

Provider Update

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved by the Washington Health Care Authority and are effective August 15, 2016.

✦ **What this means to you:** Effective August 15, 2016, the changes outlined below apply to all Amerigroup Washington, Inc. patients. ***Please don't forget to read the footnotes at the bottom of the table.***

What is the impact of this change?

Effective for all patients on August 15, 2016			
Therapeutic class	Drug	Revised status	Potential alternatives
NARCOTIC ANTAGONISTS	SUBOXONE 2 MG-0.5 MG SL FILM SUBOXONE 4 MG-1 MG SL FILM SUBOXONE 8 MG-2 MG SL FILM SUBOXONE 12 MG-3 MG SL FILM	NONPREFERRED (CURRENT UTILIZERS TO BE GRANDFATHERED)	BUPRENORPHINE 2 MG TABLET SL BUPRENORPHINE 8 MG TABLET SL

What action do I need to take?

Please review these changes and work with your Amerigroup patient(s) 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>.

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