

Provider Update

Effective January 1, 2015, new pharmacy benefits manager and prior authorization process for Amerigroup Washington, Inc. Amerivantage members

Summary of change: Effective January 1, 2015, Express Scripts, Inc. (ESI) will become the pharmacy benefits manager (PBM) for Amerigroup Amerivantage (Medicare Advantage) members in Washington. Express Scripts will also handle all prior authorizations for this membership.

✦ **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 patients.** You will be able to access these on our provider website at <https://providers.amerigroup.com/quicktools/pages/pharmacytools.aspx> under the Medicare section.

Although most drugs on the PDL are covered, **some medications will require prior authorization.** To request authorization, you will need to contact ESI. You can do this by going online to www.expressscripts.com/corporate/.

You may also submit a pharmacy prior authorization request by calling ESI at 1-800-338-6180 or fax your request to 1-877-526-2307.

Pharmacy coverage specifications

Pharmacy claim submission information	<ul style="list-style-type: none">To submit a pharmacy claim to Express Scripts for one of these members on or after January 1, 2015, use the following BIN/PCN/RxGroup information:<table border="1" data-bbox="669 1402 1195 1633"><thead><tr><th colspan="2">Claim submission information</th></tr></thead><tbody><tr><td>BIN:</td><td>003858</td></tr><tr><td>PCN:</td><td>MD</td></tr><tr><td>Group:</td><td>WM2A</td></tr></tbody></table>	Claim submission information		BIN:	003858	PCN:	MD	Group:	WM2A
Claim submission information									
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PCN:	MD								
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Member ID cards	Amerigroup members will receive a new ID card to use at participating pharmacies.								
Co-payments	Plans have 6 tiers-Tier 6 has select care drugs at a \$0 to low cost share for the following conditions: high blood pressure, high cholesterol and diabetes. <ul style="list-style-type: none">Tier 1 includes preferred generic drugs.Tier 2 includes nonpreferred generic drugs.								



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	<ul style="list-style-type: none"> • Tier 3 includes preferred brand drugs. It may also include some nonpreferred generic drugs that are priced similarly to the original brand drug. • Tier 4 includes nonpreferred brand drugs. It may also include some nonpreferred generic drugs that are priced similarly to 1 • Tier 5 includes specialty drugs. • Tier 6 includes select care drugs with no cost-sharing or preferred generic drugs for diabetic, blood pressure and cholesterol conditions.
Quantities	Standard is up to a 30-day supply or 90-day supplies for maintenance drugs.
Prior authorization	<p>Certain medications will require prior authorization. Visit ESI's provider website www.expressscripts.com/corporate/ to learn more about the process and the benefits of using their online prior authorization submission tool.</p>
Continuity of care	<p>If a drug is not on the drug list (formulary) or is restricted in some way (such as prior authorization or step therapy) some members in certain situations are eligible for temporary supply. This will give the member and provider time to change to another drug or file a request to have the drug covered.</p> <p>For members continuing with the plan to be eligible for a temporary supply, they must meet the two requirements below:</p> <ol style="list-style-type: none"> 1. The drug the member was taking in the previous benefit year is no longer on the drug list (formulary) for 2015. 2. The drug the member has been taking in the previous benefit year is now restricted in some way for 2015. <p>For these existing members, we will cover a temporary supply of their drug during the first 90 days of the calendar year. This temporary supply will be for a maximum of 30 days. If their prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication. The prescription must be filled at a network pharmacy.</p> <p>Long-term care members may receive up to a 98-day supply.</p> <p>For new members, we will cover a temporary supply of their drug during the first 90 days of their enrollment. This temporary supply will be for a maximum of 30 days. If their prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication. The prescription must be filled at a network pharmacy.</p>

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Learn more online

Visit the Express Scripts provider website for more information about the prior authorization process, requirements for generics, step therapy and quantity edits at www.expressscripts.com/corporate/.

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 1-866-805-4589.

Helpful Contact Numbers:

Pharmacy Technical Help Desk: 1-800-281-8172

Eligibility Verification: 1-866-805-4589

Prior Authorization Requests: 1-800-338-6180

Amerivantage is an HMO plan with a Medicare contract and a contract with the Washington Medicaid program. Enrollment in Amerivantage depends on contract renewal.