

## Quarterly pharmacy formulary change notice

**Summary:** The formulary changes listed in the table below were reviewed and approved at our September 28, 2017, Pharmacy and Therapeutics Committee meeting.

Effective November 1, 2017, the changes outlined below apply to all members of Amerigroup Community Care.

Effective for all patients on November 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
HEPATITIS C	MAVYRET 100-40 MG TABLET	PREFERRED WITH PRIOR AUTHORIZATION REQUIRED	N/A

### What action do I need to take?

Please review these changes and work with your 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 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/GA>.

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