

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our March 2019 pharmacy and therapeutics committee meeting.

Effective May 1, 2019, the changes outlined below apply to all Amerigroup Community Care members.

Effective for all patients on May 1, 2019			
Therapeutic class	Drug	Revised status	Potential alternatives
BETA AGONISTS INHALERS	VENTOLIN HFA 90 MCG INHALER	NON-PREFERRED	ALBUTEROL SUL HFA 90 MCG INH
BETA-ADRENERGIC AND GLUCOCORTICOID COMBO; INHALED	WIXELA 100-50 INHUB WIXELA 250-50 INHUB WIXELA 500-50 INHUB FLUTICASONE-SALMETEROL 100-50 INHALER FLUTICASONE-SALMETEROL 250-50 INHALER FLUTICASONE-SALMETEROL 500-50 INHALER	PREFERRED	N/A
BETA AGONISTS INHALERS	ALBUTEROL SUL HFA 90 MCG INH	PREFERRED WITH QUANTITY LIMIT	N/A
ANAPHYLAXIS THERAPY AGENTS	SYMJEPI 0.3 MG/0.3 ML SYRINGE	PREFERRED WITH QUANTITY LIMIT	N/A
HEPATITIS C THERAPY	SOFOSBUVIR-VELPATASVIR 400-100	PREFERRED WITH PRIOR AUTHORIZATION	N/A

What action do I need to take?

Review these changes and work with your 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 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> > Provider Resources & Documents > Pharmacy.

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