

Provider Update

Quarterly Pharmacy Formulary Change Notice

Summary of Change: The formulary changes listed in the table below were reviewed and approved at our March 13, 2015 Pharmacy and Therapeutics (P&T) Committee meeting.

✦ **What this means to you:** Effective July 1, 2015 the changes outlined below apply to all Amerigroup Community Care patients in the Maryland, New Jersey and Nevada markets.

What is the impact of this change?

Effective for all patients on July 1, 2015			
Therapeutic Class	Drug	Revised Status	Potential Alternatives
BRONCHODILATOR COMBINATIONS	ADVAIR 100-50 MCG DISKUS ADVAIR 250-50 MCG DISKUS ADVAIR 500-50 MCG DISKUS ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 45-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER	NON-PREFERRED	SYMBICORT 80-4.5 MCG INHALER SYMBICORT 160-4.5 MCG INHALER DULERA 100 MCG/5 MCG INHALER DULERA 200 MCG/5 MCG INHALER

What action do I need to take?

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

What if I need assistance? We recognize the unique aspects of patients' cases. If for medical reasons your Amerigroup patient cannot be converted to a formulary alternative, call our Pharmacy department at 1-800-454-3730 and follow the voice prompts for pharmacy prior authorization. You can find the preferred drug list on our provider website at 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.



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