

Provider Update

Amerigroup Community Care Changes Pharmacy Benefit Manager Starting April 1, 2015

Summary of change: Effective April 1, 2015, Amerigroup will be using Express Scripts as its pharmacy benefit manager (PBM) for covered prescription drugs for Amerigroup members.

✦ **What this means to you:** For your information only; no immediate action is necessary.

What is the impact of this change?

The change to Express Scripts as our pharmacy benefit manager (PBM) will change the claims processing information. **Please continue to refer to our Preferred Drug List (PDL) and formulary when prescribing medications for your Amerigroup patients.** You will be able to access these on our provider website [at <https://providers.amerigroup.com/quicktools/pages/pharmacytools.aspx>].

While drugs on the PDL are covered, **some medications will require prior authorization.**

To request authorization, go online to <https://providers.amerigroup.com/Help/Pages/login.aspx>

Our Pharmacy Online Prior Authorization Tool allows you to:

- Verify member eligibility
- Attach clinical documentation
- Utilize our Drug lookup
- Enter multiple requests for multiple drugs at one time
- Appeal denied requests
- Upload supporting documents and review appeal status
- Request medical injectables for those medications obtained by your office/facility for onsite infusion or administration

You may also submit a pharmacy prior authorization request by calling our Pharmacy department at 1-800-454-3730 or faxing your request to 1-800-359-5781.



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Pharmacy coverage specifications

Pharmacy Claim Submission Information	<ul style="list-style-type: none"> To submit a pharmacy claim to Express Scripts for Amerigroup members on or after April 1, 2015, use the following BIN/PCN/GroupRx information: <table border="1" data-bbox="532 426 1058 667"> <thead> <tr> <th colspan="2">Claim Submission Information</th> </tr> </thead> <tbody> <tr> <td>BIN:</td> <td>3858</td> </tr> <tr> <td>PCN:</td> <td>MA</td> </tr> <tr> <td>Group:</td> <td>WKPA</td> </tr> </tbody> </table>	Claim Submission Information		BIN:	3858	PCN:	MA	Group:	WKPA
Claim Submission Information									
BIN:	3858								
PCN:	MA								
Group:	WKPA								
Member ID Cards	<p>Amerigroup members will receive a new ID card to use at participating pharmacies.</p>								
Copayments	<p>Some members do not have to pay copays. They are:</p> <ul style="list-style-type: none"> New Jersey Medicaid NJ FamilyCare A NJ FamilyCare B NJ FamilyCare ABP <p>For some NJ FamilyCare C members, the copay is \$1 for generic prescriptions and \$5 for brand-name prescriptions.</p> <p>For some NJ FamilyCare D members, the copay for brand-name or generic prescriptions is \$5 for up to a 34-day supply and \$10 prescriptions that exceed a 34-day supply.</p> <p>After a NJ FamilyCare C or D member exceeds their five percent family cost-share amount, they will no longer have to pay a copay for services. Members should keep track of what they spend on copays as well as premiums. Once the five percent is exceeded, members should call the HBC at 1-800-701-0710 (TTY 1-800-701-0720) for assistance.</p> <p>*Eskimos and Native Americans under the age of 19 do not have to pay premiums or copays. **</p> <p>The prescription program requires the use of generic medications for all members; however, ABD members can obtain brand-name anticonvulsant drugs that may have a generic version available on the market.</p>								

Quantities	Standard is up to a 34-day supply.
Prior Authorization	Certain medications will require prior authorization. To learn which medications require prior authorization and to submit a prior authorization request online, please visit our provider self-service website at providers.amerigroup.com .
Transition of Care	All new Amerigroup members receive a 60 day transition of care benefit which includes; one fill per drug, per member per.
Emergency Medications	Amerigroup members may receive a 72-hour supply of medication in the event of an emergency or while waiting for prior authorization for a medical necessity review or nonformulary medications.

Learn more online

Visit our provider website for more information about the prior authorization process, requirements for generics, step therapy and quantity edits. An updated version of our provider handbook and quick reference card will be posted on our website at providers.amerigroup.com/NJ. Printed copies are available upon request.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, call Provider Services at 1-800-454-3730.