

Quarterly pharmacy formulary change notice

Summary: Effective August 1, 2020, the preferred formulary changes detailed in the table below will apply to Amerigroup District of Columbia, Inc. members enrolled in the District of Columbia Healthy Families Program (DCHFP), Alliance and the Immigrant Children’s Program (ICP). Additionally, effective August 1, 2020, there will be changes to the nonpreferred and prior authorization requirements of these formulary items. These formulary changes were reviewed and approved at the first quarter 2020 pharmacy and therapeutics committee meeting.

Formulary changes effective August 1, 2020			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ICS/LABA	BREO ELLIPTA INHALER 100-25 BREO ELLIPTA INHALER 200-25	NON- PREFERRED WITH PA AND CURRENT UTILIZERS WILL BE GRANDFATHERED	BUDESONIDE/FORMOTEROL INHALER (GENERIC SYMBICORT) FLUTICASONE/SALMETEROL INHALER (GENERIC AIRDUO RESPICLICK) FLUTICASONE/SALMETEROL AEROSAL WIXELA INHUB AEROSAL (GENERIC ADVAIR DISKUS)

What action do I need to take?

Please review these changes and work with your Amerigroup DC 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 patient cases. If your patient cannot be converted to a formulary alternative for medical reasons, 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/DC> > Pharmacy.

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