

Quarterly pharmacy formulary change notice

Summary: Effective June 1, 2018, 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, Alliance and the Immigrant Children’s Program. Additionally, effective June 1, 2018, there will be changes to the nonpreferred and prior authorization requirements (PA) of these formulary items. These formulary changes were reviewed and approved at the fourth quarter pharmacy and therapeutics committee meeting.

Formulary changes effective June 1, 2018			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
HEPATITIS C	Zepatier	Nonpreferred with PA	MAVYRET 100-40 MG TABLET Preferred with PA

Formulary changes effective June 1, 2018		
Therapeutic class	Medication	Formulary status change
OTC cough and cold	BENZONATATE 100 MG AND 200 MG CAPSULE BROMPHENIRAMINE/PSEUDOEPHED/DM1-15-5MG/5 ELIXIR CHLORPHENIRAMINE/PHENYLEPH/DM 1-3.5-3/ML DROPS CHLORPHENIRAMIN/PSEUDOEPHED/DM2-15-15/5 SYRUP DM/PSEUDOEPHED/ACETAMINOPHEN 15-30-500 TABLET GUAIFENESIN 400 MG TABLET GUAIFENESIN-CODEINE SYRUP 20-200/10ML GUAIFENESIN-CODEINE 10-100MG/5ML GUAIFENESIN-CODEINE 6.3-100/5 LIQUID (ML) GUAIFENESIN-CODEINE 7.5-225/5 LIQUID (ML) GUAIFEN/DEXTROMETHORPHAN/PE 50-5-2.5/1 DROPS GUAIFEN/DEXTROMETHORPHAN/PE 300-15-10 LIQUID (ML) GUAIFENESIN/DM/PSEUDOEPHEDRINE100-10-30 SYRUP GUAIFENESIN/DM/PSEUDOEPHEDRINE200-10-30 CAPSULE GUAIFENESIN/DEXTROMETHORPHAN 100-10MG/5 LIQUID (ML) GUAIFENESIN/DEXTROMETHORPHAN 200-30MG/5 LIQUID (ML) GUAIFENESIN/DEXTROMETHORPHAN 100-5 MG/5 LIQUID (ML) GUAIFENESIN/DEXTROMETHORPHAN 600MG-30MG TABLET, EXTENDED RELEASE 12 HR HYDROCODONE BIT/HOMATROPINE TABLET AND SYRUP DEXTROMETHORPHAN HBR SYRUP GUAIFENESIN 100 MG/5ML LIQUID (ML) PROMETHAZINE HCL/CODEINE 6.25-10/5 SYRUP PROMETHAZINE/DEXTROMETHORPHAN 6.25-15/5 SYRUP PROMETHAZINE/PHENYLEPH/CODEINE6.25-5-10 SYRUP PSEUDOEPHEDRINE 30 MG, 60 MG AND 120 MG TABLET	OTC generic cough and cold products listed are preferred All other products are nonpreferred

	PSEUDOEPHED/COD/CHLORPHENIR 30-10-2/5 LIQUID (ML) PSEUDOEPHED/CODEINE/GUAIFEN 30-10-100 SYRUP PSEUDOEPHEDRINE HCL 9.4MG/ML DROPS PYRILAMINE/PHENYLEPHRINE/DM 8.33-5-10 LIQUID (ML) DEXTROMETHORPHAN POLISTIREX 30 MG/5 ML SUSPENSION	
OTC cough drops	Generic OTC cough drops preferred	All other products nonpreferred

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.