

# Provider Update



## Diabetic Supplies addition to pharmacy formulary: Diabetic pen needles and insulin syringes

**Summary:** The formulary changes listed in the table below were reviewed and approved at our second quarter 2018, Pharmacy and Therapeutics Committee meeting.

Effective October 1, 2018, the changes outlined below apply to all Amerigroup Kansas, Inc. members.

Effective for all patients starting October 1, 2018			
Therapeutic class	Drug	Revised status	Potential alternatives
Diabetic supplies	BD pen needles BD insulin syringes	Preferred	N/A
Diabetic supplies	All other pen needles and insulin syringes/manufacturers	Nonpreferred	BD pen needles BD insulin syringes

### 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 1-855-201-7170 and follow the voice prompts for pharmacy PA. You can find the Kansas Formulary on our provider website at <https://www.kmap-state-ks.us/Provider/PRICING/Disclaimer.asp?goto=/Provider/PRICING/NDCSearch.asp>.

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

<https://providers.amerigroup.com/KS>