

Quarterly pharmacy formulary change notice

Effective February 15, 2018, the preferred formulary changes detailed in the table below will apply to Amerigroup District of Columbia, Inc. members enrolled in District of Columbia Healthy Families Program (DCHFP), Alliance and the Immigrant Children's Program (ICP). Additionally, effective May 1, 2018, there will be changes to the nonpreferred and prior authorization requirements of these formulary items. The formulary changes were reviewed and approved at the fourth quarter Pharmacy and Therapeutics Committee meetings.

Formulary changes effective February 15, 2018	
Medication	Formulary status change
Flovent [®] HFA 110 mcg inhaler Flovent HFA 44 mcg inhaler Flovent HFA 220 mcg inhaler Flovent 50 mcg Diskus Flovent 100 mcg Diskus Flovent 250 mcg Diskus	Preferred for members 11 years of age and younger
Formulary changes effective May 1, 2018	
Aerospan* 80 mcg inhaler	Nonpreferred
Inhaled corticosteroid coverage	
Arnuity [®] Ellipta [®]	Preferred
Flovent HFA/Diskus	Preferred for members 11 years of age and younger
Budesonide for nebulization	Preferred for members 5 years of age and younger
QVAR [®] HFA	Covered for members 11 years of age and younger
Asmanex Twisthaler	Covered for members 5 years of age and younger
QVAR [®] RediHaler™ Asmanex HFA Pulmicort flexhaler [®] ArmonAir™ RespiClick [®] Aerospan	Nonpreferred

* Currently being removed from the market.

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 prior authorization to continue coverage beyond the applicable effective date.

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 for members enrolled in DCHFP, Alliance and ICP at 1-800-454-3730 or for Amerigroup members at 1-800-600-4441. Follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our website at <https://providers.amerigroup.com/DC> by selecting **Pharmacy** and then **PDL English**.

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