

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com>.

Quarterly pharmacy formulary change notice

Summary of change: The formulary changes listed in the table below were reviewed and approved at our June 27, 2016, Pharmacy and Therapeutics Committee meeting. Effective September 1, 2016, the changes outlined below apply to all Amerigroup Community Care members.

What is the impact of this change?

Effective for all patients on September 1, 2016			
Therapeutic class	Drug	Revised status	Potential alternatives
ICS	QVAR 40 MCG ORAL INHALER QVAR 80 MCG ORAL INHALER	NONPREFERRED FOR MEMBERS 12 YEARS OF AGE AND OLDER	AEROSPAN 80 MCG INHALER ARNUITY ELLIPTA 100 MCG INH ARNUITY ELLIPTA 200 MCG INH

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 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 prior authorization. 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.