

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our March 29, 2017, Pharmacy and Therapeutics Committee meeting.

Effective July 1, 2017, the changes outlined below apply to all Amerigroup Community Care patients.

Effective for all patients on July 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
Short-acting opioids	Hydrocodone-acetaminophen tablets (2.5mg-325mg, 5mg-300mg, 5mg-325mg, 7.5mg-300mg, 7.5mg-325mg, 10mg-300mg, 10mg-325mg)	Add QL (7 day supply per fill; 14 day supply per 30 days) Will not apply to members using on a daily basis for chronic pain	N/A
	Hydrocodone-acetaminophen oral solution (2.5mg-108mg/5mL, 2.5mg-167mg/5mL, 5mg-163mg/7.5mL, 5mg-217mg/10mL, 10mg-300mg/15mL, 10mg-325mg/15mL)		

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>.

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

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>