

## Quarterly pharmacy formulary change notice

**Summary:** Effective August 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 August 1, 2020, 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 2020 pharmacy and therapeutics committee meeting.

<b>EFFECTIVE FOR ALL PATIENTS ON AUGUST 1, 2020</b>			
<b>Therapeutic class</b>	<b>Drug</b>	<b>Revised status</b>	<b>Potential alternatives</b>
<b>CONTINUOUS BLOOD GLUCOSE SYSTEM<sup>1</sup></b>	DEXCOM GLUCOSE AND FREESTYLE LIBRE SYSTEM SENSOR TRANSMITTER RECEIVER	PREFERRED WITH PA UNDER THE PHARMACY BENEFIT	N/A
<b>RAPID ACTING INSULINS</b>	INSULIN ASPART INJ 100/ML INSULIN ASPART INJ PENFILL INSULIN ASPART INJ FLEXPEN (AUTHORIZED GENERIC NOVOLOG)	PREFERRED	N/A
<b>UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2020</b>			
<i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
<b>ACNE PRODUCTS</b>	AKLIEF CRE 0.005%	ADD PA ADD QL 1 PUMP PER 30 DAYS	
	AMZEEQ AER 4%	ADD PA ADD QL 30 GRAMS PER 30 DAYS	
	ABSORICA LD CAP 8MG ABSORICA LD CAP 16MG ABSORICA LD CAP 24MG ABSORICA LD CAP 32MG	ADD PA ADD QL 30 DAY SUPPLY PER FILL	
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>	NEXLETOL TAB 180MG	ADD PA ADD QL 1 TABLET PER DAY	
<b>AGENTS FOR CONSTIPATION</b>	IBSRELA TAB 50 MG*	ADD PA ADD QL 2 TABLETS PER DAY	
	PIZENSY*	ADD PA ADD QL 20 GRAMS PER DAY	
<b>ALLERGENIC EXTRACTS</b>	PALFORZIA INITIAL DOSE ESCALATION KIT	ADD PA ADD QL 1 KIT PER FILL; ONE TIME FILL	

<b>ALLERGENIC EXTRACTS</b>	PALFORZIA UP-DOSING KITS (LEVELS 1-11)	ADD PA ADD QL 1 KIT PER FILL
	PALFORZIA 300MG SACHETS	ADD PA ADD QL 1 SACHET PER DAY
<b>ALS AGENTS</b>	EXSERVAN 50 MG FILM*	ADD ST ADD PA ADD QL 4 FILMS PER DAY
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>	VALTOCO SPR 5MG	ADD PA ADD QL 10 CARTONS PER 30 DAYS
<b>ANTIDIABETIC COMBINATIONS</b>	TRIJARDY XR TAB 5-2.5-1000MG TRIJARDY XR TAB 12.5-2.5-1000MG	ADD ST ADD QL 2 TABLETS PER DAY
	TRIJARDY XR TAB 10-5-1000MG TRIJARDY XR TAB 25-5-1000MG	ADD ST ADD QL 1 TABLET PER DAY
<b>ANTIHYPERSLIPIDEMICS</b>	NEXLIZET TAB 180MG*	ADD PA ADD QL 1 TABLET PER DAY
<b>ANTIMETABOLITES</b>	REDITREX INJ*	ADD PA ADD QL 4 AUTO-INJECTORS PER 28 DAYS
<b>ANTINEOPLASTIC - ANTIBODIES</b>	PADCEV INJ 20MG ENHERTU INJ 100MG	ADD PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>	AYVAKIT TAB 100MG	ADD PA ADD QL 1 TABLET PER DAY
	TAZVERIK TAB 200MG	ADD PA ADD QL 8 TABLETS PER DAY
<b>ANTIPSORIATICS</b>	CALCIPOTRIEN OIN 0.005% SORILUX AER 0.005%	ADD QL 120 GRAMS PER 30 DAYS
	VECTICAL OIN 3MCG/GM	ADD QL 800 GRAMS PER 28 DAYS
<b>ANTIPSYCHOTICS - MISC.</b>	CAPLYTA CAP 42MG	ADD ST ADD QL 1 TABLET PER DAY
	LATUDA TAB 20MG LATUDA TAB 40MG LATUDA TAB 60MG LATUDA TAB 120MG	ADD QL 1 TABLET PER DAY
	LATUDA TAB 80MG	ADD QL 2 TABLETS PER DAY
	VRAYLAR CAP 1.5-3MG	ADD QL 1 PACK PER YEAR

<b>ANTIPSYCHOTICS - MISC.</b>	VRAYLAR CAP 1.5MG VRAYLAR CAP 3MG VRAYLAR CAP 4.5MG VRAYLAR CAP 6MG	ADD QL 1 CAPSULE PER DAY
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>	XELJANZ XR TAB 22MG	ADD QL 1 TABLET PER DAY
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>	EVEKEO TAB 5MG	ADD QL 3 TABLETS PER DAY
	EVEKEO TAB 10MG	ADD QL 6 TABLETS PER DAY
	KAPVAY TAB 0.1 MG	ADD QL 4 TABLETS PER DAY
	INTUNIV TAB 1MG INTUNIV TAB 2MG INTUNIV TAB 3MG INTUNIV TAB 4MG	ADD QL 1 TABLET PER DAY
	APTENSIO XR CAP 10MG APTENSIO XR CAP 15MG APTENSIO XR CAP 20MG APTENSIO XR CAP 30MG APTENSIO XR CAP 40MG APTENSIO XR CAP 50MG APTENSIO XR CAP 60MG	ADD QL 1 CAPSULE PER DAY
<b>BIGUANIDES</b>	RIOMET ER SUS 500/5ML	ADD ST ADD QL 2 BOTTLES PER 30 DAYS
<b>BONE DENSITY REGULATORS</b>	BONSITY INJ 620MCG/2.48ML*	ADD PA ADD QL 1 PEN PER 28 DAYS
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>	SPIRIVA CAP HANDIHLR 18 MCG/DOSE	ADD QL 1 INHALER PER 90 DAYS
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>	UBRELVY TAB 50MG	ADD ST ADD QL 16 TABLETS PER 30 DAYS
	VYEPTI INJ 100MG/ML	ADD PA ADD ST ADD QL 1 VIAL PER 3 MONTHS
	NURTEC CHW 75MG ODT	ADD ST ADD QL 15 TABLETS PER 30 DAYS
<b>CALCIUM CHANNEL BLOCKERS</b>	KATERZIA SUS 1MG/ML	ADD PA ADD QL 2 150ML BOTTLES PER 30 DAYS
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>	ENTRESTO TAB 24-26MG	INCREASE QL 6 TABLETS PER DAY

<b>CORTICOSTEROIDS - TOPICAL</b>	ENSTILAR AER TACLONEX OIN TACLONEX SUS	ADD QL 420 GRAMS PER 28 DAYS
	DUOBRII LOT	UPDATE QL 2 TUBES (200 GRAMS) PER MONTH
<b>DIBENZAPINES</b>	SECUADO DIS 3.8MG	ADD QL 1 PATCH PER DAY
<b>DIRECT FACTOR XA INHIBITORS</b>	ELIQUIS TAB 2.5MG	ADD QL 2 TABLETS PER DAY
	ELIQUIS TAB 5MG	ADD QL 74 TABLETS PER 30 DAYS
<b>FERTILITY REGULATORS</b>	NOVAREL INJ 5000UNIT NOVAREL INJ 10000UNIT PREGNYL INJ 10000UNT OVIDREL INJ	ADD PA
<b>FLUOROQUINOLONES</b>	BAXDELA TAB 450MG	ADD PA
<b>GLUCOCORTICOSTEROIDS</b>	HEMADY TAB 20MG*	ADD PA ADD QL 2 TABLETS PER DAY
	ORTIKOS CAP 6MG* ORTIKOS CAP 9MG*	ADD PA ADD QL 1 CAPSULE PER DAY
<b>HEMATOPOIETIC GROWTH FACTORS</b>	ZIEXTENZO INJ 6/0.6ML	ADD PA ADD QL 2 SYRINGES
	REBLOZYL INJ 25MG REBLOZYL INJ 75MG	ADD PA
	UDENYCA INJ 6MG/.6ML	ADD ST ADD PA
	NEULASTA INJ 6MG/0.6M FULPHILA INJ 6/0.6ML	ADD PA
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>	FRAGMIN INJ 2500/0.2	UPDATE QL 17 OR YOUNGER: 2 SYRINGES PER 30 DAYS 18 OR OLDER: 1 SYRINGE PER 30 DAYS
<b>ICS</b>	BUDESONIDE SUS 0.5MG/2ML BUDESONIDE SUS 0.25MG/2ML BUDESONIDE SUS 1MG/2ML	REMOVE AGE EDIT
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	RELAFEN DS TAB 1000MG	ADD ST ADD QL 2 TABLETS PER DAY
	NABUMETONE TAB 500MG	ADD QL 4 TABLETS PER DAY
<b>OPIOID AGONISTS</b>	SHORT ACTING OPIOIDS	ADD PA WHEN PRESCRIBED BY A DENTIST

<b>OTIC COMBINATIONS</b>	CORTISPORIN SUS -TC OTIC	ADD ST
<b>PLEUROMUTILINS</b>	XENLETA TAB 600MG	ADD PA ADD QL 10 TABLETS PER FILL; 1 FILL PER 30 DAYS
<b>PROTON PUMP INHIBITORS</b>	RABEPRAZOLE SPRINKLE*	ADD PA ADD QL 1 CAPSULE PER DAY
<b>PROTECTIVES AGAINST UV RADIATION</b>	SCENESSE IMP 16MG	ADD PA ADD QL 1 IMPLANT PER 2 MONTHS
<b>SEROTONIN AGONISTS</b>	REYVOW TAB 50MG	ADD PA ADD QL 4 TABLETS PER 30 DAYS
	REYVOW TAB 100MG	ADD PA ADD QL 8 TABLETS PER 30 DAYS
<b>SOMATOSTATIC AGENTS</b>	BYNFEZIA PEN 2500MCG/ML	ADD PA ADD QL 1 PEN PER 14 DAYS
<b>TARGETED IMMUNE MODULATORS</b>	AVSOLA 100MG VIAL*	ADD PA
	ABRILADA 10 MG/0.2 ML, 20 MG/0.4 ML PREFILLED SYRINGE	ADD PA ADD QL 2 PENS/SYRINGES PER 28 DAYS
	ABRILADA 40MG/0.8 ML PREFILLED PEN/SYRINGE	ADD PA ADD QL 2 SYRINGES PER 28 DAYS

1 This change will be effective on July 1, 2020.

\* 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 DC 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 PA to continue coverage beyond the applicable effective date.

#### **What if I need assistance?**

We recognize the unique aspects of patient cases. If your patient cannot be converted to a formulary alternative for medical reasons, 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**.