

# Pharmacy program overview

Amerigroup Community Care

# Pharmacy benefit objectives

- The pharmacy benefit is designed to ensure the efficient, safe provision of prescription services by:
  - Promoting safe, cost-effective prescription and medication management using:
    - Formulary management.
    - Prior authorization (PA) process.
  - Managing the utilization of pharmaceutical agents in support of controlling overall medical resource consumption and costs using:
    - Medication therapy management programs.
    - Drug utilization edits and reviews.
  - Ensuring compliance with federal and state regulatory requirements.
  - Improving quality of care through programs that make measurable impacts upon quality ratings such as:
    - HEDIS®.
    - National Committee for Quality Assurance (NCQA).

# Pharmacy benefit exclusions for Maryland

- CMS exclusions
  - Erectile dysfunction drugs
  - Cosmetic application (antiwrinkle, hair removal, hair growth)
  - Weight-loss drugs (Amerigroup covers over-the-counter Alli as an add-on benefit but requires PA.)
  - Fertility products
- Maryland carve-outs
  - Behavioral health
  - HIV/AIDS
  - Substance abuse
  - Some anticonvulsant medications (carved out to Maryland's fee-for-service program)

# Formulary management

- Amerigroup maintains a national Medicaid formulary with state-specific variations as required.
- The Clinical Review Committee (CRC):
  - Is comprised of health plan medical directors, practicing in-network physicians and specialists (including but not limited to dentists and behavioral health specialists).
  - Meets quarterly to review drug utilization and new drugs.
  - Recommends changes to the formulary and sends them to the Value Assessment Committee (VAC).
- The VAC:
  - Is comprised of health plan medical directors and pharmacists.
  - Reviews quarterly recommendations from the CRC for quality, cost-effectiveness and individual state regulations/utilization.
  - Amends the formulary (working with our pharmacy benefit manager) and clinical policies as needed.

# Formulary updates

- All Medicaid formulary changes are submitted to the states for notification and/or approval.
- Our PA system and our pharmacy benefit manager's claims processing systems are updated to reflect the changes.
- Our provider network and affected members are notified of all formulary changes at least 30 days prior to the effective date of change.
- These notices are also posted on the provider website.

# Prior authorization program

- The PA and step therapy programs are a basic component of managed care, providing a control point for quality of care that ensures safe and effective use of medications.
  - Based on clinical policies derived from evidenced-based medicine and clinical practice guidelines
  - Protects against inappropriate drug use
  - Ensures formulary/*Preferred Drug List (PDL)* compliance
- Drugs are selected for PA and step therapy based on quarterly reviews of the formulary by the CRC and VAC.

# Prior authorization decisions

- Standard request – The decision to approve or deny a **standard** request for PA is made within 48 hours of receipt of all necessary information.
- Urgent request – The decision to approve or deny an **urgent** request for PA is made within 24 hours of receipt of all necessary information.
- If necessary, a 72-hour supply of medication may be dispensed by the retail pharmacy or hospital without PA through the use of an override code while awaiting a PA decision.
- PA approval timelines vary.

# Maryland hepatitis C treatment

## What to submit with a hepatitis C PA request

1. Completed PA form with completed treatment plan
2. Provider note dated within three months of the PA request; must include at least:
  - a. Prior hepatitis C virus (HCV) treatment history (i.e., treatment naïve or treatment experienced)
  - b. If treatment experienced, prior therapies and responses
  - c. Planned HCV treatment regimen
3. Genotype
4. The following baseline lab values within 90 days of PA request:
  - a. HCV viral load
  - b. Complete metabolic panel
5. Fibrosis score
6. HIV viral load (**ONLY** if the patient is co-infected)
7. Polymorphism test

All requests are approved for eight weeks at a time. Requests for continuation of therapy after the initial eight week approval must have documentation of four- or 12-week labs.

# Maryland hepatitis C treatment (cont.)

- Amerigroup follows Department of Health and Mental Hygiene (DHMH) hepatitis C criteria.
- Requests must be sent to the state for approval if a patient:
  - Has received previous treatment with a direct acting antiviral (DAA).
  - Is infected with genotype 3 AND has cirrhosis (metavir score of F4).
  - Is co-infected with HIV AND their HIV is NOT virologically suppressed.
  - Has received a liver transplant.
  - Has therapy with the combination of sofosbuvir and simeprevir requested.
  - Is infected with genotype 1a AND treatment with Zepatier is requested.
  - Had therapy initially denied by the managed care organization and the provider is now requesting reconsideration.
  - Has a therapy requested that is not included in the most recent version of DHMH's clinical criteria.
- Amerigroup-preferred hepatitis C agents are Zepatier, Harvoni, Sovaldi and Daklinza.

# Amerigroup provider website



## Providers

### How Can We Help You?

#### Amerigroup & You

Providing care for those who need it most requires a team effort and there's no more critical person on this team than you the provider. Our challenge is to find ways to help you use your resources as efficiently and productively as possible. And that begins by listening to the problems you encounter and the ideas you have to make the system work better. Together we can find the real solutions that can make a difference in people's lives.

#### Join Our Network

Interested in joining the Amerigroup network?

[Get Started](#)

#### The States We Serve

Amerigroup currently operates in 12 states and is growing!

<a href="#">Florida</a>	<a href="#">Louisiana</a>	<a href="#">New Mexico</a>
<a href="#">Georgia</a>	<a href="#">Maryland</a>	<a href="#">Tennessee</a>
<a href="#">Iowa</a>	<a href="#">Nevada</a>	<a href="#">Texas</a>
<a href="#">Kansas</a>	<a href="#">New Jersey</a>	<a href="#">Washington</a>

[Login](#)

Are you a new user? [Register >](#)

Amerigroup has both a public website and a secure website.

The secure website requires the provider to register for an account.

<https://providers.amerigroup.com>

# Amerigroup provider self-service

Maryland Provider Self-Service

News & Announcements

- [Quarterly pharmacy formulary change notice effective July 1, 2016](#)
- [Discontinuation of Trividia Health \(formerly Nipro Diagnostics, Inc.\) diabetic supplies](#)
- [Access and Availability Requirements](#)

Login

Provider Resources & Documents

- Behavioral Health
- Claims Submission and Reimbursement Policy

Do more online through Provider Self-Service!

- File and check the status of medical claims
- Verify eligibility
- Request precertification

Recent news and announcements can be found immediately.

Scroll down the page to find **Pharmacy** under *Provider Resources & Documents*.

# Accessing pharmacy

The screenshot shows a web portal interface. On the left is a sidebar menu titled "Provider Resources & Documents" with a list of categories: Behavioral Health, Claims Submission and Reimbursement Policy, Clinical Practice Guidelines, Disease Management Centralized Care Unit, EPSDT, Forms, ICD-10, Manuals & QRCs, Maternal Child Program, Medical Management Model, Newsletters, Pharmacy, Quality Management, Quick Tools, Referral Directories, Training Programs, Tutorials, and Vendor/Partner Links & Information. The "Pharmacy" link is highlighted with a red arrow. The main content area has two sections: "Do more online through Provider Self-Service!" with a list of actions (File and check the status of medical claims, Verify eligibility, Request precertification, Submit a Pharmacy Prior Authorization Request, And much more!) and a login instruction (To log in, use your Availity ID and password. If you need an Availity ID, visit [www.Availity.com](http://www.Availity.com) to register today. Visit [Frequently Asked Questions](#) about Availity for more information.). Below this is a "Join Our Network" section with text about recruiting PCPs and specialists, and two buttons: "Learn About Collaborating with Us" and "Begin Application Process". At the bottom left of the sidebar is the NCOA logo.

Choose the plus (+) sign to expand Pharmacy.

# Pharmacy tools

- Pharmacy
- Pharmacy Tools
- Clinical Pharmacy Policies
- Medicare Formulary
- Prior Authorization Form
- Medicaid Preferred Drug List
- Medicaid Formulary
- Nat'l Drug Code FAQs
- Medical Injectables Prior Authorization
- Common OTC Medications List
- State Hepatitis C Therapy Prior-Authorization Form
- Synagis Enrollment Form
- State Hepatitis C Clinical Criteria
- State Hepatitis C Sample Treatment Plan
- State Hepatitis C Retreatment Form
- Substance Abuse Medication Carve-Out Notice
- Wellpartner Mail Order Form
- State Hepatitis C Enhanced Treatment Plan

### Quick Tools

- Precertification Lookup
- Reimbursement Policies
- Medical Policies
- Pharmacy Tools
  - Medicaid Formularies
  - Medicare Formularies
  - Pharmacy Prior Authorization
  - Clinical Pharmacy Policies
- Iowa Pharmacy Tools

*Quick Tools* is a non-market-specific page with general information and links to:

- Formularies.
- PA forms.
- Clinical pharmacy policies.

## Pharmacy Tools

### Medicaid

Please refer to the [Preferred Drug List \(PDL\)](#) for a complete list of drugs; rather, it lists the preferred drugs.

Though most medications on the PDL are covered, you may need a PA. Contact our Pharmacy Department for authorization between 8:00 a.m. and 8:00 p.m. Eastern Standard Time, Monday through Saturday. You can also fax your PA request.

- Louisiana: 1-888-346-0102
- New York: For all HealthPlus Amerigroup members: 1-800-359-5781
- Kansas: 1-800-601-4829 for Retail Prior Authorization and 1-855-363-0728 for Medical Injectables
- Texas: 1-800-601-4829 for Retail Prior Authorization and 1-800-359-5781 for Medical Injectables
- All other states: 1-800-359-5781

### Medicare

Please refer to the [formulary](#) when prescribing for Amerigroup Medicare members. Though most medications on the formulary are covered without Prior Authorization (PA), a few agents will require you to obtain an authorization. For Amerivantage Part B, contact Provider Services department 1-866-805-4589 Option 5, from 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. For Amerivantage Part D, contact Express Scripts Provider Services at 1-800-338-6180 24 hours a day, 7 days a week. The prior authorization form can be found on the left side of this page.

# Medicaid formulary

Medicaid Preferred Drug List immediately opens the PDL for your specific market.

The PDL is organized by therapeutic category, but can be searched by pressing CTRL + F.

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## Preferred Drug List

Please refer to the preferred drug list (PDL) when prescribing for Amerigroup Community Care members. This guide does not contain a complete list of drugs; rather it lists the preferred drugs within the most commonly prescribed therapeutic categories.

The medications included in the PDL are reviewed and approved by the Pharmacy and Therapeutics Committee, which includes practicing Physicians and Pharmacists from the Amerigroup Provider community. The goal of the PDL is to provide cost-effective pharmacotherapy choices based on prospective, concurrent and retrospective review of medication therapies and utilization.

Unless otherwise noted, the use of available generics is required. Multisource brand name drugs require prior authorization.

Note: Many over-the-counter products are covered and should be considered for first line therapy when appropriate. Note: Cough and cold

Version Dates: 2/1/2016 Applies to Medicaid market Maryland  
WEBPHD-0004-15 December 2015

agents may be an excluded benefit for some plans.

### KEY:

- \* age restrictions apply
- PA requires prior authorization
- ST requires trial of first step product
- QL daily dosage limits apply
- RX legend prescription product
- M Maryland carve-out
- GL gender restrictions apply
- OTC over-the-counter available by prescription

### ANTIBACTERIALS

#### ANTIBIOTICS

#### CEPHALOSPORINS

##### First Generation

QL cefadroxil

QL cephalexin

##### Second Generation

QL cefprozil

QL cefuroxime axetil

##### Third Generation

QL cefdinir

QL cefepodoxime

#### FLUOROQUINOLONES

QL\* ciprofloxacin tabs

PA QL\* ofloxacin

#### MACROLIDES

QL azithromycin

QL clarithromycin

QL erythromycin (all salt forms)

#### PENICILLINS

QL amoxicillin

QL amoxicillin/clavulanate

QL ampicillin

QL dicloxacillin

QL penicillin VK

#### SULFONAMIDES

QL sulfamethoxazole/trimethoprim

#### TETRACYCLINES

doxycycline monohydrate (capsules only)

Minocycline (IR)

tetracycline

#### ANTIFUNGALS

QL clotrimazole troches

QL fluconazole

QL griseofulvin

QL griseofulvin suspension

QL ketoconazole

QL nystatin

QL OTC terbinafine

#### ANTIVIRALS-HEPATITIS C

PA daclatasvir

PA QL ledipasvir/sofosbuvir

PA QL sofosbuvir

#### HIV/AIDS

QL efavirenz

#### CARDIOVASCULAR AGENTS

#### ACE INHIBITORS and COMBINATIONS

QL benazepril, benazepril/HCTZ

captopril, captopril/HCTZ

enalapril, enalapril/HCTZ

QL fosinopril, fosinopril/HCTZ

QL lisinopril, lisinopril/HCTZ

moexipril, moexipril/HCTZ

quinapril, quinapril/HCTZ

#### ANGIOTENSIN II RECEPTOR BLOCKERS

QL candesartan, candesartan/HCTZ

QL irbesartan, irbesartan/HCTZ

QL losartan, losartan/HCTZ

QL valsartan, valsartan/HCTZ

#### ANTICOAGULANTS

apixaban

PA QL enoxaparin

QL rivaroxaban

warfarin (Brand and Generic)

#### ANTIPLATELET AGENTS

QL OTC aspirin

clostiazil

QL clopidogrel

QL dipyridamole

#### BETA BLOCKERS and COMBINATIONS

acebutolol

atenolol

atenolol/chlorthalidone

betaxolol

bisoprolol, bisoprolol/HCTZ

carvedilol

labetalol

metoprolol

#### CARDIOVASCULAR AGENTS

QL metoprolol, metoprolol ext-rel

nadolol

propranolol, propranolol ext-rel

sotalol

#### CALCIUM CHANNEL BLOCKERS

QL amlodipine

QL diltiazem ext-rel

QL felodipine ext-rel

QL isradipine

QL nifedipine ext-rel

QL nicardipine

QL verapamil ext-rel

#### DIURETICS

amiloride/HCTZ

bumetanide

chlorthalidone

furosemide

hydrochlorothiazide

indapamide

metolazone

spironolactone

spironolactone/HCTZ (25/25 mg only)

torsemide

triamterene/HCTZ

#### LIPID LOWERING AGENTS

QL cholestyramine

colestipol

QL fenofibrate

QL gemfibrozil

QL lovastatin

QL OTC niacin

QL pravastatin

QL simvastatin

#### CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DISEASE

metoprolol



# Medicaid formulary (cont.)

☰ Pharmacy

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## Drug Search

### Alphabetical Search

[A](#)[B](#)[C](#)[D](#)[E](#)[F](#)[G](#)[H](#)[I](#)[J](#)[K](#)[L](#)[M](#)[N](#)[O](#)[P](#)[Q](#)[R](#)[S](#)[T](#)[U](#)[V](#)[W](#)[X](#)

### Brand & Generic Name Search

### Therapeutic Class Search

- [Analgesic And Antihistamine Combination](#)
- [Analgesics](#)
- [Anesthetics](#)
- [Antiarthritics](#)
- [Antiasthmatics](#)
- [Antibiotics](#)
- [Anticoagulants](#)
- [Antidotes](#)
- [Antifungals](#)
- [Antihistamine And Decongestant Combination](#)
- [Antihistamines](#)
- [Antihyperglycemics](#)
- [Antiinfectives](#)
- [Antiinfectives/Miscellaneous](#)
- [Antineoplastics](#)
- [Anti-Obesity Drugs](#)
- [Antiparkinson Drugs](#)
- [Antiplatelet Drugs](#)
- [Antivirals](#)
- [Autonomic Drugs](#)
- [Biologicals](#)

*Medicaid Formulary* immediately opens our searchable formulary. You can search the formulary in three ways:

1. Search alphabetically by the first letter of the drug.
2. Search by drug name.
3. Search by therapeutic class.

# Formulary search results

## Start Over

Medications not listed in the formulary are considered to be non-formulary and are subject to prior authorization. Some medications listed may have additional requirements or limitations of coverage. These requirements and limits may include prior authorization, quantity limits, age limits or step therapy. Additionally, if a medication is available as a generic formulation, this will be Amerigroup's preferred agent, unless otherwise noted. If a brand name medication is requested when a generic exists, a prior authorization request will need to be submitted. If you have any questions about coverage of a certain product, please contact us at 800-454-3730.

Drug Search: advair diskus 100 mcg-50 mcg/dose powder for inhalation  
1 drug(s) found

To view other medications in a therapeutic class, click any class hyperlink in your search results.

Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
<i>Generic Name</i>	<i>Sub-class</i>			
Advair Diskus 100 Mcg-50 Mcg/Dose Powder For Inhalation	<a href="#">Antiasthmatics</a> <a href="#">Bronchial Dilators</a>	BLISTER WITH DEVICE 100-50 mcg/dose	<b>NP</b> Non-Preferred	<b>ST</b> Step Therapy <b>PA</b> Prior Auth 

## Definition of Symbols

Status	Definition
--------	------------

The quickest search method by far is searching by drug name.

			Status	Notes & Restrictions
Mcg/Actuation Hfa Aerosol Inhaler	<a href="#">Antiasthmatics</a> <a href="#">Glucocorticoids</a>	HFA AEROSOL INHALER 80 mcg/actuation	<b>F</b> Formulary	
Alvesco 160 Mcg/Actuation Aerosol Inhaler	<a href="#">Antiasthmatics</a> <a href="#">Glucocorticoids</a>	HFA AEROSOL INHALER 160 mcg/actuation	<b>NP</b> Non-Preferred	
Alvesco 80 Mcg/Actuation Aerosol Inhaler	<a href="#">Antiasthmatics</a> <a href="#">Glucocorticoids</a>	HFA AEROSOL INHALER 80 mcg/actuation	<b>NP</b> Non-Preferred	
Amuity Ellipta 100 Mcg/Actuation Powder For Inhalation	<a href="#">Antiasthmatics</a> <a href="#">Glucocorticoids</a>	BLISTER WITH DEVICE 100 mcg/actuation	<b>F</b> Formulary	<b>QL</b> Quantity Limit
Amuity Ellipta 200 Mcg/Actuation Powder For Inhalation	<a href="#">Antiasthmatics</a> <a href="#">Glucocorticoids</a>	BLISTER WITH DEVICE 200 mcg/actuation	<b>F</b> Formulary	<b>QL</b> Quantity Limit
Asmanex Hfa 100 Mcg/Actuation Aerosol Inhaler	<a href="#">Antiasthmatics</a> <a href="#">Glucocorticoids</a>	HFA AEROSOL INHALER 100 mcg/actuation	<b>F</b> Formulary	<b>QL</b> Quantity Limit
Asmanex Hfa				

# Understanding the formulary

## Definition of Symbols

Status	Definition
 <b>F</b> Formulary	Formulary Covered Products
 <b>NP</b> Non-Preferred	Non-Preferred Non-Preferred Product
 <b>BE</b> Benefit Exclusion	Benefit Exclusion Benefit Exclusion
 <b>SCO</b> State Carve Out	State Carve-Out State Carve-Out
Restriction	Definition
 <b>AL</b> Age Limit	Age Restriction Age Restriction
 <b>G</b>	Generic Indicator Generic Indicator
 <b>OTC</b> Over the Counter	Over The Counter Over The Counter
 <b>Prescriber Note</b>	Prescriber Note Prescriber Note
 <b>PA</b> Prior Authorization	Prior Authorization Prior Authorization
 <b>QL</b> Quantity Limit	Quantity Limit Quantity Limit
 <b>ST</b> Step Therapy	Step Therapy Step Therapy

The *Definition of Symbols* displays under your search results. Depending on how large your results list is, you may need to scroll down to view it.

Notice we have included *Benefit Exclusion* and *State Carve-Out* indicators.

*Prescriber Notes* indicate some state-specific exceptions to the rule.

We will go over those symbols impacting your health plan in detail later in this presentation.

# Clinical policies

*Clinical Pharmacy Policies* takes you directly to those policies, which are:

- Listed alphabetically.
- Hyperlinked to each clinical policy.

**Quick Tools**

**Clinical Pharmacy Policies**

As a wholly owned subsidiary of Anthem, Inc. (Anthem), Amerigroup provides nationally recognized, evidence-based medical policies and formularies effective January 1, 2013. These policies are publicly available at [Anthem's Uniform Policy Library](#).

The drug coverage policies below are based on medical necessity. The documents below assist with medical necessity coverage determination and do not constitute medical advice. Benefit details are subject to federal and/or state requirements.

These policies are not a guarantee of coverage. Contract language may conflict with any medication coverage policy. In all cases, Member Services requirements supersede Uniform Policy criteria.

If Amerigroup does not manage the pharmacy benefit for your plan, please visit your plan manager's website and/or manual.

**Clinical Pharmacy Policies**

The following policies are effective May 1, 2014, for Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey and Washington.

- [Abilify](#)
- [Abstral](#)
- [Actemra](#)
- [Adcetris](#)
- [Adempas](#)
- [ADHD Narcolepsy](#)

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# Clinical policies (cont.)

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  - Clinical Pharmacy Policies
- Iowa Pharmacy Tools

## Clinical Pharmacy Policies

As a wholly owned subsidiary of Anthem, Inc. (Anthem), Amerigroup and its subsidiary health plans adopted UniCare's nationally recognized, evidence-based medical policies and clinical utilization management guidelines effective May 1, 2013. These policies are publicly available at [Anthem's UniCare subsidiary website](#).

The drug coverage policies below are based on medical necessity considerations subject to applicable benefits. The documents below assist with medical necessity coverage decisions, may include state-specific guidance regarding coverage and do not constitute medical advice. Benefit determination is based on the applicable contract language and/or state requirements.

These policies are not a guarantee of coverage. Contract language or state requirements will prevail when there are conflicts with any medication coverage policy. In all cases, Medicaid contracts or Centers for Medicaid & Medicaid Services requirements supersede UniCare policy criteria.

If Amerigroup does not manage the pharmacy benefit for your state, please reference the applicable pharmacy benefit manager's website and/or manual.

### Clinical Pharmacy Policies

The following policies are effective May 1, 2014, for Florida, Georgia, and New York. These policies are effective June 1, 2014, for Louisiana, New Jersey and Washington.

- [Avair](#)
- [Abstral](#)
- [Actemra](#)
- [Adcetris](#)
- [Adempas](#)
- [ADHD Narcosis](#)

Medication	Comments
Advair (fluticasone/salmeterol)	All Strengths Subject to Quantity Limits
Advair HFA (fluticasone/salmeterol)	All Strengths Subject to Quantity Limits

### VERRIDE(S)

Prior Authorization of Benefits

### APPROVAL DURATION

1 year

### APPROVAL CRITERIA

For diagnosis of asthma:

- I. Individual has had a trial of one orally inhaled corticosteroid; **AND**
- II. One of the following:
  - a. Individual has had a trial of one preferred ICS/LABA agent (preferred agents are Symbicort and Dulera); **OR**
  - b. Individual is less than 12 years of age.

For diagnosis of COPD:

- I. Individual has had a trial of one preferred ICS/LABA combination agent (preferred agent is Symbicort).

# Pharmacy Prior Authorization Form

<b>Pharmacy</b>
Pharmacy Tools
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**Pharmacy Prior Authorization Form**

**INSTRUCTIONS:**

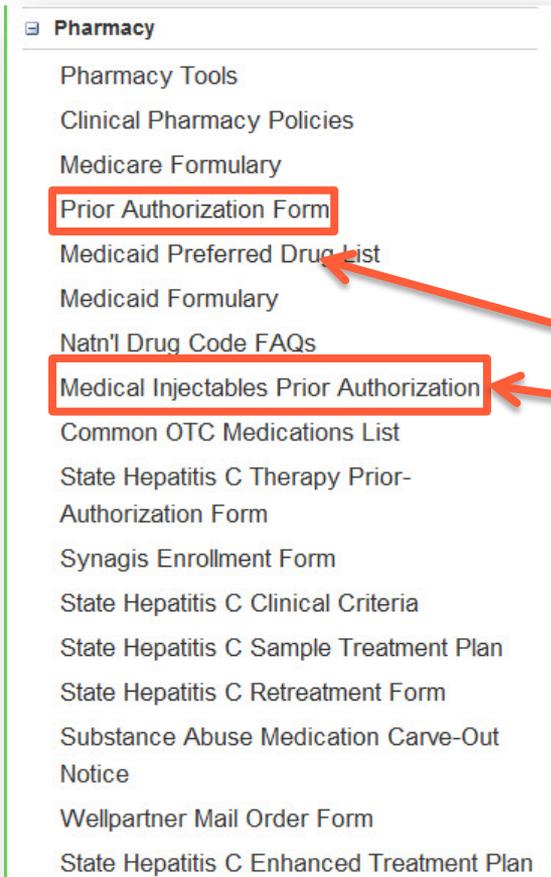
1. Complete this form in its entirety. Any incomplete sections will result in a delay in processing.
2. We review requests for prior authorization based on medical necessity only. If we determine that a request is not medically necessary, the member's payment is still subject to all general conditions of Amerigroup, including current medical insurance and program restrictions. We will notify the provider and the member's pharmacy of our decision.
3. To help us expedite your Medicaid authorization requests, please fax all the information to 1-800-359-5781. All Medicare Part B authorization requests will need to be faxed to 1-866-959-1537.
4. Allow us at least 24 hours to review this request. If you have questions regarding a request, call us at 1-800-454-3730. The pharmacy is authorized to dispense the medication while awaiting the outcome of this request. Please contact the member's pharmacy for questions regarding Medicare Part B prior authorizations, please call us at 1-866-797-9999.
5. Access our website at providers.amerigroup.com to view the preferred drug list.
6. An ICD/Diagnosis code is required for all requests. An HCPCS billing code is required for injectable/oncology requests. If the billing facility is different from the requesting physician's facility, information will need to be completed.

<b>Member Information</b>			
Last name	First name	MI	Amerigroup ID #
Member's place of residence:		Height	Weight
<input type="checkbox"/> Home <input type="checkbox"/> Nursing facility			
Administration site:			
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Outpatient facility			
<b>Medication Information</b>			
Drug name and strength requested:	SIG: (dose, frequency and duration)	HCPCS billing code	
Diagnosis and/or indication:		ICD code:	
Has the member tried other medications to treat this condition?		Drug(s) name and strength:	
<input type="checkbox"/> Yes. Provide this information in the area to the right. You may be asked to provide supporting documentation such as: <ul style="list-style-type: none"> <li>• Copies of medical records</li> <li>• Office notes</li> <li>• Complete FDA Medwatch form</li> </ul>		Date range of use:    SIG: (dose and frequency)	
<input type="checkbox"/> No. Explain why not: _____ _____ _____		Did the member experience any of the below? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other  Briefly describe details of adverse reaction, inadequate response or other in the space provided below.	

WEB-PEC-0355-15 June 2015

*Prior Authorization Form opens the correct form for your market.*

# Prior authorization requests via phone or fax



PA requests can also be submitted via fax or phone.

## Fax requests

1. Select the appropriate form, print and complete it.
  - *Prior Authorization Form* is for retail drugs.
  - *Medical Injectables Prior Authorization Form* is for drugs delivered in the home, office or hospital setting that are covered under the pharmacy benefit.
2. Fax all requests to:
  - Retail: 1-844-490-4871
  - Medical Injectable: 1-844-490-4873

## Phone requests

Call Provider Services at 1-800-454-3730 and follow the prompts.

# Availity Portal



## How Can We Help You?

### Amerigroup & You

Providing care for those who need it most requires a team effort and there's no more critical person on this team than you the provider. Our challenge is to find ways to help you use your resources as efficiently and productively as possible. And that begins by listening to the problems you encounter and the ideas you have to make the system work better. Together we can find the real solutions that can make a difference in people's lives.

**Join Our Network**

Interested in joining the Amerigroup network?

[Get Started](#)

**The States We Serve**

Amerigroup currently operates in 12 states and is growing!

<a href="#">Florida</a>	<a href="#">Louisiana</a>	<a href="#">New Mexico</a>
<a href="#">Georgia</a>	<a href="#">Maryland</a>	<a href="#">Tennessee</a>
<a href="#">Iowa</a>	<a href="#">Nevada</a>	<a href="#">Texas</a>
<a href="#">Kansas</a>	<a href="#">New Jersey</a>	<a href="#">Washington</a>

[Login](#)

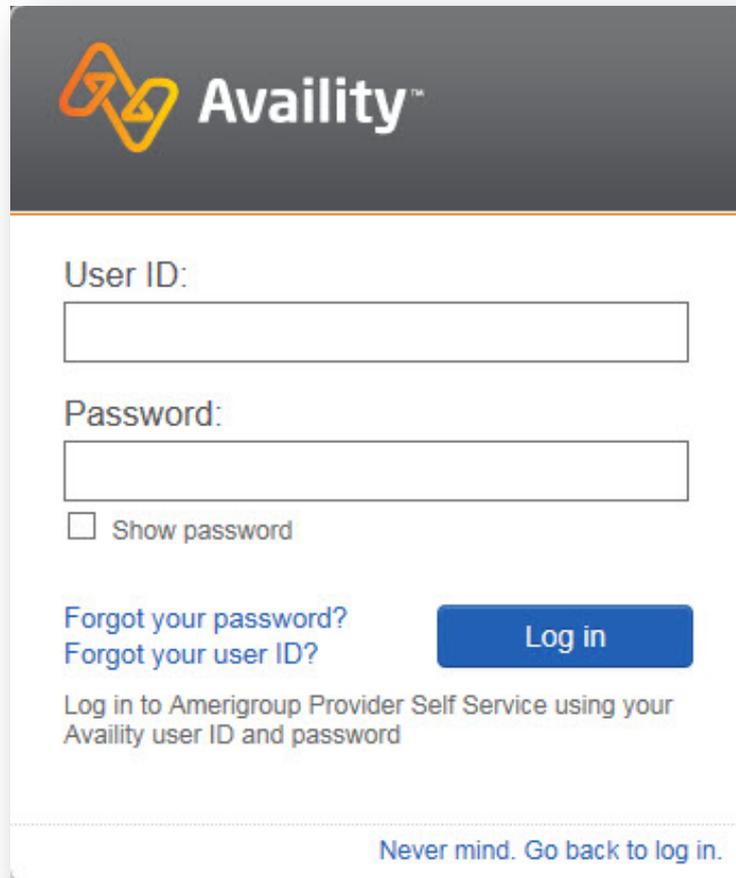
Are you a new user? [Register >](#)

The most efficient method to request a PA is via our web authorization request tool.

This tool is powered by Availity and requires a user ID and password for security and privacy reasons.

You must register to use this site.

# Logging in



The screenshot shows the Availity login interface. At the top left is the Availity logo, which consists of three interlocking orange and yellow shapes. To the right of the logo is the word "Availity" in a white sans-serif font on a dark grey background. Below this is a white form area. It contains two input fields: "User ID:" followed by a white rectangular box, and "Password:" followed by a white rectangular box. Below the password field is a checkbox labeled "Show password". To the left of the "Log in" button are two links: "Forgot your password?" and "Forgot your user ID?". The "Log in" button is a blue rectangle with white text. Below the form area is a link that says "Never mind. Go back to log in."

When you register, you will create a user ID and password.

Enter these to log in to the secure site.

# Secured landing page

**Amerigroup RealSolutions**  
in healthcare

Welcome, AGP-MD Medicaid Logout

- Home
- Claims
- Payments
- Precertification
- Medical
- Pharmacy
- Members
- Provider Education
- Account Management
- Find a Doctor

### News & Announcements

**Low tech radiology and site of service redirection**  
As of May 1, 2015, low tech radiology procedures performed in an outpatient hospital setting will no longer be redirected to a free-standing radiology facility. [Learn more.](#)

**Update: OrthoNet to conduct professional service coding reviews for musculoskeletal providers**  
Effective June 1, 2015, Amerigroup Community Care will collaborate with OrthoNet, LLC to conduct a focused claim review program for musculoskeletal providers. [Learn more.](#)

### Useful Publications

- Provider Updates & Communications ▶
- Provider Manuals & Quick Reference Guides ▶

### Viewing

Maryland ▼  
Use the select above to [choose another state](#)

### Government Resources

- [Maryland Medical Assistance Program](#)
- [CMS.gov](#)

Medicaid/CHIP:1-800-454-3730  
Medicare:1-866-805-4589

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[Privacy](#) | [Terms of Use](#) | [Report Waste, Fraud, or Abuse](#)

Once logged in, you will be directed to your market's landing page.

You can view communications such as formulary updates here and have quick access to everything you need.

# Online prior authorization requests

**Amerigroup RealSolutions**  
in healthcare

Welcome, AGP-MD Medicaid

Home  
Claims  
Payments  
**Precertification**  
Medical  
Pharmacy  
Members  
Provider Education  
Account Management  
Find a Doctor

**Precertification**

Request Precertification:

- For General Services • Maternity/OB • Emergent Admission • Medical Injectables ▶
- For General Pharmacy ▶**
- For Radiological Services ▶ Precertify these requests through AIM Specialty Health ▶
- For Medical Injectables ▶**
- For Vision & Dental ▶

Check Status:

- Check status of a precertification and/or file an appeal ▶
- Check status of an appeal ▶

Providers

Viewing  
Maryland  
Use the select above to choose another state ⓘ

Precertification Forms ▶  
Precertification Lookup Tool ▶

Logout

1. Select **Precertification** to access the Pharmacy Online Authorization Request Tool.
2. Choose **For General Pharmacy** for retail requests.
3. Choose **For Medical Injectables** for drugs that are delivered at home or in the office.

# Request info: Dates of service and eligibility

**Request Info**

**Request Info**

**Precertification Request Details**

Please complete all fields. Fields with red asterisks are required.

Date of Submission 4/14/2016

Auth Start Date

Auth End Date

**Member Eligibility**

Verify member eligibility before proceeding. Select 'ID Type', enter member's ID number, then click on 'Find Member'.

ID Type

ID Number  [Find Member](#)

Member Name

Date Of Birth

Gender

Member Height

Member Weight  Ex. 130 lbs

**Drug Codes**

Enter at least one Drug Code. Search up to 5 codes at one time.

Search By:  NDC  GPI  Drug Name

Search Text:  [Search](#)

[NEXT ▶](#)

1. Enter the start and end date for the request.

2. Enter the member's ID number. The *ID Type* field allows you to select a specific ID if you wish.

- Amerigroup ID
- Medicaid ID
- Medicare ID
- SSN

3. Select **Find Member**.

# Request info: Member and drug search

**Request Info**

**Request Info**

**Precertification Request Details**

Please complete all fields. Fields with red asterisks are required.

Date of Submission 4/14/2016

Auth Start Date

Auth End Date

**Member Eligibility**

Verify member eligibility before proceeding. Select 'ID Type', enter member's ID number, then click on 'Find Member'.

ID Type

ID Number  [Find Another Member](#)

Member Name Moyd, [REDACTED] (717 [REDACTED])

Date Of Birth 12/ [REDACTED]

Gender M

Member Height

Member Weight

**Drug Codes**

Enter at least one Drug Code. Search up to 5 codes at one time.

Search By:  NDC  GPI  Drug Name

Search Text:

[NEXT ▶](#)

*Note: Red arrows in the original image point from the instructions to the 'Find Another Member' link, the Member Height and Weight fields, the 'Drug Name' radio button, and the 'Search' button.*

4. View the member's information. Select **Find Another Member** if your search does not return the correct member.
5. Enter the member's height and weight if known (not a required field).
6. Select the drug search type.
  - NDC
  - GPI
  - Drug Name
7. Enter the name of the drug in the **Search Text** field, and choose **Search**.

# Request info: Drug search results

Multiple drug codes were found. Please select the correct drug code to proceed.

Drug GPI	Drug Name	Drug Description	Dosage Form Description	Strength and UOM
49270070100610	<a href="#">PROTONIX</a>	Brand	TABLET DELAYED RELEASE	20 MG
49270070103020	<a href="#">PROTONIX</a>	Brand	PACKET	40 MG
49270070102120	<a href="#">PROTONIX</a>	Brand	SOLUTION RECONSTITUTED	40 MG
49270070100620	<a href="#">PROTONIX</a>	Brand	TABLET DELAYED RELEASE	40 MG
49270070102120	<a href="#">PROTONIX</a>	Brand	SOLUTION RECONSTITUTED	40 MG

[Cancel](#)

8. Select the **Drug Name** with the correct dosage form and strength.

Drug Code (GPI): 49270070100610

Drug Name: PROTONIX

Dosage Form: TABLET DELAYED RELEASE

Strength and UOM: 20 MG

Quantity:

Dose:

Frequency:

Duration:

[Cancel](#)

9. Enter the **Quantity** and **Dose**.

10. Select the **Frequency** and **Duration**.

11. Choose **Add**.

# Request info: drug selection

You can select up to five drugs for the same member. If you need to submit a request for more than five drugs at a time, fax your request or call Provider Services.

- Retail Pharmacy PA request fax: 1-844-490-4871
- Medical Injectable PA request fax: 1-844-490-4873
- Provider Services: 1-800-454-3730

**Drug Codes**

Enter at least one Drug Code. Search up to 5 codes at one time.

You selected the following Drug Codes:

Drug Code (GPI)	Drug Name	Drug Description	Dosage Form	Strength/Unit of Measure (UOM)	Quantity
49270070100610	PROTONIX	Brand	TABLET DELAYED RELEASE	20 MG	30

Search By:  NDC  GPI  Drug Name

Search Text:  [Search](#)

[NEXT ▶](#)

12. Use the horizontal scroll bar to view your selection.

13. Select **Remove** (right scroll) if you selected the incorrect row.

14. Choose **Next** when you're ready to proceed.

# Provider info: select requesting provider

Request Info

**Provider Info**

Diagnosis

Supplementary

Supporting Files

Review and Submit

### Provider Info

#### Requesting Provider

Verify the tax ID # and select the corresponding provider from the drop downs below.

Tax ID: 742 [REDACTED] - J Alberto [REDACTED] ✓

Provider: **Select Provider**

Contact Name: [REDACTED]

Contact Phone: [REDACTED] Ext. [REDACTED]

Contact FAX: [REDACTED]

◀ PREVIOUS | NEXT ▶

15. Choose the dropdown to select the correct **Requesting Provider**.

16. Choose **Select Provider**.

17. Choose **Select** in the correct row for the requesting provider.

### Select Provider

Please select the correct provider to proceed or click on Cancel to do a new search.

	Provider Name	Primary Address	Provider ID	NPI	Entity Type
<b>Select</b>	[REDACTED] Fritz	113 [REDACTED] Rockville, [REDACTED]	017 [REDACTED]	154 [REDACTED]	Provider
<b>Select</b>	[REDACTED] Jesus	113 [REDACTED] Rockville, [REDACTED]	017 [REDACTED]	190 [REDACTED]	Provider
<b>Select</b>	[REDACTED] Sandra	113 [REDACTED] Rockville, [REDACTED]	018 [REDACTED]	158 [REDACTED]	Provider

# Provider info: validate requesting provider

**Request Info**

**Provider Info**

**Diagnosis**

**Supplementary**

**Supporting Files**

**Review and Submit**

**Provider Info**

**Requesting Provider**

Verify the tax ID # and select the corresponding provider from the drop downs below.

Tax ID 742518398 - J Alberto [redacted]

Provider [Change Provider](#)

Provider Name [redacted] Jesus

Primary Address 113 [redacted]

ID 017 [redacted]

NPI 190 [redacted]

Entity Type Provider

Contact Name George Smith

Contact Phone 555-555-5555 Ext. 123

Contact FAX 555-555-1212

◀ PREVIOUS | NEXT ▶

18. View the requesting provider's information.

19. Choose **Change Provider** if you selected the wrong requesting provider.

20. Complete the **Contact Name**, **Contact Phone** and **Contact Fax** fields (required).

21. Select **Next** when you're ready to move forward.

# Diagnosis: enter diagnosis code

The screenshot shows a web interface for entering a diagnosis. On the left is a vertical sidebar with buttons for 'Request Info', 'Provider Info', 'Diagnosis' (highlighted in orange), 'Supplementary', 'Supporting Files', and 'Review and Submit'. The main area is titled 'Diagnosis' and contains the instruction 'Please enter diagnosis code(s) below.' Below this is a 'CodeDescription' section with a 'Primary Diagnosis \*' field containing 'K21.0' and a tooltip that reads 'Gastro-esophageal reflux disease with esophagitis'. There are ten 'Diagnosis' fields labeled 'Diagnosis 2' through 'Diagnosis 10'. At the bottom, there is a text area with '255 characters remaining' and a 'PREVIOUS | NEXT' navigation bar.

22. Enter the **Primary Diagnosis** code.

23. You may enter up to 10 secondary diagnosis codes.

24. Choose **Next** when you are ready to move forward.

If you enter an unacceptable diagnosis code, you will see this error message at the bottom of the screen:

- There was an error in retrieving the diagnosis code. Please try again. Please contact the National Contact Center (1-800-454-3730) if error persists.

# Supplementary: history and supplemental information

Request Info

Provider Info

Diagnosis

**Supplementary**

Supporting Files

Review and Submit

### Medication History

Has the member used this medication previously (if yes, please list start date)? 252 characters remaining  
N/A

What other medications has the member tried for this diagnosis (please list dates)? 203 characters remaining  
Was on Prilosec for 1 year previous 4/1/15 - 4/1/16.

Please list other medications the member is currently taking (i.e. chemotherapy regimen) 238 characters remaining  
HTZ 20mg for HTN.

### Supplemental Information

If medication request is for use outside FDA labeling or if medication is non-preferred, information supporting medical necessity must be provided 255 characters remaining  
Was on a trial of pantaprazole for 2 weeks which had no effect 4/1-4/15/16.

Any additional information pertinent for review of request may be included below, or as attachment on next tab. 255 characters remaining

◀ PREVIOUS | NEXT ▶

25. Provide medication history for the requested medication.

26. List other medications tried for the same diagnosis.

27. List other medications being taken.

28. List supplemental information justifying the request, especially if it's a nonpreferred or nonformulary drug.

# Supporting files: Attach files

**Request Info**

**Provider Info**

**Diagnosis**

**Supplementary**

**Supporting Files**

**Review and Submit**

## Supporting Files

Note: When submitting multiple medication request for one patient, please attach clinical information to each request.

Please submit, call, or fax any additional supporting information for clinical review of the requested authorization.

### Attach Files

Attach any supporting documents for this request by selecting the file to attach below. You can attach up to 5 files for a total file size of 25 MB. Files must be formatted as: .pdf, .xls, .xlsx, .doc, .docx, .tif, or .tiff

Files must be formatted as:  
.pdf, .xls, .xlsx, .doc, .docx, .tif, or .tiff

No supporting files attached

1. Book1.pdf (1233KB)

[ Remove ]

◀ PREVIOUS | NEXT ▶

29. Select the **Browse** button to locate any pertinent clinical files you wish to attach.

30. Select the **Attach** button once you have located the files.

31. If you have uploaded the incorrect file, select **Remove**.

Note: the following file types are acceptable

- PDF
- Excel
- Word
- TIF

# Review and submit

**Request Info**

**Provider Info**

**Diagnosis**

**Supplementary**

**Supporting Files**

**Review and Submit**

## Review and Submit

Please review and correct the errors identified below

### Precertification Request Details

Date of Submission 6/27/2016

Auth Start Date 6/27/2016

Auth End Date 06/20/2017

### Member Eligibility

Member Name [REDACTED] Mesai (717 [REDACTED])

Date Of Birth 12/10/2012

Gender M

Member Height

Member Weight

### Drug Codes

Drug Code (GPI)	Drug Name	Drug Description	Dosage Form	Strength/Unit of Measure (UOM)	Quantity	Dose F
49270070100610	PROTONIX	Brand	TABLET DELAYED RELEASE	20 MG	30	1

### Requesting Provider

Tel: 742

32. Review all submitted information prior to submitting.

33. Choose **Submit Request**.

### Attach Files

1. Book1.pdf (1233KB)

Note: When submitting multiple medication request for one patient, please attach clinical information to each request.

Please submit, call, or fax any additional supporting information for clinical review of the requested authorization.

National Customer Care Phone: 1-800-454-3771

National Customer Care Fax: 1-800-388-4873

[Print](#)

# Confirmation

Print  
Submit Another Request  
Submit Another Request for this provider  
Submit Another Request for this member

## Confirmation

The precertification request has been successfully submitted. Precertification requests are not a guarantee of coverage and are dependent on benefits and eligibility at time of service.

We will begin processing your request immediately. Pended

Notification will be sent to the fax number provided once the review is complete. You may also check the status of your request online at

<https://providers.amerigroup.com>  
or by calling 800-454-3730

Your Tracking Number is  
MD718

Precertification Request Details

Decision 6/27/20

Here is your confirmation. From here, you may:

- Print the confirmation.
- Submit another request for the same provider.
- Submit another request for the same member.

# Medical injectable requests

The screenshot shows the Amerigroup RealSolutions in healthcare website interface. The top navigation bar includes the Amerigroup logo, a 'Providers' button, and a 'Logout' link. The main content area is titled 'Precertification' and contains several links for requesting precertification: 'For General Services • Maternity/OB • Emergent Admission • Medical Injectables', 'For General Pharmacy', 'For Radiological Services', 'For Medical Injectables' (highlighted with a red box and an arrow), and 'For Vision & Dental'. Below these links is a 'Check Status' section with 'Check status of a precertification and/or file an appeal' and 'Check status of an appeal' options. A 'Viewing' dropdown menu is set to 'Maryland'.

Medical injectable requests are entered the same way. They do require some additional information:

- At least one drug code is required.
- Servicing provider information is required if the servicing provider is different from the requesting provider.

# Helpful links and contacts

Website/contact	URL/phone number
Amerigroup provider website (No login required)	<a href="https://providers.amerigroup.com/MD">https://providers.amerigroup.com/MD</a>
Amerigroup questions (Select <b>Contact Us</b> at top of provider page)	<a href="https://providers.amerigroup.com/MD">https://providers.amerigroup.com/MD</a>
Availity Portal (Submit PA; login required)	<a href="https://www.availity.com">https://www.availity.com</a>
Amerigroup Provider Services	1-800-454-3730
Amerigroup PA request faxes	Retail Pharmacy: 1-844-490-4871 Medical Injectable: 1-844-490-4873
Department of Health and Mental Hygiene	1-800-492-5231, option 3

# Questions?