

Provider Update

Amerigroup* Changes Pharmacy Benefit Manager to Express Scripts Starting June 1, 2015

Summary of change: Effective June 1, 2015, Amerigroup will be using Express Scripts as its pharmacy benefit manager (PBM) for necessary prescription drugs. Online prior authorizations will be available for Amerigroup Texas providers beginning July 1, 2015.

✦ **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 at <http://www.txvendordrug.com/pdl/>.

Although most drugs on the formulary are covered, **some medications will require prior authorization.** To request authorization, go online to <https://providers.amerigroup.com/Help/Pages/login.aspx>.

The Pharmacy Online Prior Authorization Tool allows you to:

- Verify member eligibility
- Attach clinical documentation
- Drug lookup
- Enter multiple requests for multiple drugs at one time
- Appeal denied requests
- Upload supporting documents and review appeal status
- Request medical injectables for those medications obtained by your office/facility for onsite infusion or administration

You may also submit a pharmacy prior authorization request by calling Express Scripts at 1-855-215-4496 or fax your request to 1-800-601-4829.



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Pharmacy coverage specifications

Pharmacy Claim Submission Information	<ul style="list-style-type: none"> To submit a pharmacy claim to Express Scripts for one of our members on or after [June 1, 2015], use the following BIN/PCN/GroupRx information: <table border="1" data-bbox="488 390 1013 592"> <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>MA</td> </tr> <tr> <td>Group:</td> <td>WKEA</td> </tr> </tbody> </table> 	Claim Submission Information		BIN:	003858	PCN:	MA	Group:	WKEA
Claim Submission Information									
BIN:	003858								
PCN:	MA								
Group:	WKEA								
Member ID Cards	Amerigroup members will receive a new ID card to use at participating pharmacies.								
Copayments	<p>TX CHIP only:</p> <p>TX CHIP00 \$3 Brand/\$0 Generic</p> <p>TXCHIP01 \$5 Brand/\$0Generic</p> <p>TXCHIP02 \$35 Brand/\$10 Generic</p> <p>TXCHIP04 \$35 Brand/\$0Generic</p> <p>Copayment Exclusions: Copayments do not apply for Native Americans, Alaskan Natives, pregnant women, CHIP Perinate and CHIP Perinate Newborn members. Copayments do not apply after a member reaches their cost-sharing limit for the year. Pharmacies cannot refuse to fill CHIP prescriptions due to a member’s inability to pay copayments.</p>								
Quantities	Standard is up to a 34-day supply.								
Prior Authorization	Certain medications will require prior authorization. Visit our provider website providers.amerigroup.com to learn more about the process and the benefits of using our online prior authorization submission tool https://providers.amerigroup.com/Help/Pages/login.aspx								
Transition of Care	<ul style="list-style-type: none"> Members do not receive transition fills. Members need to follow the PDL from day one (1) of eligibility. 								

Emergency Medications	72-HOUR EMERGENCY FILLS		
	<ul style="list-style-type: none"> A 72-hour emergency supply of a prescribed drug must be provided when a medication is needed without delay and prior authorization (PA) is not available. This applies to all drugs requiring a prior authorization (PA), either because they are non-preferred drugs on the Preferred Drug List or because they are subject to clinical edits. A 72-hour emergency supply should be dispensed anytime a PA cannot be resolved within 24 hours for a medication on the Vendor Drug Program formulary that is appropriate for the member's medical condition. If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour prescription. Submit claims for emergency fills with: 		
	Emergency Fill Claim Submission Information		
	Field Name	Field Number	Submission Information
	Days Supply:	405-D5	3
Prior Auth Type Code	461-EU	8	
Prior Auth Number Submitted	462-EV	801	

Learn more online

Visit our provider website for more information about the prior authorization process, requirements for generics, step therapy and quantity edits.

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 1-800-454-3730.

* In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.