

Quarterly pharmacy formulary change notice

Summary of change: Effective February 1, 2018, the preferred formulary changes detailed in the table below will apply to Amerigroup District of Columbia, Inc. members enrolled in District of Columbia Healthy Families Program (DCHFP), Alliance and the Immigrant Children’s Program (ICP). Additionally, effective February 1, 2018, there will be changes to the nonpreferred and prior authorization requirements of these formulary items. These formulary changes were reviewed and approved at the third quarter Pharmacy and Therapeutics Committee meetings.

Effective for new starts on February 1, 2018		
Therapeutic class	Medication	Formulary status change
ATYPICAL ANTIPSYCHOTICS ORAL AGENTS ^{1,2}	ARIPIPRAZOLE ODT TABLETS ARIPIPRAZOLE SOLUTION ARIPIPRAZOLE TABLETS CLOZAPINE TABLETS FANAPT TABLETS FAZACLO ODT TABLETS LATUDA TABLETS OLANZAPINE ODT TABLETS OLANZAPINE TABLETS PALIPERIDONE ER TABLETS QUETIAPINE (IR AND XR) TABLETS RISPERDAL ODT TABLETS RISPERIDONE ORAL TABLETS RISPERIDONE SOLUTION SAPHRIS SUBLINGUAL TABLETS SYMBYAX CAPSULE VERSACLOZ ORAL SUSPENSION VRAYLAR CAPSULE ZIPRASIDONE CAPSULES	Add age limit — Prior authorization required for members < 18 years of age
TRADITIONAL ANTIPSYCHOTICS ^{1,2}	ADASUVE INHALATION POWDER FLUPHENAZINE DECANOATE INJECTION HALOPERIDOL TABLETS, INJECTION LOXITANE, LOXAPINE CAPSULES NAVANE (THIOTHIXENE) CAPSULES PIMOZIDE TABLETS PROLIXIN/PERMITIL (FLUPHENAZINE HYDROCHLORIDE) TABLETS, ELIXIR, LIQUID CONCENTRATE STELAZINE (TRIFLUOPERAZINE) TABLETS THORAZINE (CHLORPROMAZINE)	Add age limit — Prior authorization required for members < 18 years of age

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>

	TABLETS TRILAFON (PERPHENAZINE) TABLETS	
MISCELLANEOUS ANALGESICS — CODEINE CONTAINING AGENTS ¹	ALL RX AND OTC PRODUCTS THAT CONTAIN CODEINE	Add age limit — Prior authorization required for all members < 12 years of age
MISCELLANEOUS ANALGESICS — TRAMADOL CONTAINING AGENTS ¹	CONZIP 100 MG CAPSULE CONZIP 200 MG CAPSULE CONZIP 300 MG CAPSULE TRAMADOL HCL 50 MG TABLET TRAMADOL HCL ER 100 MG CAPSULE TRAMADOL HCL ER 100 MG TABLET TRAMADOL HCL ER 150 MG CAPSULE TRAMADOL HCL ER 200 MG CAPSULE TRAMADOL HCL ER 200 MG TABLET TRAMADOL HCL ER 300 MG CAPSULE TRAMADOL HCL ER 300 MG TABLET TRAMADOL —ACETAMINOPHN 37.5-325 ULTRACET TABLET ULTRAM 50 MG TABLET	Add age limit — Prior authorization required for all members < 18 years of age

¹ No changes in preferred/nonpreferred status revision or addition to utilization management edit only

² Changes will not apply to Alliance members

What action do I need to take?

Please review these changes and work with your 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 your patient cannot be converted to a formulary alternative for medical reasons, call our Pharmacy department for members enrolled in DCHFP, Alliance and ICP at 1-800-454-3730 or for Amerigroup members at 1-800-600-4441. 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 > PDL English.

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