

Pharmacy formulary change notice

What this means to you: Effective October 15, 2017, the following changes are applicable to the state formulary for Statewide Medicaid Managed Care Managed Medical Assistance members.

Effective for all patients on October 15, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
DIABETIC SUPPLIES	ACCU-CHEK FASTCLIX LANCETS ACCU-CHEK MULTICLIX LANCETS ACCU-CHEK SOFTCLIX LANCETS ADVOCATE 30 G LANCETS ASSURE COMFORT 30 G LANCETS BD LANCETS 33 G BD MICROTAINER 30 G LANCETS BD ULTRA-FINE 33 G LANCETS BD ULTRA-FINE II 30 G LANCETS EASY COMFORT 30 G LANCETS EASY TOUCH 28 G LANCETS EMBRACE 30 G LANCETS FREESTYLE 28 G LANCETS FREESTYLE UNISTIK 2 LANCETS INJECT EASE 30 G LANCETS LANCETS 30 G/33 G MICROLET LANCETS ONETOUCH DELICA 30 G LANCETS ONETOUCH DELICA 33 G LANCETS ONETOUCH ULTRASOFT LANCETS PHARMACIST CHOICE 30 G LANCETS PRODIGY TWIST TOP 28 G LANCET RELIAMED 28 G LANCETS SAFETY SEAL 30 G LANCETS SOFT TOUCH LANCETS SURE COMFORT 28 G LANCETS SURE COMFORT 30 G LANCETS ULTILET 28 G LANCETS ULTILET CLASSIC 28 G LANCETS ULTRA THIN 28 G LANCETS ULTRA THIN 31 G LANCETS ULTRA-THIN II 28 G LANCETS	NONPREFERRED	TRUEPLUS ULTRA THIN LANCETS, TRUEPLUS SUPER THIN LANCETS, TRUEPLUS LANCETS, TRUEPLUS SAFETY 28 G LANCETS, CVS ULTRA THIN LANCETS, CVS MICRO THIN LANCETS, EASY TOUCH TWIST LANCETS

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

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>

patients, you will need to obtain prior authorization (PA) 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 any of your Amerigroup patients 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/FL>.

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