

## Quarterly pharmacy formulary change notice

**Summary:** Effective August 1, 2018, the preferred formulary changes detailed in the table below will apply to District of Columbia Healthy Families Program, Alliance and Immigrant Children's Program members. Additionally, effective August 1, 2018, there will be changes to the nonpreferred and prior authorization (PA) requirements of these formulary items. These formulary changes were reviewed and approved at the first-quarter 2018 Pharmacy and Therapeutics Committee meeting.

Formulary changes effective August 1, 2018			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
<b>INSULIN</b>	APIDRA 100 UNITS/ML VIAL APIDRA SOLOSTAR 100 UNITS/ML	NONPREFERRED EFFECTIVE FOR NEW STARTS ON 8/1/18; EFFECTIVE FOR CURRENT UTILIZERS ON 10/1/18	ADMELOG 100 UNIT/ML VIAL ADMELOG SOLOSTAR 100 UNIT/ML
<b>INSULIN</b>	ADMELOG 100 UNIT/ML VIAL ADMELOG SOLOSTAR 100 UNIT/ML	PREFERRED ADD QL 30 MLS PER 30 DAYS	N/A
<b>INSULIN (EDIT ONLY)</b>	HUMULIN R 500 UNITS/ML VIAL HUMULIN R 500 UNITS/ML KWIKPEN	ADDING PA TO PREFERRED PRODUCT	N/A
<b>ANTIPERSPIRANTS</b>	HYPERCARE 15% SOLUTION	PREFERRED	N/A
<b>DPP4s</b>	JENTADUETO 2.5 MG-1000 MG TAB JENTADUETO 2.5 MG-500 MG TAB JENTADUETO 2.5 MG-850 MG TAB JENTADUETO XR 2.5 MG-1,000 MG JENTADUETO XR 5 MG-1,000 MG TB TRADJENTA 5 MG TABLET	NONPREFERRED	JANUVIA JANUMET XR ST APPLIES
<b>GLP1s</b>	TANZEUM 30 MG PEN INJECT TANZEUM 50 MG PEN INJECT	NONPREFERRED	OZEMPIC VICTOZA ST APPLIES
<b>GLP1s</b>	OZEMPIC 0.25-0.5 MG DOSE PEN OZEMPIC 1 MG DOSE PEN	PREFERRED WITH STEP THERAPY EFFECTIVE 4/1/18	N/A

<b>ICS/LABA</b>	(AUTHORIZED GENERIC OF AIRDUO RESPICLICK) FLUTICASONE-SALMETEROL 55-14 FLUTICASONE-SALMETEROL 113-14 FLUTICASONE-SALMETEROL 232-14	PREFERRED	N/A
<b>ICS/LABA</b>	DULERA 100 MCG/5 MCG INHALER DULERA 200 MCG/5 MCG INHALER	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	*AUTHORIZED GENERIC FOR AIRDUO RESPICLK FLUTICASONE- SALMETEROL BREO ELLITA
<b>IRON SUPPLEMENTS</b>	POLY-VI-SOL WITH IRON DROPS POLY-VI-SOL DROPS	PREFERRED	N/A
<b>MISCELLANEOUS ANTINEOPLASTIC DRUGS</b>	MITOXANTRONE 20 MG/10 ML VIAL MITOXANTRONE 25 MG/12.5 ML VL MITOXANTRONE 30 MG/15 ML VIAL	COVERED	N/A
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>	VISUDYNE 15 MG VIAL	COVERED	N/A
<b>IMMUNOMODULATORS</b>	PROLEUKIN 22 MILLION UNIT VIAL	NONPREFERRED ADD PA	N/A
<b>LAMA/LABA</b>	STIOLTO RESPIMAT INHAL SPRAY	PREFERRED	N/A
<b>PHOSPHATE BINDERS</b>	LANTHANUM CARB 500 MG TAB CHEW LANTHANUM CARB 750 MG TAB CHEW LANTHANUM CARB 1,000 MG TB CHW SEVELAMER 0.8 GM POWDER PACKET SEVELAMER 2.4 GM POWDER PACKET SEVELAMER CARBONATE 800 MG TAB	PREFERRED WITH PA	N/A
<b>PHOSPHATE BINDERS</b>	VELPHORO 500 MG CHEWABLE TAB	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	ELIPHOS 667 MG TABLET CALCIUM ACETATE 667 MG LANTHANUM CHEW TAB SEVELAMER TAB/PACKET

<b>PRENATAL VITAMINS</b>	GENERIC OTC PRODUCTS ONLY	PREFERRED	N/A
<b>PRENATAL VITAMINS</b>	BRAND OTC ALL RX PRODUCTS	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	GENERIC OTC PRENATALS
<b>EDITS</b>			
<i>No changes in preferred/nonpreferred status revision or addition to UM edit only.</i>			
<b>ANTICONSULSANTS</b>	ZONEGRAN 100 MG CAPSULE	ADD QL 1 CAPSULE PER DAY	
<b>ANTIBIOTICS</b>	BAXDELA 450 MG TABLET	ADD QL 28 TABLETS PER FILL; 1 FILL PER 30 DAYS	
<b>COUGH AND COLD</b>	COUGH AND COLD PRODUCTS CONTAINING HYDROCODONE	ADD AL MEMBERS EQUAL TO OR LESS THAN 18 REQUIRE PA	
<b>COUGH AND COLD</b>	COUGH AND COLD PRODUCTS CONTAINING CODEINE	ADD AL MEMBERS EQUAL TO OR LESS THAN 18 REQUIRE PA	
<b>ANTIVIRALS</b>	PREVMIS 240 MG/12 ML VIAL PREVMIS 480 MG/24 ML VIAL	ADD QL 1 VIAL PER DAY 100 DAYS OF TREATMENT	
<b>ANTIVIRALS</b>	PREVMIS 240 MG TABLET PREVMIS 480 MG TABLET	ADD QL 1 TABLET PER DAY 100 DAYS OF TREATMENT	
<b>ASTHMA</b>	XOPENEX 30 VIALS	90 VIALS PER 30 DAYS	
<b>ATYPICAL ANTIPSYCHOTICS</b>	ABILIFY MYCITE	PA REQUIRED ADD QL 1 TABLET PER DAY	
<b>BILE ACIDS</b>	CHENODAL 250 MG TABLET	ADD QL 7 TABLETS PER DAY	
<b>CANCER AGENTS</b>	ALUNBRIG 180 MG TABLET	ADD QL 1 TABLET PER DAY	
<b>CANCER AGENTS</b>	ALUNBRIG 90 MG-180 MG TAB PACK	ADD QL 1 PACK IN 30 DAYS	
<b>CANCER AGENTS</b>	ALUNBRIG 90 MG TABLET	REVISED QL 2 TABLETS DAILY	
<b>CONSTIPATION AGENTS</b>	SYMPROIC 0.2 MG TABLET	ADD QL 1 TABLET PER DAY	
<b>COPD</b>	BROVANA 15 MCG/2 ML SOLUTION	ADD QL 2 VIALS (4ML) PER DAY	

<b>COPD</b>	PERFORMIST 20 MCG/2 ML SOLN	ADD QL 2 VIALS (4ML) PER DAY
<b>COPD</b>	LONHALA MAGNAIR 25 MCG STARTER	ADD QL 1 KIT PER 30 DAYS
<b>COPD</b>	LONHALA MAGNAIR 25 MCG REFILL	ADD QL 1 PER 30 DAYS
<b>GLP-1 RECEPTOR AGONIST</b>	OZEMPIC 0.25-0.5 MG DOSE PEN	ADD QL 1 PEN PER 28 DAYS
<b>GLP-1 RECEPTOR AGONIST</b>	OZEMPIC 1 MG DOSE PEN	ADD QL 2 PENS PER 28 DAYS
<b>HEPATITIS C TREATMENT AGENTS</b>	PEGINTRON 50 MCG KIT PEGASYS 180 MCG/0.5 ML SYRINGE PEGASYS 180 MCG/ML VIAL PEGASYS PROCLICK 180 MCG/0.5 PEGASYS PROCLICK 135 MCG/0.5	REMOVE PA
<b>ICS</b>	QVAR REDHALER 40 MCG	ADD QL 1 INHALER PER 30 DAYS
<b>ICS</b>	QVAR REDHALER 80 MCG	ADD QL 2 INHALERS PER 30 DAYS
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>	FLOLIPID	ADD QL 5MLS PER DAY
<b>NEUROLOGICAL THERAPY</b>	NUEDEXTA 20-10 MG CAPSULE	ADD QL 2 CAPSULES PER DAY
<b>NEUROLOGICAL THERAPY</b>	INGREZZA 40 MG CAPSULE	REVISED QL 1 CAPSULE PER DAY
<b>NEUROLOGICAL THERAPY</b>	INGREZZA 80 MG CAPSULE	ADD QL 1 CAPSULE PER DAY
<b>NEUROPATHIC PAIN</b>	LYRICA 82.5	ADD QL 1 TABLET PER DAY
<b>NEUROPATHIC PAIN</b>	LYRICA 165	ADD QL 1 TABLET PER DAY
<b>NEUROPATHIC PAIN</b>	LYRICA 330	ADD QL 1 TABLET PER DAY
<b>PANCREATIC ENZYMES</b>	PERTZYE DR 24,000 UNIT CAPSULE	ADD QL 25 CAPSULES PER DAY
<b>PANCREATIC ENZYMES</b>	VIOKASE	ADD QL 25 TABLETS PER DAY
<b>POTASSIUM SPARING DIURETICS</b>	CAROSPIR 25 MG/5 ML SUSPENSION	ADD PA AND QL 20ML PER DAY
<b>PROGESTINS</b>	CRINONE 4% GEL CRINONE 8% GEL	ADD QL 1 APPLICATORFUL PER DAY

<b>PSYCHOTHERAPEUTIC AGENTS</b>	ADZENYS ER 1.25 MG/ML SUSP	ADD QL 15ML PER DAY
<b>PULMONARY ARTERIAL HYPERTENSION</b>	TRACLEER 32 MG TABLET FOR SUSP	ADD QL 32 MG TABS FOR SUSP – 4 TABLETS PER DAY
<b>SGLT2</b>	XIGDUO XR 2.5 MG-1,000 MG TAB	ADD QL 2 TABLETS PER DAY
<b>SGLT2</b>	STEGLATRO 5 MG TABLET STEGLATRO 15 MG TABLET	ADD QL 1 TABLET PER DAY
<b>SGLT2</b>	SEGLUROMET 7.5-1,000 MG TABLET SEGLUROMET 2.5-500 MG TABLET SEGLUROMET 7.5-500 MG TABLET SEGLUROMET 2.5-1,000 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>SGLT2/DPP-4 INHIBITOR</b>	STEGLUJAN 5-100 MG TABLET STEGLUJAN 15-100 MG TABLET	ADD QL 1 TABLET PER DAY
<b>SUBSTANCE USE DISORDERS</b>	SUBLOCADE 300 MG/1.5 ML SYRING SUBLOCADE 100 MG/0.5 ML SYRING	ADD QL 1 SYRINGE EVERY 28 DAYS
<b>TOPICAL ANTIFUNGALS</b>	LOPROX 0.77% CREAM	ADD QL 90 GMS PER 30 DAYS
<b>TOPICAL ANTIFUNGALS</b>	LOTRIMIN ULTRA 1% CREAM	ADD QL 30 GMS PER 30 DAYS
<b>TOPICAL ANTIFUNGALS</b>	NYSTATIN 100,000 UNIT/GM CREAM NYSTATIN 100,000 UNITS/GM OINT KETOCONAZOLE 2% CREAM	ADD QL 120 GMS PER 30 DAYS
<b>TOPICAL ANTIFUNGALS</b>	OXISTAT 1% CREAM	ADD QL 60 GMS PER 30 DAYS

**What action do I need to take?**

Please review these changes and work with members to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific members, you will need to obtain PA to continue coverage beyond the applicable effective date.

**What if I need assistance?**

We recognize the unique aspects of members’ cases. If for medical reasons a member cannot be converted to a formulary alternative, call our Pharmacy department at 1-800-454-3730 and follow the voice prompts for pharmacy PA.

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.