

Provider Update

Quarterly Pharmacy Formulary Change Notice

Summary of Change: The formulary changes listed in the table below were reviewed and approved at the 1st Quarter Pharmacy and Therapeutics (P&T) Committee meetings held on February 24, 2014 and March 26, 2014.

✦ **What this means to you:**

Effective September 1, 2014 preferred formulary changes will apply

Effective October 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, MD, 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 September 1, 2014			
Therapeutic Class	Medication	Formulary Status Change	Potential Alternatives (preferred products)
Acne Products	BP Wash 5%	Preferred	N/A
	BP Wash 10%	Preferred	N/A
Anticonvulsants	Tegretol (Brand and generic)	Preferred	N/A
	Tegretol XR (Brand and generic)	Preferred	N/A
Antiemetics	Anti-Nausea	Preferred	N/A
	Formula EM	Preferred	N/A
Antihistamines-Ethanolamines	Carbinomaxine maleate tab	Preferred	N/A
Antiparkinson Agents	Carbidopa/levodopa/entacapone	Preferred	N/A
B-Complex Vitamins	All oral generic OTC and generic prescription B-Complex vitamins	Preferred	N/A



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Bile Acid Sequestrants	Colestipol	Preferred	N/A
Cephalosporins- 3rd Generation	Ceftriaxone	Preferred with QL	N/A
Cobalamins	All generic prescription and generic OTC cobalamins	Preferred	N/A
	B12 500 mcg lozenge	Preferred	N/A
	Hydroxocobalamin Inj	Preferred	N/A
Cough/Cold Products	Saline Spray	Formulary for 2 years old and older*	N/A
	Saline Drops	Formulary for 2 years old and older*	N/A
	Dextromethorphan Syrup	Formulary for 2 years old and older*	N/A
	Pseudoephedrine Tablets	Formulary for 2 years old and older*	N/A
	Pseudoephedrine Syrup	Formulary for 2 years old and older*	N/A
	Guaifenesin Syrup	Formulary for 2 years old and older*	N/A
	Guaifenesin / Codeine Syrup	Formulary for 2 years old and older*	N/A
	Promethazine / Dextromethorphan Syrup	Formulary for 2 years old and older*	N/A
	Promethazine / Codeine Syrup	Formulary for 2 years old and older*	N/A
	Benzonatate Capsules	Formulary for 2 years old and older*	N/A



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Dental Products	Sodium Fluoride Rinse	Preferred	N/A
	Stannous Fluoride Gel	Preferred	N/A
Diabetic Supplies	All lancets	Preferred	N/A
	TRUEtrack Control Solution TRUEtest Control Solution	Preferred	N/A
Estrogens	Menest 0.3mg, 0.625mg, 1.25mg, 2.5mg	Preferred	N/A
Fibric Acid Derivatives	Fenofibrate 43mg, 48mg, 130mg & 145mg Fenofibric Acid 35mg, 45mg, 105mg, 135mg	Preferred with Quantity Limits (QL)	N/A
Genitourinary Irrigants	Sodium Chloride Irrigation	Preferred	N/A
H2 Antagonists	Nizatidine 150mg & 300mg	Preferred	N/A
Human Immunodeficiency Virus Retrovirals^{1 2}	Tivicay	Preferred	N/A
	Isentress	Preferred	N/A
Hydantoins	Dilantin (Brand)	Preferred	N/A
	Phenytek (Brand)	Preferred	N/A
Immunosuppressants	azathioprine 50mg (ONLY)	Preferred	N/A
Inflammatory Bowel Agents	Delzicol	Preferred	N/A
Inhaled Corticosteroids	Pulmicort Respules	Formulary for 5 years old and younger	N/A
Iron products	All oral generic prescription and generic OTC iron products	Preferred	N/A
Keratolytic/Antimitotic Agents	All generic RX and generic OTC products	Preferred	N/A



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Laxatives - BULK	Generic Fiber Laxatives: caplets, tablets, capsules, chewables, powder	Preferred	N/A
Laxative combinations	generic OTC senna combination products	Preferred	N/A
Laxatives - Lubricants	Mineral oil enema	Preferred	N/A
	Mineral oil heavy	Preferred	N/A
	Mineral oil oral	Preferred	N/A
Laxatives - Saline	All generic OTC Saline laxatives	Preferred	N/A
Laxatives - Stimulant	All oral generic OTC senna products	Preferred	N/A
Laxatives - Surfactant	All oral generic OTC surfactant laxatives	Preferred	N/A
	Pedia-Lax Stool softener	Preferred	N/A
Magnesium	All oral generic OTC and prescription magnesium products	Preferred	N/A
Multivitamins	All oral generic prescription and generic OTC multivitamins	Preferred	N/A
Nasal Steroids	Nasacort Allergy 24HR (OTC)	Preferred	N/A
Oil Soluble Vitamins	D-5000 Maximum Strength, Maximum D3, Vitamin D2, Vitamin D3, Vitamin A, Vitamin E, Vitamin K	Preferred	N/A
Ophthalmic Adrenergic Agents	Apraclonidine	Preferred	N/A
	Tretinoin oral formulation	Preferred	N/A
Pancreatic Enzymes	Pancrelipase 5,000	Preferred	N/A
Phenothiazines	Prochlorperazine Inj 5mg/ml and 10mg/2ml	Preferred	N/A



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Prenatal Vitamins	Generic prescription and generic OTC vitamins	Preferred	N/A
Progestins	Progesterone 100mg Caps	Preferred	N/A
	Progesterone 200mg Caps	Preferred	N/A
Intra-Rectal Steroids	All generic intra-rectal steroids	Preferred	N/A
Rectal Combinations	Lidocaine HC cream	Preferred	N/A
	phenylephrine supp	Preferred	N/A
Select Hematopoietic Mixtures	All oral generic OTC and generic prescription Hematopoietic mixtures	Preferred	N/A
Sickle Cell Anemia	Droxia	Preferred	N/A
Specialty vitamins	All oral generic OTC and generic prescription specialty vitamins	Preferred	N/A
Throat products	Biotene moisturizing mouth spray	Preferred	N/A
	Biotene Oralbalance liquid	Preferred	N/A
	Caphosol solution	Preferred	N/A
	CVS Dry mouth spray	Preferred	N/A
	Moi-Stir spray	Preferred	N/A
	Mouthkote solution	Preferred	N/A
	Numoisyn liquid PV dry mouth spray	Preferred	N/A
Thyroid Hormones	Liothyronine	Preferred	N/A
	Synthroid (Brand)	Preferred	N/A



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Topical Antifungals	Nystatin Powder	Preferred	N/A
	Tolnaftate powder	Preferred	N/A
	Undecylenic acid solution	Preferred	N/A
Ulcer Therapy Combinations	Acid Controller Complete	Preferred	N/A
	Acid Reducer Complete	Preferred	N/A
	Complete	Preferred	N/A
	Dual Action Complete	Preferred	N/A
Urinary Antispasmodics	Oxytrol (OTC)	Preferred	N/A
Urinary Anti-Infectives	Methenamine products	Preferred	N/A
Water Soluble Vitamins	All generic prescription and generic OTC water-soluble vitamins	Preferred	N/A
Zinc products	All oral generic OTC and generic prescription zinc sulfate products	Preferred	N/A
	Zinc lozenge	Preferred	N/A
	Zinc 50 mg	Preferred	N/A
	Zinc sulfate 220 mg capsule	Preferred	N/A
	Zinc sulfate 220 mg tablet	Preferred	N/A
Effective for all patients on October 1, 2014			
Therapeutic Class	Medication	Formulary Status Change	Potential Alternatives (preferred products)
Acne Products	Clindamycin-benzoyl peroxide gel	Non-preferred	BP Wash 5% and 10 %



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	Isotretinoin Products	PA Required and Quantity Limit (QL)	BP Wash 5% and 10 %
Anaphylaxis Therapy	Auvi-Q	PA Required	EpiPen, EpiPen Jr
Antiadrenergic Antihypertensives	Clonidine Patch	Non-Preferred Current utilizers will be grandfathered	Clonidine tabs
Anticonvulsants	Vimpat	Non-preferred with PA Current utilizers will be grandfathered	Lamictal, Keppra, Trileptal and Depakote
Antihistamines-Ethanolamines	Doxylamine succinate chewable tablets	Non-Preferred	loratadine, fexofenadine and diphenhydramine
Antimetabolites	Tabloid	Non-preferred Current utilizers will be grandfathered	N/A
	Xeloda (Brand and Generic)	Non-preferred with PA Current utilizers will be grandfathered	N/A
Antimuscarinics	Anora Ellipta	PA Required	Spiriva, Atrovent and Combivent
Antineoplastics	Gazvya	PA Required	N/A
	Xofigo	PA Required	N/A
	Emcyt	PA Required	N/A
	Provenge	PA Required	N/A
Antispasmodics	Ed-Spaz	Non-Preferred	hyoscyamine and dicyclomine
	Symax SL	Non-Preferred	hyoscyamine and dicyclomine

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Beta-Blockers Ophthalmic	Betimol	Non-Preferred	Timoptic, levobunolol and metipranolol
Cephalosporins- 3rd Generation	Suprax	Non-Preferred	Omnicef, Spectracef and Vantin
Diagnostic Tests	Chemstrip uGK	Non-Preferred with QL	Ketostix
	Keto-Diastix Reagent	Non-Preferred	Ketostix
	Novamax Plus	Non-Preferred	Ketostix
	Pregnancy tests	Non-Preferred	N/A
Estrogens	Cenestin 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	Non-Preferred	Menest
Hematopoietics	Mozobil	PA Required	N/A
	Promacta	PA Required	N/A
	Methoxasalen caps	PA Required	methotrexate
Inflammatory Bowel Agents	Asacol	Non-Preferred	Asacol HD, Pentasa and Azulfidine
	Canasa	Non-Preferred	Asacol HD, Pentasa and Azulfidine
Laxatives - BULK	Generic Fiber Laxatives: sticks, wafers, packets	Non-Preferred	OTC surfactant laxatives, OTC saline laxatives and OTC Senna
Laxative combinations	Moviprep	Non-preferred	OTC saline laxatives
Laxatives - Saline	Osmoprep	Non-Preferred with QL	OTC saline laxatives
Miscellaneous	Buphenyl	PA Required	N/A
	Ravicti	PA Required	N/A
	Xeljanz	PA Required	N/A

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Multiple Sclerosis	Copaxone	PA Required	All MS agents require PA
Narcotic Analgesics	Zohydro ER	PA Required	Vicodin, Lortab abd Lorcet
Nasal Steroids	RX triamcinolone nasal spray	Non-preferred	Nasacort OTC
Oil Soluble Vitamins	Calciferol	Non-preferred	Vitamin D2, D3, Maximum D3 and D-5000 Maximum
Ophthalmic Corticosteroids and Combinations	Lotemax	Non-preferred	Acular, prednisolone phosphate 1%
	Poly-Pred	Non-Preferred	Maxitrol and neomycin/polymyxin/hydrocortisone
	Pred Mild	Non-preferred	Pred Forte
	Vexol	Non-preferred	Pred Forte
	Tobradex ointment	Non-preferred	tobramycin solution
	Tobradex suspension	Non-preferred	tobramycin solution
Ophthalmic Anti-Infectives	Tobradex ST suspension	Non-Preferred	tobramycin solution
	Tobrex Ointment	Non-preferred	tobramycin solution
	Zirgan	Non-Preferred	Gentak, Moxeza and Zymaxid
Oral Antineoplastics	Fareston	Non-Preferred Current utilizers will be grandfathered	N/A
	Lysodren	Non-Preferred Current utilizers will be grandfathered	N/A
	Matulane	Non-Preferred Current utilizers will be grandfathered	N/A

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	Nilandron	Non-Preferred Current utilizers will be grandfathered	N/A
	Targretin	Non-Preferred Current utilizers will be grandfathered	N/A
	Zytiga	Non-Preferred Current utilizers will be grandfathered	N/A
	Aromasin	Non-Preferred with PA	N/A
	Femara	Non-Preferred with PA	N/A
	Arimidex	Non-preferred with PA	N/A
	Temodar	Non-Preferred with PA and QL	N/A
Oral Fluoroquinolones	Cipro Oral Suspension 500mg/5ml	Non-Preferred	levofloxacin
	Cipro Oral Suspension 250mg/5ml	Non-Preferred	levofloxacin
Oxazolidinones	Zyvox	Preferred with PA	vancomycin
Pancreatic Enzymes	Pancreaze	Non-Preferred Current utilizers will be grandfathered	Creon and Pancrelipase 5,000
	Zenpep	Non-Preferred, removing step Current utilizers will be grandfathered	Creon and Pancrelipase 5,000
	Sucraid	Non-Preferred	Creon and Pancrelipase 5,000
Phosphate Products	Phos-Nak	Non-Preferred	Phospha



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Posterior Pituitary Hormones	Stimate	Non-Preferred with PA	desmopressin spray
Potassium-Sparing Diuretics	Dyrenium	Non-Preferred	spironolactone and triamterene/ HCTZ
Prenatal Vitamins	Brand prenatal vitamins	Non-Preferred Current utilizers will be grandfathered	generic OTC and prescription prenatal vitamins
Intra-Rectal Steroids	Cortifoam	Non-Preferred	Colocort
Thiazide Diuretics	Diuril suspension	Non-preferred	hydrochlorothiazide
Urinary Antispasmodics	Tolterodine	Non-preferred Current utilizers will be grandfathered	oxybutynin
Urinary Anti-Infectives	Macrochantin 25mg	Non-preferred Current utilizers will be grandfathered	nitrofurantoin 50 and 100 mg

¹Does not apply to Maryland (Carve-out)

²Does not apply to Louisiana

*Age limits on cough and cold products do not apply to New York HealthPlus

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.

