

Quarterly pharmacy formulary change notice

Summary: Effective April 15, 2018, the preferred formulary changes detailed in the table below apply to Amerigroup District of Columbia, Inc. members enrolled in the District of Columbia Healthy Families Program, Alliance and the Immigrant Children’s Program. Additionally, effective May 1, 2018, 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 Pharmacy and Therapeutics Committee meeting.

Inhaled Corticosteroid Coverage Update Formulary changes effective April 15, 2018	
Drug	Revised status
FLOVENT HFA 110 MCG INHALER FLOVENT HFA 44 MCG INHALER FLOVENT HFA 220 MCG INHALER FLOVENT 50 MCG DISKUS FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS	PREFERRED (AGE LIMIT REMOVED)
AEROSPAN* 80 MCG INHALER	NON-PREFERRED AS OF MAY 1, 2018
Resulting Inhaled Corticosteroid Coverage	
Drug	Status
ARNUIITY ELLIPTA FLOVENT HFA/DISKUS	PREFERRED
BUDESONIDE FOR NEBULIZATION	PREFERRED FOR MEMBERS 5 YEARS OF AGE AND YOUNGER
ASMANEX TWISTHALER	COVERED FOR MEMBERS 5 YEARS OF AGE AND YOUNGER
QVAR HFA	COVERED FOR MEMBERS 11 YEARS OF AGE AND YOUNGER
QVAR REDIHALER ASMANEX HFA ALVESCO PULMICORT FLEXHALER ARMONAIR RESPICLICK AEROSPAN*	NON-PREFERRED

* Currently being removed from the market

What action do I need to take?

Please review these changes and work with your Amerigroup 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/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.