

Pharmacy formulary change notice

Summary: Effective June 15, 2018, the following changes were made to the state formulary for Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) members.

| Effective for all patients on June 15, 2018 | | | |
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| Therapeutic class | Drug | Revised status | Potential alternatives |
| Opiates | LONG AND SHORT- ACTING OPIATE MEDICATIONS | MEMBERS NEW TO OPIATE TREATMENT WILL BE LIMITED TO A MAXIMUM DOSE EQUIVALENT TO 90 MILLIGRAMS OF MORPHINE PER DAY | N/A-PA REQUIRED FOR ADDITIONAL QUANTITIES |
| Opiates | LONG-ACTING OPIATE MEDICATIONS | MEMBERS WILL BE LIMITED TO UTILIZING ONE LONG-ACTING OPIATE AT A TIME | N/A |
| Cough and cold medications | COUGH AND COLD MEDICINES CONTAINING CODEINE, e.g.: -Codeine/ chlorpheniramine -Codeine/ phenylephrine/ promethazine -Codeine/ promethazine -Codeine/ pseudoephedrine/ triprodone | PER FDA DRUG SAFETY COMMUNICATION - THESE DRUGS ARE ONLY COVERED FOR MEMBERS >18 YEARS OF AGE ONLY | -Benzonatate -Brompheniramine/ pseudoephedrine/ dextromethorphan -Guaifenesin/ dextromethorphan |
| Cough and cold medications | COUGH AND COLD MEDICINES CONTAINING HYDROCODONE, e.g.: -Hydrocodone/ guaifenesin -Hydrocodone/ pseudoephedrine/ guaifenesin -Hydrocodone/ chlorpheniramine -Hydrocodone/ chlorpheniramine/ pseudoephedrine -Hydrocodone/ homatropine | PER FDA DRUG SAFETY COMMUNICATION - THESE DRUGS ARE ONLY COVERED FOR MEMBERS >18 YEARS OF AGE ONLY | -Benzonatate -Brompheniramine/ pseudoephedrine/ dextromethorphan -Guaifenesin/ dextromethorphan |

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 (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.