



Cumulative List of Formulary Changes

Upcoming Changes to Amerigroup Community Care's Formulary

Amerigroup Community Care may add or remove prescription drugs from our formulary during the year. Although it is unlikely, if we make a change that will negatively impact you, we will let you know before the date the change occurs.

Please review the list of drugs below. Unless otherwise noted these changes will be effective in 60 days. If the Food and Drug Administration (FDA) believes a drug to be unsafe or the drug's manufacturer removes the drug from the market, Amerigroup Community Care will immediately remove the drug from our formulary and let you know.

Drugs listed in the chart:

- Have been removed from the formulary. If you are negatively affected your coverage and co-payment may extend through the end of the plan year, or
- Now have a prescription drug management program, like prior authorization, quantity limits or step therapy restrictions.

This will give you an opportunity to work with your doctor to switch to a suitable drug that we cover or ask for a formulary exception.



Medicare Advantage Plans

July 2011

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
BONIVA INJ	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011
CALCITRIOL	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011
CUBICIN INJ	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011



Medicare Advantage Plans

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
HECTOROL	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011
HEPARIN SODIUM INJ	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011
LEVOCARNITINE ORAL	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011



Medicare Advantage Plans

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
MIACALCIN INJ	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011
VANCOMYCIN INJ	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011
ZEMPLAR	Prior Authorization Addition	This prior authorization is only required if you are covered under the End-Stage Renal Disease program.			April 1, 2011



Medicare Advantage Plans

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
LIDOCAINE- PRILOCAINE CREAM	Prior Authorization Addition	This prior authorization is only required if you are covered under the End- Stage Renal Disease program.			May 9, 2011
COLCHICINE TABS 0.6 MG	Deletion of Drug from Formulary	Medicare Will No Longer Cover	COLCRYS TABS 0.6 MG		June 1, 2011
ACCOLATE	Deletion of Drug from Formulary	Generic Available	ZAFIRLUKAST		June 1, 2011
ARICEPT 5MG & 10MG TAB	Deletion of Drug from Formulary	Generic Available	DONEPEZIL 5MG & 10MG TAB		June 1, 2011
ARICEPT ODT	Deletion of Drug from Formulary	Generic Available	DONEPEZIL ODT		June 1, 2011
ARIMIDEX	Deletion of Drug from Formulary	Generic Available	ANASTROZOLE		June 1, 2011
CLEOCIN 75MG/5ML GRANULES	Deletion of Drug from Formulary	Generic Available	CLINDAMYCIN PALMITATE 75MG/5ML SOLN		June 1, 2011
EFFEXOR XR	Deletion of Drug from Formulary	Generic Available	VENLAFAXINE ER CAP		June 1, 2011
EXELON CAPS	Deletion of Drug from Formulary	Generic Available	RIVASTIGMINE CAPS		June 1, 2011



Medicare Advantage Plans

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
KEPPRA INJ	Deletion of Drug from Formulary	Generic Available	LEVETIRACETAM INJ		June 1, 2011
LOTREL 10-40MG	Deletion of Drug from Formulary	Generic Available	AMLODIPINE BESYLATE/BENZAEPRI 10-40MG		June 1, 2011
LOTREL 5-40MG	Deletion of Drug from Formulary	Generic Available	AMLODIPINE BESYLATE/BENZAEPRI 5-40MG		June 1, 2011
LOVENOX SYRINGE	Deletion of Drug from Formulary	Generic Available	ENOXAPARIN SODIUM		June 1, 2011
METHYLIN SOLN	Deletion of Drug from Formulary	Generic Available	METHYLPHENIDATE SOLN		June 1, 2011
PEPCID ORAL SUSP	Deletion of Drug from Formulary	Generic Available	FAMOTIDINE ORAL SUSP		June 1, 2011
RYTHMOL SR	Deletion of Drug from Formulary	Generic Available	PROPAFENONE ER		June 1, 2011
TARKA ER 1-240MG	Deletion of Drug from Formulary	Generic Available	TRANDOLAPRIL/VERAPAMIL ER 1-240MG		June 1, 2011
XYZAL TAB	Deletion of Drug from Formulary	Generic Available	LEVOCETIRIZINE TAB		June 1, 2011
ZEGERID CAP	Deletion of Drug from Formulary	Generic Available	OMEPRAZOLE/SODIUM BICARBONATE CAP		June 1, 2011
ANTABUSE 250 MG TAB	Deletion of Drug from Formulary	Generic Available	DISULFIRAM 250 MG TAB	Tier 2	October 1, 2011
AROMASIN	Deletion of Drug from Formulary	Generic Available	EXEMESTANE	Tier 2	October 1, 2011
CARBATROL	Deletion of Drug from Formulary	Generic	CARBAMAZEPINE SR CAPS	Tier 2	October 1,



Medicare Advantage Plans

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
	Formulary	Available			2011
COSMEGEN INJ	Deletion of Drug from Formulary	Generic Available	DACTINOMYCIN INJ	Tier 2	October 1, 2011
FEMARA	Deletion of Drug from Formulary	Generic Available	LETROZOLE	Tier 2	October 1, 2011
FEMHRT 1/5	Deletion of Drug from Formulary	Generic Available	JINTELI	Tier 2	October 1, 2011
FURADANTIN SUSP	Deletion of Drug from Formulary	Generic Available	NITROFURANTOIN SUSP	Tier 2	October 1, 2011
GEMZAR INJ	Deletion of Drug from Formulary	Generic Available	GEMCITABINE INJ	Tier 2	October 1, 2011
NARDIL	Deletion of Drug from Formulary	Generic Available	PHENELZINE	Tier 2	October 1, 2011
NASACORT AQ	Deletion of Drug from Formulary	Generic Available	TRIAMCINOLONE NASAL SPRAY	Tier 2	October 1, 2011
NEURONTIN SOLN	Deletion of Drug from Formulary	Generic Available	GABAPENTIN SOLN	Tier 2	October 1, 2011
QUIXIN SOLN	Deletion of Drug from Formulary	Generic Available	LEVOFLOXACIN OPHTH SOLN 0.5%	Tier 2	October 1, 2011
VFEND TABS	Deletion of Drug from Formulary	Generic Available	VORICONAZOLE TABS	Tier 5	October 1, 2011
XALATAN	Deletion of Drug from Formulary	Generic Available	LATANOPROST	Tier 2	October 1, 2011
XIBROM	Deletion of Drug from Formulary	Generic Available	BROMFENAC SODIUM	Tier 2	October 1, 2011

CY11_7.01 5 Tier



Removal of drug from formulary, a change in its preferred or tiered cost-sharing status, or a classification change such as prior authorization needed, quantity limits apply and/or step therapy restrictions.

** Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate here is appropriate for you given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you.