

Provider Update

Amerigroup Community Care to Change Pharmacy Benefit Manager to Express Scripts Starting September 1, 2015

Summary of change: Effective September 1, 2015, we will be using Express Scripts as our pharmacy benefit manager (PBM) for our members' prescription drugs.

✦ **What this means to you:** For your information only; no immediate action is necessary.

What is the impact of this change?

The change to Express Scripts as our pharmacy benefit manager (PBM) will change the claims processing information. **Please continue to refer to our Preferred Drug List (PDL) and formulary when prescribing medications for your patients.** You will be able to access these on our provider website [at <https://providers.amerigroup.com/quicktools/pages/pharmacytools.aspx>].

Although most drugs on the PDL are covered, **some medications will require prior authorization.** To request authorization, go online to <https://providers.amerigroup.com/Help/Pages/login.aspx>

Our Pharmacy Online Prior Authorization Tool allows you to:

- Verify member eligibility
- Attach clinical documentation
- Use the Drug lookup tool
- Enter multiple requests for multiple drugs at one time
- Appeal denied requests
- Upload supporting documents and review appeal status
- Request medical injectables for those medications obtained by your office/facility for onsite infusion or administration

You may also submit a pharmacy prior authorization request by calling our Pharmacy department at 1-800-454-3730 or by fax to 1-800-359-5781.



Pharmacy coverage specifications

Pharmacy Claim Submission Information	<ul style="list-style-type: none"> To submit a pharmacy claim to Express Scripts on or after September 1, 2015, use the following BIN/PCN/GroupRx information: <table border="1" data-bbox="488 390 1013 632"> <thead> <tr> <th colspan="2">Claim Submission Information</th> </tr> </thead> <tbody> <tr> <td>BIN:</td> <td>003858</td> </tr> <tr> <td>PCN:</td> <td>MA</td> </tr> <tr> <td>Group:</td> <td>WKJA</td> </tr> </tbody> </table> 	Claim Submission Information		BIN:	003858	PCN:	MA	Group:	WKJA
Claim Submission Information									
BIN:	003858								
PCN:	MA								
Group:	WKJA								
Member ID Cards	<p>Amerigroup members will receive a new ID card to use at participating pharmacies.</p>								
Copayments	<p>Copayments Calculated Ingredient Cost (CIC)</p> <ul style="list-style-type: none"> CIC \$10.00 or less \$0.50 CIC \$10.01 to \$25.00 \$1.00 CIC \$25.01 to \$50.00 \$2.00 CIC \$50.01 or more \$3.00 <p>CHIP members 6 years and older, copays are based on calculated ingredient cost for non-preferred drugs only and \$0.50 for preferred drugs.</p> <p>EXCLUSIONS TO COPAY: Pregnant members, family planning services, Family Planning Waiver Program (FPW), Inter Pregnancy Care Program (IPC) for family planning-related medications (Please note that the IPC group is NOT excluded from copays for maintenance medications), emergency prescriptions, nursing facility residents, members enrolled in breast and cervical cancer programs, hospice care members, CHIP members under 6 years, Georgia Families 360° members</p>								

Quantities	<p>31-day supply; 34-day supply for FPW and IPC</p>
Prior Authorization	<p>Certain medications will require prior authorization. Log in to our provider website, providers.amerigroup.com/GA, to learn more about the process and the benefits of using our online prior authorization submission tool. https://providers.amerigroup.com/Help/Pages/login.aspx</p>
Transition of Care	<p>30-day Transition of Care, and 90-day Transition of Care for Georgia Families 360° members</p>

Emergency Medications	A 72-hour supply of medication is permitted in the event of an emergency or while waiting for prior authorization for a medical necessity or nonformulary medication.
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Learn more online

Visit our provider website for more information about the prior authorization process, requirements for generics, step therapy and quantity edits. An updated version of our provider handbook and quick reference card will be posted on our website at providers.amerigroup.com/GA. Printed copies are available upon request.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, call Provider Services at 1-800-454-3730.

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