

Provider Update

Quarterly Pharmacy Formulary Change Notice

Summary of Change: The formulary changes listed in the table below were reviewed and approved at our June 23, 2015 Pharmacy and Therapeutics Committee meeting.

✦ **What this means to you:** Effective December 1, 2015, the changes outlined below apply to all Amerigroup† patients. **Don't forget to read the footnotes at the bottom of the tables.**

What is the impact of this change?

Therapeutic Class	Medication	Formulary Status Change	Potential alternatives (preferred products)
ANALGESICS	INDOCIN 25 MG/5 ML SUSPENSION * INDOCIN 50 MG SUPPOSITORY*	NON-PREFERRED	INDOMETHACIN CAPSULES
ANALGESICS	NAPRELAN CR 375 MG TABLET * NAPRELAN CR 500 MG TABLET * NAPRELAN CR 750 MG TABLET *	NON-PREFERRED	NAPROXEN SODIUM
ANALGESICS	SPRIX 15.75 MG NASAL SPRAY * GLUCOTEN CAPLET * ACETYL SALICYLIC ACID POWDER* OFIRMEV 1;000 MG/100 ML VIAL *	NON-PREFERRED	N/A
ANALGESICS	ASPIRIN POWDER* BAYER ASPIRIN 500 MG CAPLET * BUFFERIN 500 MG TABLET * BUFFERIN 81 MG TABLET*	NON-PREFERRED	ACETAMINOPHEN IBUPROFEN NAPROXEN
ANALGESICS	QC COLD RELIEF CAPLET* QC SEVERE ALLERGY CAPLET* SEVERE ALLERGY CAPLET*	NON-PREFERRED	ACETAMINOPHEN AND DIPHENHYDRAMINE
ANALGESICS	CHILD ACETAMINOPHEN 80 MG/2.5*	NON-PREFERRED	LITTLE REMEDIES FEVER 160MG/5ML
ANLGESICS	MAPAP 9.6 MG/0.3 ML SYRINGE * MAPAP 16 MG/0.5 ML SYRINGE * MAPAP 22.4 MG/0.7 ML SYRINGE* MAPAP 32 MG/ML SYRINGE* MAPAP 40 MG/1.25 ML SYRINGE* MAPAP 48 MG/1.5 ML SYRINGE * MAPAP 64 MG/2 ML SYRINGE * MAPAP 80 MG/2.5 ML SYRINGE* MAPAP 120 MG/3.75 ML SYRINGE* MAPAP 160 MG/5 ML SYRINGE* MAPAP 200 MG/6.25 ML SYRINGE* MAPAP 240 MG/7.5 ML SYRINGE*	NON-PREFERRED	N/A
ANTIANDROGENS	ZYTIGA 250 MG TABLET* XTANDI 40 MG CAPSULE*	NON-PREFERRED	N/A

ANTICOAGULANTS	SAVAYSA 15 MG TABLET SAVAYSA 30 MG TABLET SAVAYSA 60 MG TABLET	REMOVE PRIOR AUTHORIZATION (PA) AND QUANTITY LIMIT (QL)	N/A
ANTICOAGULANTS	ELIQUIS 2.5 MG TABLET ELIQUIS 5 MG TABLET XARELTO 15 MG TABLET XARELTO 20 MG TABLET XARELTO STARTER PACK PRADAXA 75 MG CAPSULE PRADAXA 150 MG CAPSULE	REMOVE PA AND QL	N/A
ANTICONVULSANTS ²	ONFI 5 MG TABLET* ONFI 10 MG TABLET* ONFI 20 MG TABLET* LYRICA 20 MG/ML ORAL SOLUTION LYRICA 25 MG CAPSULE LYRICA 50 MG CAPSULE LYRICA 75 MG CAPSULE LYRICA 100 MG CAPSULE LYRICA 150 MG CAPSULE LYRICA 200 MG CAPSULE LYRICA 225 MG CAPSULE LYRICA 300 MG CAPSULE BANZEL 200 MG TABLET* BANZEL 40 MG/ML SUSPENSION* POTIGA 50 MG TABLET* POTIGA 200 MG TABLET* POTIGA 300 MG TABLET* POTIGA 400 MG TABLET*	NON-PREFERRED	N/A
ANTICONVULSANTS ²	LAMICTAL ODT STARTER KIT* LAMICTAL TAB STARTER KIT* LAMICTAL XR STARTER KIT *	NON-PREFERRED	LAMOTRIGINE TABS
ANTIDEPRESSANTS ²	MARPLAN 10 MG TABLET*	NON-PREFERRED	PHENELZINE
ANTIDEPRESSANTS ²	PAXIL 10 MG/5 ML SUSPENSION*	NON-PREFERRED	PAROXETINE TAB OR CITALOPRAM SOLUTION
ANTIDEPRESSANTS ²	ESCITALOPRAM 5 MG TABLET* ESCITALOPRAM 10 MG TABLET* ESCITALOPRAM 20 MG TABLET*	NON-PREFERRED	N/A
ANTIDEPRESSANTS - MISCELLANEOUS ²	DULOXETINE HCL DR 20 MG CAP DULOXETINE HCL DR 30 MG CAP DULOXETINE HCL DR 60 MG CAP	NON-PREFERRED	N/A
ANTIDIABETIC AGENTS	GLYXAMBI 10 MG-5 MG TABLET GLYXAMBI 25 MG-5 MG TABLET	ADD STEP THERAPY (ST) AND QL	JANUMET JANUVIA TRADJENTA JENTADUETO
ANTIDIABETIC AGENTS	JENTADUETO 2.5 MG-500 MG TAB JENTADUETO 2.5 MG-850 MG TAB JENTADUETO 2.5 MG-1000 MG TAB DJENTA 5 MG TABLET	PREFERRED	N/A

ANTIDIABETIC AGENTS	KOMBIGLYZE XR 5-500 MG TABLET ONGLYZA 2.5 MG TABLET ONGLYZA 5 MG TABLET	NON-PREFERRED	JANUMET JANUVIA TRADJENTA JENTADUETO
ANTIDIABETIC AGENTS	TOUJEO SOLOSTAR 300 UNITS/ML	QL CHANGE	N/A
ANTIARRHEALS AGENTS	LOPERAMIDE 2 MG (OTC AND RX) LOPERAMIDE 1 MG/5 ML SOLUTION /LIQUID (OTC) LOPERAMIDE 1 MG/7.5 ML SUSPENSION/LIQUID (OTC)	QL	N/A
ANTIFUNGAL AGENTS	ONMEL 200 MG TABLET*	NON-PREFERRED	N/A
ANTIFUNGAL AGENTS	SPORANOX 10 MG/ML SOLUTION*	NON-PREFERRED	VORICONAZOLE SUSPENSION
ANTIINFECTIVE AGENTS	VIBRAMYCIN 50 MG/5 ML SYRUP	NON-PREFERRED	N/A
ANTIINFECTIVE AGENTS	DOXYCYCLINE MONO 75 MG TABLET DOXYCYCLINE MONO 150 MG TABLET	NON-PREFERRED	MINOCYCLINE
ANTIINFECTIVE AGENTS	MORGIDOX 100 MG CAPSULE CEFTIN 125 MG/5 ML ORAL SUSP CEFDITOREN 200 MG TAB AND 400 MG TABLET BIAXIN XL 500 MG TABLET CLEOCIN HCL 75 MG CAPSULE E.E.S. 200 MG/5 ML GRANULES ERYPED 200 MG/5 ML GRANULES ERYPED 200 MG/5 ML SUSPENSION	NON-PREFERRED	N/A
ANTIINFECTIVE AGENTS	E.E.S. 200 MG/5 ML GRANULES ERYPED 200 MG/5 ML GRANULES ERYPED 200 MG/5 ML SUSPENSION ERYPED 400 MG/5 ML GRANULES AND SUSPENSION ERY-TAB EC 500 MG TABLET ERYTHROMYCIN EC 500 MG TAB AVELOX ABC PACK 400 MG TAB SULFADIAZINE POWDER	NON-PREFERRED	N/A
ANTIINFECTIVE AGENTS	ZITHROMAX 1 GM POWDER PACKET ZITHROMAX 100 MG/5 ML SUSP ZITHROMAX 200 MG/5 ML SUSP ZITHROMAX 250 MG TABLET ZITHROMAX 250 MG Z-PAK TABLET ZITHROMAX 500 MG TABLET ZITHROMAX 600 MG TABLET ZITHROMAX TRI-PAK 500 MG TAB (BRAND ONLY)	NON-PREFERRED	AZITHROMYCIN
ANTIMIGRAINE AGENTS	DIHYDROERGOTAMINE 4 MG/ML SPRY* CAFERGOT TABLET*	NON-PREFERRED	N/A
ANTINEOPLASTIC AGENTS	TARCEVA 25 MG TABLET* TARCEVA 100 MG TABLET* TARCEVA 150 MG TABLET* AFINITOR 2.5 MG TABLET*	NON-PREFERRED	N/A

	AFINITOR 5 MG TABLET* AFINITOR 7.5 MG TABLET* AFINITOR 10 MG TABLET* AFINITOR DISPERZ 2 MG TABLET* AFINITOR DISPERZ 3 MG TABLET* AFINITOR DISPERZ 5 MG TABLET* NEXAVAR 200 MG TABLET* SUTENT 12.5 MG CAPSULE * SUTENT 25 MG CAPSULE * SUTENT 50 MG CAPSULE * SUTENT 37.5 MG CAPSULE * ZOLINZA 100 MG CAPSULE * TYKERB 250 MG TABLET* TASIGNA 150 MG CAPSULE* TASIGNA 200 MG CAPSULE* CAPRELSA 100 MG TABLET* CAPRELSA 300 MG TABLET* BOSULIF 100 MG TABLET* BOSULIF 500 MG TABLET* STIVARGA 40 MG TABLET* COMETRIQ 100 MG DAILY-DOSE PACK* COMETRIQ 140 MG DAILY-DOSE PACK * COMETRIQ 60 MG DAILY-DOSE PACK* ICLUSIG 15 MG TABLET * ICLUSIG 45 MG TABLET * POMALYST 1 MG CAPSULE* POMALYST 2 MG CAPSULE* POMALYST 3 MG CAPSULE * POMALYST 4 MG CAPSULE * TEMOZOLOMIDE 5 MG CAPSULE * TEMOZOLOMIDE 20 MG CAPSULE * TEMOZOLOMIDE 100 MG CAPSULE * TEMOZOLOMIDE 140 MG CAPSULE * TEMOZOLOMIDE 180 MG CAPSULE * TEMOZOLOMIDE 250 MG CAPSULE * CAPECITABINE 150 MG TABLET * CAPECITABINE 500 MG TABLET *		
ANTINEOPLASTICS AGENTS	GLEOSTINE 10 MG CAPSULE GLEOSTINE 100 MG CAPSULE GLEOSTINE 40 MG CAPSULE SYLATRON 200 MCG KIT SYLATRON 200 MCG 4-PACK SYLATRON 600 MCG KIT SYLATRON 300 MCG KIT SYLATRON 300 MCG 4-PACK	PA REQUIRED	N/A
ANTINEOPLASTICS AGENTS	FARYDAK 10 MG CAPSULE FARYDAK 15 MG CAPSULE FARYDAK 20 MG CAPSULE IBRANCE 75 MG CAPSULE IBRANCE 100 MG CAPSULE IBRANCE 125 MG CAPSULE LENVIMA 24 MG DAILY DOSE	PA REQUIRED QL	N/A

	LENVIMA 14 MG DAILY DOSE LENVIMA 10 MG DAILY DOSE LENVIMA 20 MG DAILY DOSE		
ANTIPARASITICS AGENTS	FLAGYL ER 750 MG TABLET* (BRAND)	NON-PREFERRED	METRONIDAZOLE
ANTIPARASITICS AGENTS	NEBUPENT 300 MG INHAL POWDER* QUININE SULFATE 324 MG CAPSULE*	NON-PREFERRED	N/A
ANTIPARKINSONISM AGENTS	MIRAPEX ER 2.25 MG TABLET* MIRAPEX ER 3 MG TABLET* MIRAPEX ER 3.75 MG TABLET* MIRAPEX ER 4.5 MG TABLET*	NON-PREFERRED	PRAMIPEXOLE IR TAB
ANTIPSYCHOTICS ^{2, 3}	RISPERIDONE 1 MG/ML SYRINGE* RISPERIDONE 2 MG/2 ML SYRINGE * RISPERIDONE 3 MG/3 ML SYRINGE*	NON-PREFERRED	N/A
CARDIOVASCULAR AGENTS	CORLANOR 5 MG TABLET CORLANOR 7.5 MG TABLET	PA REQUIRED AND QL	N/A
CARDIOVASCULAR AGENTS	DUTOPROL 100-12.5 MG TABLET* DUTOPROL 50-12.5 MG TABLET* DUTOPROL 25-12.5 MG TABLET* DUTOPROL 50-12.5 MG TABLET*	NON-PREFERRED	N/A
CARDIOVASCULAR AGENTS	MINITRAN 0.2 MG/HR PATCH* MINITRAN 0.2 MG/HR PATCH* MINITRAN 0.4 MG/HR PATCH* MINITRAN 0.6 MG/HR PATCH*	NON-PREFERRED	NITRO-DUR PATCH
CARDIOVASCULAR AGENTS	ISORDIL 40 MG TABLET*	NON-PREFERRED	ISOSORBIDE DINITRATE
CARDIOVASCULAR AGENTS	FUROSEMIDE 40 MG/4 ML ORAL SOL*	NON-PREFERRED	FUROSEMIDE TAB
CARDIOVASCULAR AGENTS	FUROSEMIDE 40 MG/4 ML SOLUTION*	NON-PREFERRED	FUROSEMIDE TAB
CARDIOVASCULAR AGENTS	THALITONE 15 MG TABLET*	NON-PREFERRED	N/A
CARDIOVASCULAR AGENTS	CARDENE SR 30 MG CAPSULE * CARDENE SR 45 MG CAPSULE * CARDENE SR 60 MG CAPSULE *	NON-PREFERRED	NICARDIPINE CAPS
CARDIOVASCULAR AGENTS	DYNACIRC CR 5 MG AND 10 MG TABLET*	NON-PREFERRED	N/A
CARDIOVASCULAR AGENTS	NISOLDIPINE ER 20 MG TABLET* NISOLDIPINE ER 30 MG TABLET* NISOLDIPINE ER 40 MG TABLET*	NON-PREFERRED	N/A
CHOLESTEROL LOWERING AGENTS	COLESTID GRANULES *	NON-PREFERRED	CHOLESTYRAMINE PACKETS OR COLESTIPOL GRANULES
CHOLESTEROL LOWERING AGENTS	ZETIA 10 MG TABLET	NON-PREFERRED	N/A
CHOLESTEROL LOWERING AGENTS	NIACIN 500 MG TABLET*	NON-PREFERRED	NIACIN ER 500 MG CAPLET (OTC)

CHOLESTEROL LOWERING AGENTS	TRIGLIDE 160 MG TABLET*	NON-PREFERRED	FENOFIBRATE OR FENOFIBRIC ACID
HIV ANTIRETROVIRAL AGENTS²	ALL HIV MEDICATIONS	REMOVE QL	N/A
HIV/AIDS THERAPY^{1,2}	VIDEX 2 GM AND 4 GM PEDIATRIC SOLN*	NON-PREFERRED	N/A
HIV/AIDS THERAPY^{1,2}	VIREAD POWDER*	NON-PREFERRED	N/A
IMMUNOSUPPRESSANT DRUGS	AZASAN 100 MG TABLET* AZASAN 75 MG TABLET*	NON-PREFERRED	AZATHIOPRINE
IMMUNOSUPPRESSANTS	COSENTYX 150 MG/ML SYRINGE COSENTYX 300 MG DOSE-2 SYRINGE COSENTYX 150 MG/ML PEN INJECT COSENTYX 300 MG DOSE-2 PENS	PA REQUIRED ADD ST QL	N/A
IMMUNOSUPPRESSANT DRUGS	SANDIMMUNE 100 MG CAPSULE* SANDIMMUNE 25 MG CAPSULE*	NON-PREFERRED	CYCLOSPORINE
INFLAMMATORY BOWEL DISEASE	APRISO ER 0.375 GRAM CAPSULE	PREFERRED	N/A
INFLAMMATORY BOWEL DISEASE AGENTS	ASACOL HD DR 800 MG TABLET* DELZICOL DR 400 MG CAPSULE* PENTASA 500 MG CAPSULE * PENTASA 250 MG CAPSULE *	NON-PREFERRED	APRISO ER, SULFASALAZINE OR BALSALAZIDE
MISCELLANEOUS ANTIVIRALS³	REBETOL 40 MG/ML SOLUTION* RIBAPAK 200-400 MG DOSEPACK* RIBAPAK 400-400 MG DOSEPACK * RIBAPAK 600-400 MG DOSEPACK * RIBAPAK 600-600 MG DOSEPACK * RIBASPHERE 200 MG CAPSULE AND TABLET * RIBASPHERE 400 MG TABLET* RIBASPHERE 600 MG TABLET*	NON-PREFERRED	RIBAVIRIN (PA REQUIRED)
MISCELLANEOUS ANTIVIRALS³	RIBAVIRIN POWDER *	NON-PREFERRED	RIBAVIRIN TABS OR CAPSULES (PA REQUIRED)
NARCOTIC ANALGESIC	FENTANYL 25 MCG/HR PATCH FENTANYL 50 MCG/HR PATCH FENTANYL 75 MCG/HR PATCH FENTANYL 100 MCG/HR PATCH FENTANYL 12 MCG/HR PATCH FENTANYL 62.5 MCG/HR PATCH FENTANYL 87.5 MCG/HR PATCH FENTANYL 37.5 MCG/HR PATCH BUTRANS 5 MCG/HR PATCH BUTRANS 10 MCG/HR PATCH BUTRANS 20 MCG/HR PATCH BUTRANS 15 MCG/HR PATCH BUTRANS 7.5 MCG/HR PATCH	QL	N/A

NARCOTIC ANALGESIC	EXALGO ER 12 MG TABLET EXALGO ER 32 MG TABLET EXALGO ER 16 MG TABLET EXALGO ER 8 MG TABLET NUCYNTA ER 50 MG TABLET NUCYNTA ER 100 MG TABLET NUCYNTA ER 150 MG TABLET NUCYNTA ER 200 MG TABLET NUCYNTA ER 250 MG TABLET OPANA ER 7.5 MG TABLET OPANA ER 15 MG TABLET OPANA ER 5 MG TABLET OPANA ER 10 MG TABLET OPANA ER 20 MG TABLET OPANA ER 30 MG TABLET OPANA ER 40 MG TABLET ZOHYDRO ER 10 MG CAPSULE ZOHYDRO ER 15 MG CAPSULE ZOHYDRO ER 20 MG CAPSULE ZOHYDRO ER 30 MG CAPSULE ZOHYDRO ER 40 MG CAPSULE ZOHYDRO ER 50 MG CAPSULE HYSINGLA ER 20 MG TABLET HYSINGLA ER 30 MG TABLET HYSINGLA ER 40 MG TABLET HYSINGLA ER 60 MG TABLET HYSINGLA ER 80 MG TABLET HYSINGLA ER 100 MG TABLET HYSINGLA ER 120 MG TABLET	PA REQUIRED ADD ST	MORPHINE SULFATE ER (TABLETS AND CAPSULES) OR FENTANYL PATCH
NARCOTIC ANALGESIC	EMBEDA ER 20-0.8 MG CAPSULE EMBEDA ER 30-1.2 MG CAPSULE EMBEDA ER 50-2 MG CAPSULE EMBEDA ER 60-2.4 MG CAPSULE EMBEDA ER 80-3.2 MG CAPSULE EMBEDA ER 100-4 MG CAPSULE	PA REQUIRED ADD ST QL	MORPHINE SULFATE ER (TABLETS AND CAPSULES) OR FENTANYL PATCH
NARCOTIC ANALGESIC	TREZIX CAPSULE	QL	N/A
NARCOTIC ANALGESICS	METHADONE HCL POWDER	NON-PREFERRED	N/A
NARCOTIC ANALGESICS	CAPITAL WITH CODEINE SUSP*	NON-PREFERRED	N/A
NARCOTIC ANALGESICS	ZYDONE 10-400 MG TABLET* ZYDONE 5-400 MG TABLET* ZYDONE 7.5-400 MG TABLET *	NON-PREFERRED	N/A
NARCOTIC ANALGESICS	ZYDONE 5-400 MG TABLET*	NON-PREFERRED	N/A
NARCOTIC ANALGESICS	ZYDONE 7.5-400 MG TABLET *	NON-PREFERRED	N/A

NARCOTIC ANALGESICS	MAGNACET 10 MG-400 MG TABLET* MAGNACET 5 MG- 400 MG TABLET * MAGNACET 7.5-400 MG TABLET *	NON-PREFERRED	N/A
NARCOTIC ANALGESICS	PRIMLEV 5-300 MG TABLET* PRIMLEV 10-300 MG TABLET* PRIMLEV 7.5-300 MG TABLET*	NON-PREFERRED	N/A
NARCOTIC ANALGESICS	ORBIVAN CAPSULE*	NON-PREFERRED	N/A
NASAL STEROIDS	QNASL CHILDREN'S 40 MCG SPRAY FLONASE ALLERGY RELIEF SPRAY (OTC) NASACORT ALLERGY 24HR SPRAY (OTC)	QL	N/A
NEUROLOGICAL THERAPY	NAMENDA XR 7 MG CAPSULE* NAMENDA XR 14 MG CAPSULE * NAMENDA XR 21 MG CAPSULE * NAMENDA XR 28 MG CAPSULE * NAMENDA XR TITRATION PACK *	NON-PREFERRED	MEMANTINE TAB
NEUROLOGICAL THERAPY	AMPYRA ER 10 MG TABLET* AUBAGIO 14 MG TABLET* AUBAGIO 7 MG TABLET*	NON-PREFERRED	N/A
OPHTHALMIC ANTIHISTAMINE	PAZEO 0.7% EYE DROPS	NON-PREFERRED ADD ST QL	N/A
PRENATAL VITAMINS	BY MANUFACTURER		
PRENATAL VITAMINS	PRENATE PIXIE SOFTGEL	QL	N/A
PRENATAL VITAMINS	21ST CENTURY HE; AMERISOURCEBERG A-S MEDICATION AVKARE, CHAIN DRUG, CHAIN DRUG CONS, CVS, EQUALINE VITAMINS, FREEDA VITAMINS GOOD NEIGHBOR, KAISER FOUNDATI, KIRKMAN SALES, LEADER, MAGNO- HUMPRIES, MAJOR PHARMACEU, ME PHARM, MEDICINE SHOP, NAT'L VIT. CO, NNODUM CORP, PD-RX PHARM, PLUS PHARMA INC PRIME MARKETING, RITE AID CORP, RUGBY, SUNMARK, TODAY'S HEALTH, WAL-MART STORES	PREFERRED	N/A
	ACELLA PHARMACE, AMNEAL PHARMACE, BOCAGREENMD INC, BRECKENRIDGE, BUREL PHARMACEU, CENTURION LABS, CYPRESS PHARM., HEALTH MART, MACOVEN PHARMAC, NATIONWIDE LABO, PATRIN PHARMA, PHARMASSURE, PHARMAVITE, PREGEN PHARMACE, PURETEK CORPORA, R.A. MCNEIL CO., SANCILIO & COMP, SETON PHARMACEU, TRIGEN LAB, VIRTUS PHARM, VITAMEDMD, WALGREEN CO.		

<p>PRENATAL VITAMINS</p> <p>CONT.</p>	<p>WH NUTRITIONALS, ABBOTT NUTRITION, ACTAVIS U.S. BR, ADVANCED MED, AMBI PHARMACEUTICALS, AVION PHARMACEUTICALS, BAYER INC., BOCA PHARMACAL CARWIN ASSOC., CENTRIX PHARMAC, CONTRACT PHARM DISPENSING SOLN, ECKSON LABS; LL, EVERETT, G.M. PHARM GIL PHARM, JAYMAC PHARM KMM PHARMACEUTICALS LANNETT CO. INC LASER; INC., LLORENS PHARM MARNEL PHARM., MEDA PHARMACEUTICALS MEDECOR PHARMA, METHOD PHARMAC, MIDLOTHIAN LABO, MISSION PHARM. MJ NUTRITIONAL, NIVAGEN PHARMACEUTICALS, PAN AMERICAN, PFIZER CONS HLT, PHARMICS PHYSICIAN PARTN, PHYSICIANS TC. PRONOVA CORP, PRO-PHARMA LLC , PUBLIX SUPERMARKET R3 PHARMACEUTICALS ROCHESTER PHARM, SEYER INC. THERALOGIX; LLC, TRIMARC LABORATORIES, UPSHER SMITH US PHARMACEUTICALS, VERTICAL PHARM, WOMEN'S CHOICE, XANODYNE PHARM, ZERXIS PHARMA</p>	<p>NON-PREFERRED *</p>	<p>LISTED ABOVE</p>
<p>TOPICAL NONSTEROIDAL ANTI-INFLAMMATORIES</p>	<p>PENNSAID 2% PUMP</p>	<p>QL</p>	<p>N/A</p>
<p>VITAMIN SUPPLEMENTS</p>	<p>VP CH ULTRA SOFTGEL</p>	<p>QL</p>	<p>N/A</p>
<p>SKELETAL MUSCLE RELAXANTS</p>	<p>CYCLOBENZAPRINE ER 15 MG AND 30 MG TABLET CYCLOBENZAPRINE 7.5 MG TABLET</p>	<p>NON-PREFERRED</p>	<p>CYCLOBENZAPRINE 5 MG OR 10 MG</p>
<p>URINARY TRACT AGENTS</p>	<p>PRIMSOL 50 MG/5 ML ORAL SOLN</p>	<p>NON-PREFERRED</p>	<p>N/A</p>
<p>VASODILATORS</p>	<p>EOPROSTENOL SODIUM 0.5 MG AND 1.5 MG VIAL*</p>	<p>NON-PREFERRED</p>	<p>N/A</p>
<p>VASODILATORS</p>	<p>FLOLAN 0.5 MG AND 1.5 MG VIAL *</p>	<p>NON-PREFERRED</p>	<p>N/A</p>

¹Does not apply to Louisiana

²Does not apply to Maryland

³Does not apply to Washington

*Current utilizers will be grandfathered

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 Amerigroup 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 providers.amerigroup.com

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

†In Louisiana, Amerigroup Louisiana, Inc.; In Washington, Amerigroup Washington.

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