

# Provider Update

## Quarterly Pharmacy Formulary Change Notice

**Summary of Change:** The formulary changes listed in the table below were reviewed and approved at the November 20, 2013 Value Assessment Committee (VAC) meeting.

✦ **What this means to you:** Effective April 1, 2014 the changes outlined below apply to all Amerigroup† patients. ***Don't forget to read the footnotes at the bottom of the tables.***

These formulary changes only apply to Medicaid markets (excluding Kansas, Tennessee and Texas)

### What is the impact of this change?

Effective for all patients on April 1, 2014			
Therapeutic Class	Drug	Revised Status	Potential Alternatives
Glucocorticosteroids	Veripred	Non-Formulary	N/A
ICS/LABA/Combos/SABAs	Asmanex	Formulary with Quantity Limit (QL)	N/A
	Pulmicort Flexhaler	Formulary with QL	N/A
	Foradil	Non-Formulary	Asmanex / Pulmicort
Immuno-suppressives for Transplant	Myfortic	Non-Formulary	N/A
	Neoral	Non-Formulary	N/A
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	fenoprofen <sup>2</sup>	Formulary with QL	N/A
	Ketorolac <sup>2</sup>	Formulary with QL	N/A
	Meclofenamate <sup>2</sup>	Formulary with QL	N/A
Opioid Addiction	Suboxone Film	Non-Formulary	Generic Suboxone (buprenorphine-naloxone) Tablets



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Therapeutic Class	Drug	Revised Status	Potential Alternatives
Topical Antivirals	Abreva	Formulary with QL	N/A
	Single Source Brand Zovirax	Non-Formulary	Abreva
Topical Immunosuppressants	Protopic	Formulary with QL	N/A

<sup>1</sup>Does not apply to Maryland Medicaid Behavioral Health Carve-out

<sup>2</sup>Does not apply to Georgia Medicaid

### **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](http://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.

PEC-ALL-1140-14  
Issued [March 2014]  
by Amerigroup Pharmacy dept.

