

Quarterly pharmacy formulary change notice

Summary: Effective February 1, 2020, the preferred formulary changes detailed in the table below will apply to Amerigroup District of Columbia, Inc. members enrolled in the District of Columbia Healthy Families Program (DCHFP), Alliance and the Immigrant Children’s Program (ICP). Additionally, effective February 1, 2020, there will be changes to the non-preferred and prior authorization requirements of these formulary items. These formulary changes were reviewed and approved at the third quarter 2019 Pharmacy and Therapeutics Committee meeting.

Formulary changes effective February 1, 2020			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ORAL ANTIHISTAMINES	DIPHENHYDRAMINE 6.25MG SOLUTION LORATADINE 5MG CHEWABLE TABLET	PREFERRED	N/A
ORAL ANTIHISTAMINES	ED CHLORPED 2MG/ML LIQUID SILPHEN COUG 12.5/5ML SYRUP CLEMASTINE 2.68MG TABLET	NON-PREFERRED	CHLORPHENIRAMINE 4MG TABLETS ED CHLORPED JR SYRUP DIPHENHYDRAMINE 12.5/5ML LIQUID CLEMASTINE 1.34 MG OTC
ORAL NSAIDS	(GENERIC) FENOPROFEN 200MG CAPSULE FENOPROFEN 400MG CAPSULE FENOPROFEN 600MG TABLET MEFENAM ACID 250MG CAPSULE NAPROXEN SOD 375MG ER TABLET NAPROXEN SOD 500MG ER TABLET	PREFERRED	N/A
ORAL NSAIDS	(BRAND) EC-NAPROSYN 375MG TABLET EC-NAPROSYN 500MG TABLET ADVIL CHILD 100/5ML SUSPENSION	NON-PREFERRED	GENERIC NAPROXEN TABLETS IBUPROFEN 100/5 ML SUSPENSION
TOPICAL NSAIDS	DICLOFENAC GEL 1%	PREFERRED WITH PA	N/A
TOPICAL ANESTHETICS (OTC)	PAIN RELIEF ROLL-ON LIQUID LIDOCAINE 4% PLUS CREAM ALOE/LIDOCAINE 0.5% GEL REGENECARE 2% GEL LIDODOSE 3% GEL REGENECARE SPRAY ALOCANE 4% GEL AFTERBURN 2.5% GEL XOLIDO 2% CREAM BURN RELIEF 0.5% AEROSAL ASPERCREME 4% SPRAY LIDOCAINE 3% CREAM LIDOCAINE 4% CREAM	PREFERRED	N/A

	LIDOCAINE 5% CREAM AFTERSUN 0.5% GEL LIDOCAINE 4% PAD		
TOPICAL ANESTHETICS (RX)	LIDOCAINE 3% CREAM LIDOCAINE 5% OINTMENT	NON-PREFERRED	OTC LIDOCAINE PRODUCTS RX LIDOCAINE 5% PATCH (PA REQUIRED)
MISCELLANEOUS ANTICONVULSANTS	PREGABALIN 25MG CAPSULE PREGABALIN 50MG CAPSULE PREGABALIN 75MG CAPSULE PREGABALIN 100MG CAPSULE PREGABALIN 150MG CAPSULE PREGABALIN 200MG CAPSULE PREGABALIN 225MG CAPSULE PREGABALIN 300MG CAPSULE PREGABALIN SOL 20MG/ML	PREFERRED WITH NO PRIOR AUTHORIZATION (PA)	N/A
ATOPIC DERMATITIS	PIMECROLIMUS 1% CREAM	PREFERRED WITH STEP THERAPY (ST)	N/A
FIBRATES	FENOFIBRATE 130MG CAPSULE FENOFIBRATE 145MG TABLET FENOFIBRIC 35MG TABLET FENOFIBRIC 105MG TABLET FENOFIBRIC 135MG DR CAPSULE	NON-PREFERRED WITH ST	FENOFIBRATE 134MG, 160MG, 200MG, 43 MG, 48MG, 54 MG, 67 MG FENOFIBRIC ACID 45 MG
ALCOHOL SWABS (MANUFACTURERS)	GLOBAL DIABETIC RITE AID	NON-PREFERRED	MANUFACTURERS BD DIABETES DYNAREX HEALTH MART ULTIMED
ALCOHOL SWABS (MANUFACTURERS)	BD DIABETES DYNAREX HEALTH MART ULTIMED	PREFERRED	N/A
IRON SUPPLEMENTS (GENERIC OTC)	IRON 45MG TABLET SLOW-RELEASE FE 45MG TABLET HEMAX TABLET GENTLE IRON 28MG CAPSULE HIGH POTENCY FE 27MG TABLET NU-IRON 150 150MG CAPSULE ABATRON AF TABLET SLOW IRON 50MG TABLET FERGON 27MG TABLET	PREFERRED	N/A
IRON SUPPLEMENTS (BRAND OTC)	FOLITAB 500 TABLET IRON 28MG TABLET FERROUS GLUC 324MG TABLET EZFE 200MG CAPSULE FERROUS GLUC TAB 324MG FERROUS SULF 324MG EC TABLET FERRETT'S 325MG TABLET	NON-PREFERRED	OTC GENERIC IRON SUPPLEMENTS RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET MULTIGEN TABLET

	<p>FERREX 150MG CAPSULE FERREX 28 MIS FERREX 150 PLUS CAPSULE FERREX 150 FORTE PL CAPSULE CHEWABLE IRON PEDIATRIC IRON CHEWABLE FERROUS SUL 220/5ML LIQUID FERROUS SULF 300/5ML SYRUP FEOSOL 200MG TABLET SLOW RELEASE FE 143MG CR TABLET</p>		<p>MULTIGEN PLS TABLET MULTIGEN FOLIC TABLET FERRAPLUS 90 TABLET TARON FORTE CAPSULE FOLIVANE-F CAPSULE FOLIVANE-PLS CAPSULE CENTRATLEX CAPSULE</p>
IRON SUPPLEMENTS (PRESCRIPTION STRENGTH)	<p>IFEREX 150 FORTE CAPSULE HEMATOGEN CAPSULE HEMATOGEN FORTE CAPSULE TRICON CAPSULE MYFERON 150 FORTE CAPSULE FERROCITE PLUS TABLET FEROCON CAPSULE PUREVIT DUA FE PLUS CAPSULE HEMATINIC PL VIT/MIN TABLET HEMATINIC/FA TABLET POLY-IRON 150 FORT CAPSULE CORVITA 150 TABLET TRIGELS-F FORTE CAPSULE TL ICON CAPSULE SE-TAN PLUS CAPSULE</p>	NON-PREFERRED	<p>OTC GENERIC IRON SUPPLEMENTS</p> <p>RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET MULTIGEN TABLET MULTIGEN PLS TABLET MULTIGEN FOLIC TABLET FERRAPLUS 90 TABLET TARON FORTE CAPSULE FOLIVANE-F CAPSULE FOLIVANE-PLS CAPSULE CENTRATLEX CAPSULE</p>
UM EDITS — EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2020			
<i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ANDROGENS*	JATENZO CAPSULE	ADD ST WITH QUANTITY LIMITS (QL) 58 MG AND 198 MG QL: 4 PER DAY 237 MG QL: 2 PER DAY	
ANTICONVULSANTS	NAYZILAM SPRAY 5MG	ADD PA WITH QL QL: 50 MG PER 30 DAYS	
ANTICONVULSANTS	OXTELLAR XR 150 MG OXTELLAR XR 600 MG	REVISED QL LIMIT: 150 MG: 3 TABLETS PER DAY 600 MG: 4 TABLETS PER DAY	
ANTINEOPLASTIC AGENTS	PIQRAY 200 MG TABLETS PIQRAY 250 MG TABLETS PIQRAY 300 MG TABLETS	ADD PA WITH QL QL: 1 CARTON PER 28 DAYS	
ANTINEOPLASTIC AGENTS	POLIVY 140MG INJECTION	ADD PA	
ANTINEOPLASTIC AGENTS	LIBTAYO 350/7ML INJECTION	ADD PA	
ANTINEOPLASTIC AGENTS*	ZIRABEV	ADD PA	
ANTINEOPLASTIC AGENTS	TECENTRIQ 840/14 INJECTION TECENTRIQ 1200/200 INJECTION	ADD QL 840/14 INJ: 2 VIALS PER 29 DAYS 1200/200 INJ: 1 VIAL PER 21 DAYS	
ANTINEOPLASTIC AGENTS	XPOVIO PAK 60MG XPOVIO PAK 80MG	ADD QL 1 CARTON PER 28 DAYS	

	XPOVIO PAK 100MG	
ANTINEOPLASTIC AGENTS	NUBEQA 300MG TABLET	ADD QL 4 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	TURALIO CAP 200MG	ADD QL 4 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	PIQRAY 200MG TAB DOSE PIQRAY 300MG TAB DOSE PIQRAY 250MG TAB DOSE	REVISE QL 1 CARTON PER 28 DAYS
CHOLESTEROL AGENTS	EZALLOR SPRINKLE 5 MG CAP EZALLOR SPRINKLE 10 MG CAP EZALLOR SPRINKLE 20 MG CAP EZALLOR SPRINKLE 40 MG CAP	ADD PA AND QL QL: 1 TABLET PER DAY
COPD AGENTS	DUAKLIR 400/12 INHALER	ADD ST AND QL QL: 1 INHALER PER 30 DAYS
CYSTIC FIBROSIS AGENTS	KALYDECO PAK 25MG	ADD QL 2 PACKETS PER DAY
CYSTIC FIBROSIS AGENTS	ORKAMBI GRANULES	ADD QL 2 PACKETS PER DAY
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	ZELNORM 6MG TABLET	ADD PA AND QL QL 2 TABLETS PER DAY
LAMBERT-EATON MYASTHENIC SYNDROME AGENTS	RUZURGI 10MG TABLET	ADD PA AND QL QL 10 TABLETS PER DAY
ORAL DIABETIC AGENTS*	QTERNMET XR TABLET	ADD ST AND QL QL: 5 MG/5 MG/1000 MG, 10 MG/5 MG/1000 MG: 1 TABLET PER DAY 2.5 MG/2.5 MG/1000 MG, 5 MG/2.5 MG/10000 MG: 2 TABLETS PER DAY
ORAL DIABETIC AGENTS	QTERN 5-5MG TABLET	ADD QL 1 TABLET 28 DAYS
INJECTABLE DIABETIC AGENTS	OZEMPIC 2/1.5ML INJECTION	ADD QL 1 PER 28 DAYS
PRENATAL VITAMINS	DUET DHA DUET DHA BALANCED NESTABS ABC NESTABS DHA OBTREX DHA SELECT-OB+DHA THERANATAL COMPLETE VITAFOL FE+ VITAFOL-OB+DHA BAL-CARE DHA ESSENTIAL	ADD QL 2 PER DAY
PRENATAL VITAMINS	CITRANATAL B-CALM	ADD QL 3 PER DAY
TOPICAL ANTIPRURITICS	DOXEPIN HCL 5% CREAM, ZONALON 5% CREAM, PRUDOXIN 5% CREAM	ADD PA AND QL QL 1 TUBE PER FILL; 1 FILL PER 3 MONTHS

TOPICAL ANESTHETIC COMBINATIONS	LIDOCAINE/PRILOCAINE CREAM	REVISE QL 30 GM PER 30 DAYS
VACCINES	INFUENZA VACCINES	REVISE QL 1 INJECTION PER 180 DAYS

** Medication will be added to the formulary when it is available on the market.*

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 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 <https://providers.amerigroup.com/DC> > Pharmacy.

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