

# 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 29, 2016, Pharmacy and Therapeutics Committee meeting.

✦ **What this means to you:** Effective October 1, 2016, the changes outlined below apply to all Amerigroup Florida Healthy Kids (FHK) patients. **Don't forget to read the footnotes at the bottom of the table.**

### What is the impact of this change?

Effective for all patients on October 1, 2016			
Therapeutic class	Drug	Revised status	Potential alternatives
ORAL INHALED CORTICOSTEROIDS	ARNUITY ELLIPTA 100 MCG INH ARNUITY ELLIPTA 200 MCG INH	PREFERRED	N/A
ORAL INHALED CORTICOSTEROIDS	ASMANEX TWISTHALER 110 MCG ASMANEX TWISTHALER 220 MCG ASMANEX HFA 100 MCG INHALER ASMANEX HFA 200 MCG INHALER PULMICORT 180 MCG FLEXHALER PULMICORT 90 MCG FLEXHALER 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 QVAR 40 MCG ORAL INHALER QVAR 80 MCG ORAL INHALER	NONPREFERRED	AERSOSPAN ARNUITY ELLIPTA
ORAL INHALED CORTICOSTEROIDS COMBINATION	BREO ELLIPTA 200-25 MCG INH BREO ELLIPTA 100-25 MCG INH	PREFERRED STEP THERAPY REQUIRED	N/A
ORAL INHALED CORTICOSTEROIDS COMBINATION	ADVAIR 100-50 DISKUS ADVAIR 250-50 DISKUS ADVAIR 500-50 DISKUS ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 45-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER SYMBICORT 80-4.5 MCG INHALER SYMBICORT 160-4.5 MCG INHALER	NONPREFERRED	BREO ELLIPTA DULERA ST REQUIRED

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## **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, 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 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.



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