

# Provider News Bulletin



Amerigroup Washington, Inc.

<https://providers.amerigroup.com/wa>

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

November 2016

## Medicaid perspectives: understanding the program, population and drivers for success

We invite providers, coders, billers, practice managers and health care professionals to attend this Medicaid perspectives webinar. During the webinar, we will:

- Discuss the Medicaid program in the health care landscape
- Review the Medicaid population and obstacles members may face to accessing care
- Explore the risk adjustment concept and the impact of ICD-10 coding in the Medicaid program

Reserve your space today. You do not want to miss this interactive and informative webinar!

December 1, 2016
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Noon-1 p.m. PT
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Coding presentation awards one continuing education unit and one continuing medical education credit.

Please RSVP by emailing [ilya.kuzkin@anthem.com](mailto:ilya.kuzkin@anthem.com). Webinar details will be emailed upon RSVP.

For questions or comments, please contact your Provider Relations representative at 1-800-454-3730.

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## Elective one and two vessel coronary artery bypass graft to require prior authorization

Effective January 1, 2017, elective one and two vessel coronary artery bypass graft (CABG) will require prior authorization (PA).



### What is the impact of this change?

Amerigroup Washington, Inc. will require PA for the elective one and two vessel CABG beginning January 1, 2017. Please refer to the provider self-service website for detailed PA requirements (<https://providers.amerigroup.com/WA> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool).

To request PA, contact us via phone (1-800-454-3730), fax (1-800-964-3627) or the provider website.

In review of these services, this market currently uses the Interqual criteria; therefore, the Utilization Review team will utilize the Interqual Procedures criteria for CABG.

## Prior authorization requirements for new injectable/infusible drugs: Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb)

Effective February 1, 2017, Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb) will require prior authorization (PA).

### What is the impact of this change?

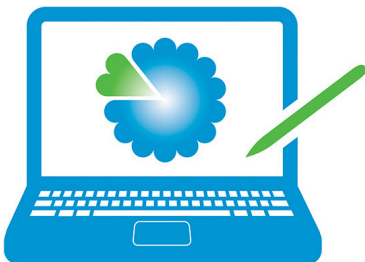
For dates of service on or after February 1, 2017, requests for PA must be reviewed for five injectable/infusible drugs covered by Amerigroup Washington, Inc. for Washington Apple Health members. These drugs are Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb).



To request PA, contact us by phone at 1-800-454-3730.

Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/WA> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-800-454-3730 for prior authorization requirements if they are not able to access the website.

## Provider Website Survey

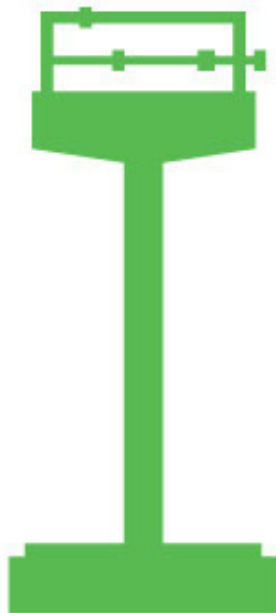


Amerigroup Washington, Inc. relies on your feedback to improve and strengthen our processes and operations. Our *Provider Website Survey* is a new tool to evaluate the effectiveness of our Medicaid provider websites. Input about your experience with our website is essential to our goal of efficient and effective provider resources. We will use your survey responses to better understand your experiences and continue to improve our site. Providing exceptional service to our providers is one of our strongest commitments.

Thank you in advance for taking the time to complete this brief survey. To access the survey, go to <https://www.surveymonkey.com/r/7PHY5BL>.

## Requesting preauthorization for the Bariatric Surgery program

1. Obtain a precertification form from <https://providers.amerigroup.com/WA> > Provider Resources & Documents > Forms > *Precertification Request Form*.
2. Complete the form, providing member information, referring provider information, servicing provider, servicing facility and requested service.
3. Under the *Requested* service section, check "Other" and write in bold letters "**Bariatric program stage II.**" Do not submit any CPT codes; we have a list of the codes that the providers will need to bill. Do submit the diagnosis code(s).
4. Fax the precertification form and supporting clinical information to 1-855-231-8664. Supporting clinical information should include height, weight, BMI, and a history and physical that includes comorbid medical conditions.
5. We will review the information and respond to you and the member within five days.
6. For assistance, call Amerigroup Washington, Inc. at 1-855-323-4688.



## Behavioral Health Medication Management program

The Amerigroup Washington, Inc. Behavioral Health (BH) Medication Management program addresses the specific needs of Washington Apple Health members using medications prescribed for their BH. Our goal is to improve the quality of care provided to our members and promote medication adherence. We focus on age appropriate use of medications, thus reducing the use of unnecessary medications.



The outreach and education programs also support providers and members on BH-related HEDIS<sup>®\*</sup> measures that use medication utilization as a quality measurement tool such as:

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

If you have questions, please call 1-800-719-4871. Note, calls will be answered and/or returned Monday-Friday from 8:30 a.m.-4 p.m. ET.

\*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

## CAHPS®\*

CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. It is an annual survey of health plan members that occurs between January and March. It's a big deal! Results are shared with individual plans and the state. The National Committee for Quality Assurance (NCQA) developed the survey. NCQA serves as the accrediting body for health plans. Health plans are ranked based on CAHPS results along with HEDIS scores.

The CAHPS survey asks a series of questions about a member's health care experience. Members are asked to rate their experience with:

- The health plan
- Their health care
- Their personal doctor
- Their specialists

Groups of similar questions are also combined to evaluate:

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Shared decision making
- Customer service



In 2016, 552 adult and 611 child surveys were completed by Amerigroup Washington, Inc. members. While the ratings of personal doctors and specialists have seen a slight decrease, the results show that the overall rating of Amerigroup and the care it provides is improving. Getting Needed Care and Getting Care Quickly scores show improvement. The major strength is in shared decision making of members and providers. Keep it up!

The best way we can influence and improve patient/member perception is through our daily interactions with them. This year, Amerigroup is implementing several initiatives to enhance member communications. Below are some of these initiatives:

- Participation in the national Ask Me 3™ program
  - This is a program vetted by the National Patient Safety Foundation. It educates the patient about three questions to ask their doctor during a visit: What is my problem? Why is it important? What do I have to do about it?
- Provider handouts explaining CAHPS
- Educational luncheons with CAHPS information
- Sharing member communication tips

Amerigroup representatives will begin distributing materials this fall. Please be attentive and make yourself familiar with these initiatives. **Let's work together to make every member interaction positive!**

\*CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

## Update: incontinence, urological and ostomy supplies — change to sole source vendor

In order to provide greater consistency in our management of members with incontinence needs and reduce our related costs, effective November 1, 2016, only Medline will be allowed to provide incontinence, urological and ostomy supplies to Washington Apple Health members. Prior authorization will not be provided to any other vendors.

Amerigroup will honor any existing authorizations where the dates of the authorization extend later than January 1, 2017. Upon completion of the current authorization, we will work with the referring provider to move the member to Medline. Requests for any authorization extensions will be redirected to Medline.

Medline provides a comprehensive management program to patients with incontinence, including discrete packaging. If providers wish to contact Medline directly, their contact information is below:

- Phone: 1-866-356-4997, option 5
- Fax: 1-866-202-1563
- Email: [managedcarecustomerservice@medline.com](mailto:managedcarecustomerservice@medline.com)



## Lead screening requirement

According to the Washington State Department of Ecology, “The Washington State Department of Health estimates 1.2 million homes in Washington have lead-based paint. Most buildings constructed before 1960 contain heavily leaded paint. Buildings constructed as late as 1978 also may contain lead-based paint. [...] The long-term effects of lead exposure are irreversible and are much more damaging to children than to adults. Most cases of childhood lead poisoning are caused by paint, house dust, and contaminated soil in the home and neighborhood, however children exposed to their parent’s lead-contaminated skin, shoes and clothing from work and hobbies are at greater risk than other children. Young children are most at risk from lead exposure, where it is absorbed into the bloodstream, soft tissue, and bones and teeth, where it breaks down extremely slowly.”\*



Providers should use their clinical judgment in screening for lead toxicity; however, in order to comply with federal government requirements, providers must perform a blood lead test at 12 months and 24 months of age to determine lead exposure and toxicity regardless of

lead-exposure risk. Providers should also give blood screening lead tests to children 24 months up to 72 months if they do not have a past record of a test. Amerigroup Washington, Inc. provides a Blood Lead Testing for High-risk Children form at <https://providers.amerigroup.com/WA> > Provider Resources & Documents > Forms.

\*Washington State Department of Ecology. “Lead in Dangerous Waste.” <http://www.ecy.wa.gov/programs/hwtr/dangermat/lead.html>.



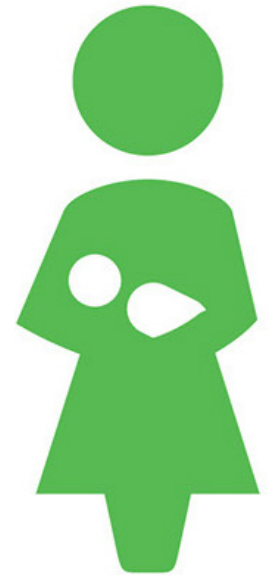
## Fetal alcohol syndrome screening, treatment and prevention

As part of the Early and Periodic Screening, Diagnosis and Treatment screening, every child 6 months of age and older should be screened for risk of exposure to maternal consumption of alcohol and for facial characteristics of fetal alcohol syndrome (FAS). If there is known in-utero exposure to alcohol or suspicion of facial characteristics of FAS or microcephaly, the child should be referred to a diagnostic clinic.

The Washington State Fetal Alcohol Syndrome Diagnostic and Prevention Network (WA FASDPN) includes two community-based interdisciplinary fetal alcohol spectrum disorders (FASD) diagnostic clinics — Yakima and Everett — linked by the core clinical, research and training program at the University of Washington.

The WA FASDPN:

- Provides 100 percent of the state's interdisciplinary FASD diagnosis and treatment referral services to individuals of all ages with fetal alcohol exposure
- Provides FASD screening and surveillance for high-risk populations
- Identifies and refers high-risk women to intervention programs
- Develops FASD screening, diagnosis and intervention tools through its translational research program
- Provides FASD training to community professionals



Individuals of all ages who have a confirmed prenatal alcohol exposure history are eligible to receive an FASD diagnostic evaluation at one of the WA FASDPN clinics. An evaluation consists of one four-hour appointment. Information on how to request an appointment is posted on the WA FASDPN website ([www.depts.washington.edu/fasdnpn](http://www.depts.washington.edu/fasdnpn)).

The FASDPN at the University of Washington offers free training to community professionals interested in learning how to recognize, refer, diagnose, treat and prevent FASD. Information on how to enroll in a training program is posted on the WA FASDPN website ([www.depts.washington.edu/fasdnpn](http://www.depts.washington.edu/fasdnpn) > Training).

Refer your pregnant patients and other Medicaid patients experiencing substance addiction to the Washington Recovery Help Line at 1-866-789-1511 or to a local mental health crisis line. A full list of state mental health crisis lines can be found online at [www.dshs.wa.gov](http://www.dshs.wa.gov) > Behavioral Health Administration > Division of Behavioral Health and Recovery > Mental Health Services and Information > State Mental Health Crisis Lines.

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## Improved medical necessity appeals process

Effective November 1, 2016, Amerigroup Washington, Inc. manages medical necessity appeals locally from our Seattle office. We believe that utilizing our local team — who has greater familiarity with local providers — will help us manage this process more effectively. After October 31, 2016, all medical necessity appeals should not be submitted online or to our corporate office but instead should be submitted to the address below:



Amerigroup Washington, Inc.  
Attn: Appeals Department  
705 Fifth Ave., Suite 300  
Seattle, WA 98104  
Fax: 1-844-759-5953

## Quarterly pharmacy formulary change notice — September and October

The formulary changes listed in the table below were reviewed and approved at our June 27, 2016, Pharmacy and Therapeutics Committee meeting. Effective September 1, 2016, the changes outlined below apply to all Amerigroup Washington, Inc. patients.

### What is the impact of this change?

Therapeutic class	Drug	Revised status	Potential alternatives
<b>Effective for all patients on September 1, 2016</b>			
PAH	• LETAIRIS	PREFERRED WITH PRIOR AUTHORIZATION (PA)	N/A
HIV	• DESCOVY	PREFERRED	N/A
LAMA/LABA	• ANORO ELLIPTA INHALER	PREFERRED	N/A
LONG-ACTING NARCOTICS	• MORPHINE ER TABS • (GENERIC MS CONTIN) • METHADONE (ALL DOSAGE FORMS) • FENTANYL PATCH	(PA) REQUIRED (CURRENT UTILIZERS GRANDFATHERED)	N/A
OVER-ACTIVE BLADDER	• DARIFENACIN	PREFERRED	N/A
NARCOTICS	• BELBUCA FILM • MORPHABOND • XTAMPZA ER CAPSULES	ADD QUANTITY LIMIT (QL)	N/A
<b>Effective for all patients on October 1, 2016</b>			
SHORT-ACTING NARCOTICS	• ACETAMINOPHEN — COD #3 TAB	ADD QL (SEVEN-DAY SUPPLY PER FILL; 14-DAY SUPPLY PER 30 DAYS)	N/A

### What action do I need to take?

Please review these changes and work with your Amerigroup members to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific members, you will need to obtain PA to continue coverage beyond the applicable effective date.

### What if I need assistance?

We recognize the unique aspects of members' cases. If for medical reasons your Amerigroup member cannot be converted to a formulary alternative, call our Pharmacy department at 1-800-454-3730 and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://providers.amerigroup.com>.

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



## Quarterly pharmacy formulary change notice — November

The formulary changes listed in the table below were reviewed and approved at our June 27, 2016, Pharmacy and Therapeutics Committee meeting. Effective November 1, 2016, the changes outlined below apply to all Amerigroup Washington, Inc. members.



### What is the impact of this change?

Therapeutic class	Drug	Revised status	Potential alternatives
<b>Effective for all patients on November 1, 2016</b>			
Respiratory spacers	SPACERS: <ul style="list-style-type: none"> <li>• AEROCHAMBER</li> <li>• AEROCHAMBER Z-STAT PLUS</li> <li>• AEROCHAMBER PLUS</li> <li>• EASIVENT</li> <li>• E-Z SPACER</li> <li>• FLEXICHAMBER</li> <li>• INSPIRACHAMBER</li> </ul>	NON-PREFERRED	<ul style="list-style-type: none"> <li>• OPTICHAMBER DIAMOND</li> <li>• POCKET CHAMBER</li> <li>• VORTEX</li> <li>• LITEAIRE</li> <li>• MICROSPACER</li> <li>• MICROCHAMBER</li> <li>• BREATHERITE</li> </ul>
Proton pump inhibitors	<ul style="list-style-type: none"> <li>• PANTOPRAZOLE SOD DR 20 MG TAB</li> <li>• PANTOPRAZOLE SOD DR 40 MG TAB</li> </ul>	NON-PREFERRED	<ul style="list-style-type: none"> <li>• NEXIUM 24HR 20 MG TABLET (OTC)</li> <li>• NEXIUM 24HR 22.3 MG CAPSULE (OTC)</li> <li>• OMEPRAZOLE MAG DR 20.6 MG CAP (OTC)</li> <li>• OMEPRAZOLE DR 20 MG TABLET (OTC)</li> <li>• PREVACID 24HR DR 15 MG CAPSULE(OTC)</li> <li>• HEARTBURN TREATMNT 24HR 15 MG (OTC)</li> </ul>
Alcohol prep pads	<ul style="list-style-type: none"> <li>• ONE PHARMACEUTICAL</li> <li>• PHOENIX HEALTHCARE</li> <li>• SPECIALTY MED</li> <li>• HOME AID DIAGNOSTICS</li> <li>• SIMPLE DIAGNOSTICS</li> </ul>	NON-PREFERRED	<ul style="list-style-type: none"> <li>• MCKESSON DRUG</li> <li>• TARGET CORP.</li> <li>• RITE AID CORP.</li> <li>• WALGREEN CO.</li> <li>• LEADER</li> <li>• CVS</li> <li>• WAL-MART STORES</li> <li>• BD DIABETES</li> </ul>
Alkylating agents	<ul style="list-style-type: none"> <li>• CYCLOPHOSPHAMIDE CAPS</li> </ul>	PREFERRED	N/A
Alpha proteinase inhibitor	<ul style="list-style-type: none"> <li>• PROLASTIN C 1;000 MG VIAL</li> </ul>	ADD PA AND QL	N/A
Anticonvulsants	<ul style="list-style-type: none"> <li>• BRIVIACT TABLETS</li> <li>• BRIVIACT 10 MG/ML ORAL SOLN</li> <li>• BRIVIACT 50 MG/5 ML VIAL</li> </ul>	PREFERRED	N/A
Antidepressants	<ul style="list-style-type: none"> <li>• ESCITALOPRAM TABLETS</li> <li>• ESCITALOPRAM SOLN</li> </ul>	PREFERRED	N/A



Quarterly pharmacy formulary change notice continued

Therapeutic class	Drug	Revised status	Potential alternatives
Antidepressants	<ul style="list-style-type: none"> <li>• FLUOXETINE HCL 60 MG TABLET</li> </ul>	NON-PREFERRED	<ul style="list-style-type: none"> <li>• FLUOXETINE HCL 10 MG CAPSULE</li> <li>• FLUOXETINE HCL 20 MG CAPSULE</li> <li>• FLUOXETINE HCL 20 MG TABLET</li> </ul>
Antidiuretic and vasopressor hormones	<ul style="list-style-type: none"> <li>• DDAVP 0.2 MG TABLET</li> </ul>	QL REVISION	N/A
Antifungal agents	<ul style="list-style-type: none"> <li>• QL REVISION</li> </ul>	QL REVISION	N/A
Antihypertensive agents	<ul style="list-style-type: none"> <li>• TARKA ER 2-180 MG TABLET</li> <li>• NICARDIPINE 30 MG CAPSULE</li> <li>• PRINIVIL 5 MG TABLET</li> <li>• PRINIVIL 10 MG TABLET</li> <li>• PRINIVIL 20 MG TABLET</li> <li>• ZESTORETIC 10-12.5 MG</li> </ul>	QL REVISION	N/A
Antimetabolites	<ul style="list-style-type: none"> <li>• METHOTREXATE INJ</li> <li>• TABLOID TABLET</li> <li>• TREXALL TABLET</li> </ul>	PREFERRED	N/A
Antimetabolites	<ul style="list-style-type: none"> <li>• ADRUCIL VIAL</li> <li>• FLUOROURACIL VIAL</li> <li>• GEMCITABINE VIAL</li> </ul>	NON-PREFERRED	N/A
Antimigraine preparations	<ul style="list-style-type: none"> <li>• ZEMBRACE SYMTOUCH</li> <li>• ONZETRA XSAIL NASAL SPRAY</li> </ul>	STEP THERAPY (ST) REQUIRED ADD QL	N/A
Antimigraine preparations	<ul style="list-style-type: none"> <li>• IMITREX 6 MG/0.5 ML VIAL</li> </ul>	QL REVISION	N/A
Antineoplastic injections	<ul style="list-style-type: none"> <li>• AVASTIN 100 MG/4 ML VIAL</li> <li>• AVASTIN 400 MG/16 ML VIAL</li> <li>• LEUPROLIDE 2WK 1 MG/0.2 ML KIT</li> <li>• HERCEPTIN 440 MG VIAL</li> <li>• INTRON VIALS</li> <li>• LEUPROLIDE 2WK 1 MG/0.2 ML KIT</li> <li>• LUPRON DEPOT KITS</li> <li>• SYNRIPO 3.5 MG/ML VIAL</li> <li>• TORISEL 25 MG KIT</li> <li>• TRELSTAR SYRINGE</li> <li>• VECTIBIX VIAL</li> <li>• ZALTRAP VIAL</li> <li>• ZOLADEX IMPLANT SYRN</li> </ul>	NON-PREFERRED	N/A
Miscellaneous antineoplastic drugs	<ul style="list-style-type: none"> <li>• SIGNIFOR LAR VIAL</li> <li>• SOMATULINE DEPOT</li> </ul>	ADD PA AND QL	N/A

Quarterly pharmacy formulary change notice continued

Therapeutic class	Drug	Revised status	Potential alternatives
Miscellaneous antineoplastic drugs	<ul style="list-style-type: none"> <li>• FIRMAGON KIT</li> <li>• SANDOSTATIN AMPULS/VIALS</li> <li>• SANDOSTATIN LAR DEPOT VIALS</li> </ul>	ADD QL	N/A
Antipsoriatic/antiseborrheic	<ul style="list-style-type: none"> <li>• TALTZ 80 MG/ML AUTOINJECTOR</li> <li>• TALTZ 80 MG/ML SYRINGE</li> </ul>	ADD PA AND QL	N/A
Antivertigo & antiemetic agents	<ul style="list-style-type: none"> <li>• EMEND CAPSULE</li> <li>• EMEND TRIPACK</li> <li>• EMEND 150 MG VIAL</li> </ul>	ADD QL	N/A
Barbiturate combination agents	<ul style="list-style-type: none"> <li>• BUTALBITAL-ACETAMINOPHEN 25-325 MG</li> <li>• BUTALBITAL-ACETAMINOPHEN 50 MG-300 MG TABLET</li> <li>• BUTALBITAL-ACETAMINOPHEN 50 MG-325 MG TABLET</li> <li>• BUTALBITAL-ACETAMINOPHEN 50 MG-650 MG</li> <li>• BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50 MG-325 MG-40 MG/15 ML SOLUTION</li> <li>• BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50 MG-300 MG-40 MG CAPSULE</li> <li>• BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50 MG-325 MG-40 MG CAPSULE</li> <li>• BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50 MG-325 MG-40 MG TABLET</li> <li>• BUTALBITAL-ASPIRIN-CAFFEINE 50 MG-325 MG-40 MG CAPSULE</li> <li>• BUTALBITAL-ASPIRIN-CAFFEINE-CODEINE 50 MG-325 MG-40 MG-30 MG CAPSULE</li> </ul>	ADD QL	N/A
Chemotherapy rescue/antidote agents	<ul style="list-style-type: none"> <li>• VISTOGARD 10 GRAM PACKET</li> </ul>	ADD QL	N/A

Quarterly pharmacy formulary change notice continued

Therapeutic class	Drug	Revised status	Potential alternatives
Miscellaneous dermatologicals	<ul style="list-style-type: none"> <li>• CARAC 0.5% CREAM</li> <li>• EFUDEX 5% CREAM</li> <li>• TOLAK 4% CREAM</li> <li>• FLUOROURACIL 5% TOP SOLUTION</li> <li>• FLUOROURACIL 2% TOPICAL SOLN</li> <li>• FLUOROPLEX 1% CREAM</li> <li>• ALDARA 5% CREAM</li> <li>• PICATO 0.015% GEL</li> <li>• PICATO 0.05% GEL</li> <li>• SOLARAZE 3% GEL</li> </ul>	ADD QL	N/A
GnRH agents	<ul style="list-style-type: none"> <li>• LUPANETA PACK 3.75/5 MG</li> <li>• LUPANETA PACK 11.25/5 MG</li> <li>• LUPRON DEPOT PED 30 MG</li> <li>• LUPRON DEPOT PED 11.25 OR 15 MG</li> <li>• LUPRON DEPOT 7.5 MG</li> <li>• LUPRON DEPOT 11.25 MG, 22.5 MG</li> <li>• LUPRON DEPOT 30 MG</li> <li>• SUPPRELIN LA</li> <li>• SYNAREL</li> </ul>	ADD QL	N/A
Growth hormone receptor antagonists	<ul style="list-style-type: none"> <li>• SOMAVERT 10MG, 15MG, 20MG, 25MG, 30MG</li> </ul>	ADD QL	N/A
HIV	<ul style="list-style-type: none"> <li>• INTELENCE</li> </ul>	PA REMOVED	N/A
Laxatives and cathartics	<ul style="list-style-type: none"> <li>• MIRALAX</li> </ul>	ADD QL	N/A
Miscellaneous agents	<ul style="list-style-type: none"> <li>• CHEMET</li> <li>• DESFERAL</li> </ul>	PA REQUIRED	N/A
Mitotic inhibitors	<ul style="list-style-type: none"> <li>• IXEMPRA 15 MG KIT</li> <li>• IXEMPRA 45 MG KIT</li> </ul>	NON-PREFERRED	N/A
Nasal steroids	<ul style="list-style-type: none"> <li>• RHINOCORT ALLERGY (OTC)</li> <li>• NASONEX/ MOMETASONE</li> </ul>	ADD QL	N/A
Miscellaneous neurological therapy	<ul style="list-style-type: none"> <li>• GRALISE ER 300MG</li> <li>• GRALISE ER 600 MG</li> <li>• HORIZANT 300MG, 600 MG</li> </ul>	ADD QL	N/A
Nonsedating antihistamines	<ul style="list-style-type: none"> <li>• CLARINEX 0.5 MG/ML (2.5 MG/5)</li> <li>• CHILD'S CLARITIN 5 MG TAB CHEW</li> <li>• CLARITIN 5 MG REDITABS</li> </ul>	NON-PREFERRED	<ul style="list-style-type: none"> <li>• FEXOFENADINE HCL 60 MG TABLET (OTC)</li> <li>• FEXOFENADINE HCL 180 MG TABLET (OTC)</li> <li>• LORATADINE ALLERGY 5 MG/5 ML (OTC)</li> <li>• LORATADINE 10 MG ODT (OTC)</li> </ul>

Quarterly pharmacy formulary change notice continued

Therapeutic class	Drug	Revised status	Potential alternatives
Nonsteroidal anti-inflammatory drug (NSAID)	<ul style="list-style-type: none"> <li>VIVLODEX CAPSULE</li> </ul>	ADD QL	N/A
Ophthalmic angiogenesis inhibitors	<ul style="list-style-type: none"> <li>LUCENTIS 0.5 MG VIAL</li> <li>LUCENTIS 0.3 MG VIAL</li> </ul>	NON-PREFERRED	N/A
Opioid dependence	<ul style="list-style-type: none"> <li>EVZIO</li> </ul>	QL REVISION	N/A
Opioid dependence	<ul style="list-style-type: none"> <li>NARCAN NASAL SPRAY</li> <li>NALOXONE INJECTION</li> </ul>	ADD QL	N/A
Osteoporosis therapy	<ul style="list-style-type: none"> <li>ALENDRONATE SOD 70 MG/75 ML</li> </ul>	PREFERRED	N/A
Osteoporosis therapy	<ul style="list-style-type: none"> <li>FORTEO 600 MCG/2.4 ML PEN INJ</li> </ul>	NON-PREFERRED	N/A
Skeletal muscle relaxants	<ul style="list-style-type: none"> <li>AMRIX 30MG</li> <li>METHOCARBAMOL 750 MG</li> </ul>	ADD QL	N/A
Topical anti-inflammatory (NSAID)	<ul style="list-style-type: none"> <li>FLECTOR PATCH</li> <li>PENNSAID 1.5%</li> <li>PENNSAID 2%</li> <li>VOLTAREN GEL</li> </ul>	ADD QL	N/A
Pulmonary artery hypertension (PAH) agents	<ul style="list-style-type: none"> <li>TYVASO INHALATION</li> </ul>	NON-PREFERRED	<ul style="list-style-type: none"> <li>LETAIRIS 5 MG TABLET</li> <li>LETAIRIS 10 MG TABLET</li> </ul>
PAH agents	<ul style="list-style-type: none"> <li>ATROVENT HFA</li> <li>ATROVENT SOLUTION</li> </ul>	QL REVISION	N/A
Prenatal vitamins	<ul style="list-style-type: none"> <li>ENBRACE HR</li> <li>FOCALGIN 90 DHA COMBO PACK;</li> <li>FOCALGIN CA COMBO PACK</li> <li>NIVA-PLUS</li> <li>OB COMPLETE GOLD</li> <li>PREFERA-OB PLUS DHA COMBO PACK</li> <li>PROVIDA DHA</li> <li>TRISTART DHA</li> <li>VITAFOL FE + DOCUSATE COMBO PACK</li> </ul>	ADD QL	N/A
Proton pump inhibitors	<ul style="list-style-type: none"> <li>DEXILANT SOLUTAB</li> </ul>	ADD QL	N/A
Rh immune globulin	<ul style="list-style-type: none"> <li>MICRHOGAM ULTRA-FILTD PLUS SYR</li> <li>RHOGAM ULTRA-FILTERED</li> <li>WINRHO SDF</li> <li>HYPERRHO S-D</li> <li>RHOPHYLAC 300 MCG/2 ML SYRINGE</li> </ul>	NON-PREFERRED	N/A
Miscellaneous rheumatological agents	<ul style="list-style-type: none"> <li>SAVELLA TITRATION PACK</li> <li>SAVELLA TABLET</li> </ul>	NON-PREFERRED	N/A

## Quarterly pharmacy formulary change notice continued

Therapeutic class	Drug	Revised status	Potential alternatives
Miscellaneous rheumatological agents	• KINERET 100 MG/0.67 ML SYRINGE	NON-PREFERRED	N/A
Miscellaneous rheumatological agents	• XELJANZ XR TABLET	ADD PA AND QL	N/A
Urinary tract infection (UTI) prophylaxis	• NITROFURANTOIN MCR 25 MG CAP	PREFERRED	N/A
UTI prophylaxis	• NITROFURANTOIN 25 MG/5 ML SUSP	NON-PREFERRED	N/A
Vaccines and miscellaneous immunologicals	• CYTOGAM 2.5 GM/50 ML VIAL	NON-PREFERRED	N/A

### What action do I need to take?

Please review these changes and work with your Amerigroup members to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific members, you will need to obtain PA to continue coverage beyond the applicable effective date.

### What if I need assistance?

We recognize the unique aspects of members' cases. If for medical reasons your Amerigroup member cannot be converted to a formulary alternative, call our Pharmacy department at 1-800-454-3730 and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://providers.amerigroup.com>.

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

## Amerigroup Washington, Inc. in the community

On Saturday, October 8, 2016, with the help of the Valley Regional Fire Authority, Amerigroup and American Red Cross volunteers went door-to-door at Leisure Manor Mobile Home Park in Auburn, Washington. They installed 85 smoke alarms at no cost and educated an additional 140 residents on fire safety. The event was part of the nationwide Home Fire Campaign conducted by the Red Cross and its partners. Amerigroup donated \$10,000 to the campaign.



### About the Home Fire Campaign

Working with fire departments and community groups across the country, the Red Cross is installing smoke alarms in homes of neighborhoods at high risk for fires and teaching residents about fire prevention and preparedness. The campaign is a multiyear effort to reduce the number of home fire deaths and injuries by 25 percent. Since the program was launched in 2014, approximately a half million smoke alarms have been installed and more than 110 lives have been saved.



## Clarification — requesting authorization for certain arterial duplex imaging procedures

Amerigroup Amerivantage Medicare Advantage\* is collaborating with AIM Specialty Health (AIM) to conduct medical necessity reviews for vascular ultrasound management for Amerigroup Amerivantage (Medicare Advantage) members.

### What is the impact of this change?

We understand the need for arterial duplex imaging procedures may not be identified until patients have undergone a physiologic study or cardiac catheterization. For these cases, please contact AIM to request a clinical appropriateness review no later than 10 business days after you perform these procedures and before you submit a claim.

Please note, failure to contact AIM for review within the 10-day postservice window will result in a denial of payment.

Impacted codes are as follows:

CPT code	Brief description
93925	Dup-scan lxtr art/artl bpgs compl bi study
93926	Dup-scan lxtr art/artl bpgs uni/lmtd study
93930	Dup-scan uxtr art/artl bpgs compl bi study
93931	Dup-scan uxtr art/artl bpgs uni/lmtd study

To submit a review request, visit the AIM website ([aimspecialtyhealth.com](https://aimspecialtyhealth.com)).

### What if I need assistance?

For additional assistance, contact AIM at 1-800-714-0040, Monday-Friday from 7 a.m.-7 p.m. CT.

*\*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.*