

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 December 19, 2016, Pharmacy and Therapeutics Committee meeting.

Effective **March 1, 2017**, and **April 1, 2017**, the changes outlined below apply to all Amerigroup Community Care patients.

What is the impact of this change?

Therapeutic class	Drug	Revised status	Potential alternatives
Effective for all patients on March 1, 2017			
Hepatitis C agents	Harvoni tablet	Nonpreferred	Zepatier exclusive in genotype 1 (over Harvoni for 12 weeks); Zepatier and Epclusa coprefered in genotype 4
Hylauronic acids	Euflexxa syringe Gelsyn syringe Supratz FX syringe	Preferred with prior authorization	N/A
Short-acting opioids	All short-acting opioids	Add quantity limit (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
Effective for all patients on April 1, 2017			
Pediculicides (head lice)	Spinosad 0.9% topical suspension	Preferred	N/A
Pediculicides (head lice)	Malathion 0.5% lotion	Nonpreferred (step therapy required)	Spinosad suspension (OTC) Lice-Killing Shampoo (OTC) Lice Pyrinyl Shampoo (OTC) RID Complete Lice Kit (OTC) RID Pediculicides Spray

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/NJ>.

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