

Provider Update

Quarterly Pharmacy Formulary Change Notice

Summary of Change: The formulary changes listed in the table below were reviewed and approved at the 2nd Quarter Pharmacy and Therapeutics (P&T) Committee meetings held on June 2, 2014 and June 18, 2014.

✦ **What this means to you:**

Effective October 1, 2014 preferred formulary changes will apply

Effective December 1, 2014 non-preferred and PA requirements will apply.

This notice applies to Amerigroup Medicaid pharmacy benefits in FL Healthy Kids, GA, LA, MD, NJ, NV, NY and WA. This notice does not apply to FL MMA, KS, KY, TN and TX.
Don't forget to read the footnotes at the bottom of the tables.

What is the impact of this change?

Effective for all patients on October 1, 2014			
Therapeutic Class	Medication	Formulary Status Change	Alternatives
ALS Agents	Riluzole	Preferred	
Amebicides	Yodoxin	Preferred	
Aminoglycosides	Tobramycin nebule (generic Tobi Nebule)	Preferred	
Analgesics - Topical	Menthol gel (generic)	Preferred	
Antidotes – Chelating Agents	Deferoxamine	Preferred	
Antihistamine - Hypnotics	Generic OTC Antihistamine - Hypnotics	Preferred	
Barbiturate Hypnotics ¹	Phenobarbital 16.2 mg	Preferred	
Central Muscle Relaxants and Combinations	Carisoprodol compound	Preferred	
	Carisoprodol-Aspirin 200-325 MG	Preferred	
	Carisoprodol-Aspirin-Codeine TB	Preferred	

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Chemical Dependency	Acamprosate (generic Campral)	Preferred	
Contraceptives	Xulane Patch (Ortho Evra)	Preferred	
Emollient/Keratolytic Agents	Urea 50% cream	Preferred	
Emollients	Generic OTC emollients	Preferred	
Hemostatics-Systemic	Tranexamic acid	Preferred	
Lipotropics	Inositol	Preferred	
Liquids- Rubbing Alcohol	Isopropyl alcohol 70%	Preferred	
	Denatured ethyl alcohol 70%	Preferred	
Lozenges	Generic cough drops	Preferred	
Miscellaneous Topical	Baby oil (generic)	Preferred	
	Calamine lotion	Preferred	
	Cerave	Preferred	
	Dimethicone lotion 1.3%	Preferred	
	Skin protectants misc cream	Preferred	
	Skin protectants misc ointment	Preferred	
	Calamine Phenolated suspension	Preferred	
Monoamine Oxidase Inhibitors¹	Phenelzine	Preferred	
Non-Barbiturate Hypnotics¹	Estazolam	Preferred	
Effective for all patients on December 1, 2014			

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Therapeutic Class	Medication	Formulary Status Change	Alternatives
Agents for Eczema/Psoriasis	Dovonex	PA required	Hydrocortisone, Betamethasone valerate, Clobetasol or Triamcinolone
Alkalinizers	Urocit-K ER (Brand)	Non-Preferred	Potassium citrate ER (generic)
Aminoglycosides	Tobi Nebule (Brand)	Non-Preferred	Tobramycin nebule
	Tobi Podhaler	Non-Preferred	Tobramycin nebule
Anabolic Steroids	Oxandrolone	PA Required	N/A
Androgens	Android	PA Required	N/A
	Androgel 1.62%	PA Required	N/A
	Danazol	PA Required	N/A
	Methitest	PA Required	N/A
	Testopel	PA Required	N/A
	Testred	PA Required	N/A
	Androxy	PA Required	N/A
	Testosterone enanthate	PA Required	N/A
	Aveed	PA Required	N/A
Anti-arrhythmics	Norpace CR (Brand)	Non-Preferred	Disopyramide
	Pacerone 100 mg	Non-Preferred	Amiodarone 200 mg Amiodarone 400 mg
Antifungals - Topical	Ciclopirox	PA Required	N/A
Anti-Hepatitis Agents	Ribavirin (Generic)	PA Required	N/A

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Antihistamine - Hypnotics¹	Unisom (Brand)	Non-Preferred	Generic OTC Antihistamine - Hypnotics
Antihistamines - Topical	OTC topical antihistamines containing diphenhydramine and zinc acetate	Non-Preferred	Oral diphenhydramine
Anti-infective	Lincocin	Non-Preferred	N/A
	Noxafil injection	Non-Preferred	N/A
Antimaniac Agents¹	Lithium 8 MEQ/5 ML Solution	Non-Preferred (Existing users to be grandfathered)	Lithium tablets and capsules
Antineoplastics	Carac	Non-Preferred	N/A
	Cyramza	PA Required	N/A
	Picato	PA Required	N/A
	Purixan Oral Suspension	PA Required	N/A
	Arzerra	PA Required	N/A
	Erbix	PA Required	N/A
	Avastin	PA Required	N/A
	Yervoy	PA Required	N/A
	Soliris	PA Required	N/A
	Perjeta	PA Required	N/A
	Adcetris	PA Required	N/A
	Kadcyla	PA Required	N/A
	Targretin Gel	PA Required	N/A

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Artificial Tears	Visine	Non- Preferred	Artificial tears drops and ointment
	Natural Balance Tears	Non-Preferred	Artificial tears drops and ointment
Bacterial Vaccines	Pneumovax 23	Non-Preferred	N/A
Benzodiazepines¹	Alprazolam XR	Non-Preferred	Alprazolam
	Lorazepam Intensol	Non-Preferred	Lorazepam
Biologic Response Modifier	Nulojix	PA Required	Enbrel or Humira PA required
Chlorine Antiseptics	Cetaphil Cleansing Bar	Non-Preferred	Chlorhexidine gluconate 4%
	Hibiclens (Brand)	Non-Preferred	Chlorhexidine gluconate 4%
Collagenase	Xiaflex	PA Required	N/A
Colony-stimulating factor	Granix	PA Required	N/A
Contraceptives	Ella	Non-Preferred	Plan B
	Generess FE chewable	Non-Preferred	See posted formulary document several alternatives available
	Lo Loestrin Fe	Non-Preferred	See posted formulary document several alternatives available
	Lo Minastrin 24 Fe	Non-Preferred	See posted formulary document several alternatives available
	Minastrin 24 Fe chewable	Non-Preferred	See posted formulary document several alternatives available
	Natazia	Non-Preferred	See posted formulary document several alternatives available
	Norinyl 1+50	Non-Preferred	See posted formulary document several alternatives available
	Ortho Evra (Brand)	Non-Preferred	Xulane

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	Safyral	Non-Preferred	See posted formulary document several alternatives available
	Beyaz (Brand)	PA Required	See posted formulary document several alternatives available
Cycloplegic Mydriatics	Cyclopentolate 1% Drops	Non-Preferred	Atropine 1% drops
	Tropicamide 1% Drops	Non-Preferred	Atropine 1% drops
Dermatological	Fluocinolone acetonide 0.01% Topical Body Oil	PA required	Fluocinolone acetonide 0.01% Topical Solution
	Fluocinolone acetonide 0.01% Topical Scalp Oil	PA required	Fluocinolone acetonide 0.01% Topical Solution
Diabetic Agents	Proglycem	Non-Preferred	Glucose tablets
Direct Thrombin Inhibitors	Fragmin	PA Required	Warfarin or Enoxaparin
	Arixtra	PA Required	Warfarin or Enoxaparin
Diuretic Combinations	Aldactazide 50/50 mg	Non-Preferred	Spironolactone or hydrochlorothiazide
Emollients	Prescription and Brand OTC emollients	Non-Preferred	Generic OTC Emollients
Erythropoietin Products	Aranesp	PA Required	Nicotine patch, gum and lozenges
Gastrointestinal Agents	Relistor	PA Required	Generic OTC senna, docusate sodium, Generic fiber laxative caplets,tablets,capsules,che wables, and powders
GnRH Analogs	Lupeneta	PA Required	N/A
	Synarel	PA Required	N/A
Growth Hormone	Norditropin and Omnitrope (NY and KY)	Preferred w/ PA	N/A

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	Norditropin (All other markets)	Preferred w/PA	N/A
	Genotropin Miniquick	Non-Preferred	Norditropin or Omnitropin (PA required)
	Nutropin AQ	Non-Preferred	Norditropin or Omnitropin (PA required)
Hepatitis B Oral	Adefovir (generic Hepsera)	PA Required	N/A
	Baraclude	PA Required	N/A
	Epivir HBV	PA Required	N/A
	Hepsera (Brand)	PA Required	N/A
	Lamivudine 100 mg tablet (Epivir HBV) ¹	PA Required	N/A
	Tyzeka	PA Required (Existing users to be grandfathered)	N/A
Immunotherapy	Oralair	PA Required	N/A
	Ragwitek	PA Required	N/A
	Grastek	PA Required	N/A
Interstitial Cystitis Agents	Elmiron	Non- Preferred (Existing users to be grandfathered lifetime authorizations)	N/A
Metabolic Modifiers, Agents for Gaucher Disease	Carbaglu	Non-Preferred (Existing users to be grandfathered)	N/A
	Carnitor SF	Non-Preferred (Existing users to be grandfathered)	N/A
	Orfadin	Non-Preferred (Existing users to be grandfathered)	N/A
	Vimizim IV soln	PA Required	Vimizim IV soln

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	Vpriv	PA Required	N/A
Migraine Products	Migranal	Non-Preferred	Sumatriptan Nasal Spray
Narcotic Analgesics	Xartemis XR	PA Required	Oxycodone and Acetaminophen
Non-Barbiturate Hypnotics¹	Edluar	Non-Preferred	Estazolam, zaleplon or zolpidem
	Intermezzo	Non-Preferred	Estazolam, zaleplon or zolpidem
	Silenor	Non-Preferred	Estazolam, zaleplon or zolpidem
	Zolpimist	Non-Preferred	Estazolam, zaleplon or zolpidem
	Hetlioz	PA Required	Estazolam, zaleplon or zolpidem
	Somnote	Non-Preferred	Estazolam, zaleplon or zolpidem
Ophthalmic Local Anesthetics	Tetracaine 0.5% Drops	Non-Preferred	N/A
Ophthalmic Immunomodulators	Lacrisert	Non-Preferred	Artificial tears drops and ointment
Otic Agents - Miscellaneous	Fluocinolone otic oil	Non-Preferred	Aurodex
Pheochromocytoma	Dibenzyline	Non-Preferred (Existing users to be grandfathered)	N/A
Phosphate Binders	Velphoro	PA Required	PhosLo
Potassium Removing Resins	Kionex suspension	Non-Preferred	Sodium polystyrene sulfate suspension(Generic)
	Kionex powder	Non-Preferred	Sodium polystyrene sulfate suspension(Generic)
	SPS suspension	Non-Preferred	Sodium polystyrene sulfate suspension(Generic)
	SPS enema	Non-Preferred	Sodium polystyrene sulfate suspension(Generic)
	Brand potassium removing resins	Non-Preferred	Sodium polystyrene sulfate suspension(Generic)

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	Sodium polystyrene sulfate powder	Non-Preferred	Sodium polystyrene sulfate suspension(Generic)
Psychotherapeutic and Neurologic¹	Orap	Non-Preferred (Existing users to be grandfathered)	N/A
Pulmonary Hypertension: Prostaglandin Vasodilators	Orenitram	PA Required	N/A
	Opsumit	PA Required	N/A
Smoking Deterrents	Nicotrol Nasal Spray	PA Required	N/A
Stimulants¹	Methylin, Methylin ER	PA Required	N/A
	ProCentra	PA Required	N/A
	Ritalin LA	PA Required	N/A
	Ritalin SR	PA Required	N/A
	Focalin XR	PA Required	N/A
	Strattera	PA Required	N/A
	Adderall, Adderall XR	PA Required	N/A
	Concerta	PA Required	N/A
	Metadate CD	PA Required	N/A
Topical Enzymes	Santyl	Non-Preferred (Existing users to be grandfathered for 90 days)	N/A
Tretinoin	Refissa	Non-Preferred	Benefit exclusion for cosmetic diagnosis
	Tretinoin (generic Renova)	Non-Preferred	Benefit exclusion for cosmetic diagnosis

¹Does not apply to Maryland due to Carveout

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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 www.amerigroupcorp.com/providers.

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

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