agents</b>	KADIAN ER <sup>®</sup> ( MORPHINE SULFATE ER )	07/01/2017
<b>Opioid Agents</b>	MS CONTIN <sup>®</sup> ( MORPHINE SULFATE ER )	07/01/2017
<b>Opioid Agents</b>	OPANA ER <sup>®</sup> ( OXYMORPHONE ER )	07/01/2017
<b>Opioid Agents</b>	ORAMORPH <sup>®</sup> ( MORPHINE SULFATE ER )	07/01/2017
<b>Opioid Agents</b>	OXYCONTIN <sup>®</sup> ( OXYCODONE )	07/01/2017
<b>Opioid Agents</b>	RYZOLT <sup>®</sup> ( TRAMADOL )	07/01/2017
<b>Opioid Agents</b>	TARGINIQ ER <sup>®</sup> ( OXYCODONE/NALAXONE )	07/01/2017
<b>Opioid Agents</b>	TROXYCA ER <sup>®</sup> ( OXYCODONE/NALTREXONE )	07/01/2017
<b>Opioid Agents</b>	ULTRAM ER <sup>®</sup> ( TRAMADOL )	07/01/2017
<b>Opioid Agents</b>	VANTRELA ER <sup>®</sup> ( HYDROCODE ER )	07/01/2017
<b>Opioid Agents</b>	XTAMPA ER <sup>®</sup> ( OXYCODONE )	07/01/2017
<b>Opioid Agents</b>	ZOHYDRO ER <sup>®</sup> ( HYDROCODE ER )	07/01/2017
<b>Polypolymerase Inhibitor</b>	RUBRACA <sup>®</sup> ( RUCAPARIB )	07/01/2017
<b>Rosacea Agents</b>	FINACEA <sup>®</sup> ( AZELIAC ACID )	07/01/2017
<b>Rosacea Agents</b>	METROCREAM <sup>®</sup> ( METRONIDAZOLE )	07/01/2017
<b>Rosacea Agents</b>	METROGEL <sup>®</sup> ( METRONIDAZOLE )	07/01/2017
<b>Rosacea Agents</b>	METROLOTION <sup>®</sup> ( METRONIDAZOLE )	07/01/2017
<b>Rosacea Agents</b>	NORITATE <sup>®</sup> ( METRONIDAZOLE )	07/01/2017
<b>Rosacea Agents</b>	RHOFADE <sup>®</sup> ( OXYMETAZALINE )	07/01/2017
<b>Rosacea Agents</b>	ROSADAN <sup>®</sup> ( METRONIDAZOLE )	07/01/2017
<b>Rosacea Agents</b>	SOOLANTRA <sup>®</sup> ( IVERMECTIN )	07/01/2017

<b>SGLT2 Inhibitor Combination</b>	QTERN <sup>®</sup> ( DAPAGLIFLOZIN/SAXAGLIPTIN )	07/01/2017
<b>Spinal Muscular Atrophy Agent</b>	SPINRAZA <sup>®</sup> ( NUSINERSEN )	07/01/2017
<b>Topical Immunomodulators</b>	EUCRISA <sup>®</sup> ( CRISABOROLE )	07/01/2017
<b>Tricyclic Antidepressants</b>	AMOXAPINE	07/01/2017
<b>Tricyclic Antidepressants</b>	ANAFRANIL <sup>®</sup> ( CLOMIPRAMINE )	07/01/2017
<b>Tricyclic Antidepressants</b>	DOXEPIN	07/01/2017
<b>Tricyclic Antidepressants</b>	ELAVIL <sup>®</sup> ( AMTRIPTYLINE )	07/01/2017
<b>Tricyclic Antidepressants</b>	NORPRAMIN <sup>®</sup> ( DESIPRAMINE )	07/01/2017
<b>Tricyclic Antidepressants</b>	PAMELOR <sup>®</sup> ( NORTRIPTYLINE HCL )	07/01/2017
<b>Tricyclic Antidepressants</b>	SURMONTIL <sup>®</sup> ( TRIMIPRAMINE MALEATE )	07/01/2017
<b>Tricyclic Antidepressants</b>	TOFRANIL <sup>®</sup> ( IMIPRAMINE )	07/01/2017
<b>Tricyclic Antidepressants</b>	TOFRANIL PM <sup>®</sup> ( IMIPRAMINE PAMOATE )	07/01/2017
<b>Tricyclic Antidepressants</b>	VIVACTIL <sup>®</sup> ( PROTRIPTYLINE )	07/01/2017

**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 PA, 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.