

# Provider Update

## Quarterly Pharmacy Formulary Change Notice

**Summary of Change:** The formulary changes listed in the table below were reviewed and approved at our June 26, 2015 Pharmacy and Therapeutics Committee (P&T) meeting.

✦ **What this means to you:** Effective on the dates below, the following changes were made to the state formulary for Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) members.

### What is the impact of this change?

#### Effective for all patients on July 31, 2015

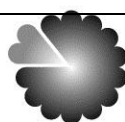
Therapeutic Class	Drug	Revised Status	Potential Alternatives
NUTRITIONAL SUPPLEMENT	PRENAISSANCE HARMONY DHA PRENATAL	NON-PREFERRED	CITRANATAL 90 DHA COMBO PACK CITRANATAL HARMONY CAPSULE CONCEPT DHA CAPSULE FOLCAPS OMEGA-3 CAPSULE

#### Effective for all patients on August 7, 2015

Therapeutic Class	Drug	Revised Status	Potential Alternatives
ANALGESIC	ACETAMINOPHN-BUTALBITAL 325-50	NON-PREFERRED	BUTALB-ACETAMIN-CAFF 50-325-40 CAP BUTALB-ACETAMIN-CAFF 50-300-40 CAP
PSYCHOTROPIC AGENTS	ALPRAZOLAM 1 MG/ML ORAL CONC	NON-PREFERRED	ALPRAZOLAM TABLET
ANTIINFECTIVE	AMOX TR-K CLV 200-28.5 TAB CHW AMOX TR-K CLV 400-57 TAB CHEW	NON-PREFERRED	AMOX TR-K CLV 250-125 MG TAB AMOX TR-K CLV 875-125 MG TAB AMOX TR-K CLV 200-28.5/5 SUSP AMOX TR-K CLV 400-57/5 SUSP
CARDIOVASCULAR AGENTS	ANTARA 30 MG CAPSULE ANTARA 43 MG CAPSULE ANTARA 90 MG CAPSULE	NON-PREFERRED	FENOFIBRATE 145 MG TABLET FENOFIBRATE 48 MG TABLET
NASAL ANTIHISTAMINES	ASTEPRO 0.15% NASAL SPRAY	NON-PREFERRED	PATANASE 665 MCG NASAL SPRAY
NASAL ANTIHISTAMINES	AZELASTINE 0.1% (137 MCG) SPRY AZELASTINE 0.15% NASAL SPRAY	NON-PREFERRED	PATANASE 665 MCG NASAL SPRAY
BETA-BLOCKER	BISOPROLOL FUMARATE 5 MG TAB BISOPROLOL FUMARATE 10 MG TAB	NON-PREFERRED	ATENOLOL TABLET METOPROLOL TABLET NADOLOL TABLET

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ANTIINFECTIVE	CEFACLOR 125 MG/5 ML SUSP CEFACLOR 250 MG/5 ML SUSP CEFACLOR 375 MG/5 ML SUSPEN	NON-PREFERRED	CEFPROZIL TABLET CEFUROXIME TABLET CEFDINIR CAPSULE CEFPROZIL SUSPENSION CEFDINIR SUSPENSION CEPHALEXIN CAPSULE CEPHALEXIN SUSP
ANTIINFECTIVE	CEPHALEXIN 250 MG TABLET CEPHALEXIN 500 MG TABLET	NON-PREFERRED	CEPHALEXIN CAPSULE CEPHALEXIN SUSP
GASTROINTESTINAL AGENTS	CIMETIDINE 200 MG TABLET CIMETIDINE 300 MG TABLET CIMETIDINE 300 MG/5 ML SOLN CIMETIDINE 400 MG TABLET CIMETIDINE 800 MG TABLET	NON-PREFERRED	FAMOTIDINE TABLET/SUSPENSION RANITIDINE TABLET/ SYRUP
CORTICOSTEROIDS	CORTISONE 25 MG TABLET	NON-PREFERRED	FLUDROCORTISONE TABLET HYDROCORTISONE TABLET
ADHD	D-AMPHETAMINE ER 5 MG CAPSULE D-AMPHETAMINE ER 10 MG CAPSULE D-AMPHETAMINE ER 15 MG CAPSULE	NON-PREFERRED	DEXTROAMPHETAMINE TABLET METHYLPHENIDATE ER TABLET METHYLPHENIDATE SR TABLET
BENZODIAZEPINES	DIAZEPAM 5 MG/ML ORAL CONC	NON-PREFERRED	DIAZEPAM TABLET DIAZEPAM 5MG/5ML ORAL SOLUTION
GASTROINTESTINAL AGENTS	DRONABINOL 2.5 MG CAPSULE DRONABINOL 5 MG CAPSULE DRONABINOL 10 MG CAPSULE	NON-PREFERRED	MEGESTROL ORAL SOLUTION MEGESTROL TABLET METOCLOPRAMINDE ORAL SOLUTION METOCLOPRAMIDE TABLET ONDANSETRON ORAL SOLUTION ONDANSETRON TABLET ONDANSETRON VIAL
ANTIDEPRESSANTS	FLUOXETINE HCL 10 MG TABLET FLUOXETINE HCL 20 MG TABLET	NON-PREFERRED	FLUOXETINE HCL 10 MG CAPSULE FLUOXETINE HCL 20 MG CAPSULE
IMMUNOSUPPRESSIVE	GENGRAF 100 MG/ML SOLUTION	NON-PREFERRED	CYCLOSPORINE TABLET TACROLIMUS CAPSULE RAPAMUNE TABLET RAPAMUNE ORAL SOLN
ANTIINFECTIVE	HEPSERA 10 MG TABLET	NON-PREFERRED	BARACLUDE TABLET
ADHD	INTUNIV ER 1 MG TABLET INTUNIV ER 2 MG TABLET INTUNIV ER 3 MG TABLET INTUNIV ER 4 MG TABLET	NON-PREFERRED	GUANFACINE HCL ER 1 MG TABLET GUANFACINE HCL ER 2 MG TABLET GUANFACINE HCL ER 3 MG TABLET GUANFACINE HCL ER 4 MG TABLET
ANTIDEPRESSANT	MARPLAN 10 MG TABLET	NON-PREFERRED	PHENELZINE TABLET - PA required EMSAM PATCH-PA required MARPLAN TABLET -PA required
ADHD	METHYLIN 2.5 MG CHEWABLE TAB METHYLIN 5 MG CHEWABLE TABLET METHYLIN 10 MG CHEWABLE TABLET	NON-PREFERRED	METHYLPHENIDATE ER TABLET METHYLPHENIDATE SR TABLET DEXMETHYLPHENIDATE TABLET METHYLPHENIDATE TABLET/CAPSULE



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BETA-BLOCKER	METOPROLOL-HCTZ 50-25 MG TAB METOPROLOL-HCTZ 100-25 MG TAB METOPROLOL-HCTZ 100-50 MG TAB	NON-PREFERRED	METOPROLOL TARTRATE TABLET HYDROCHLOROTHIAZIDE TABLET
IMMUNOSUPPRESSIVE	MYCOPHENOLIC ACID DR 180 MG TB MYCOPHENOLIC ACID DR 360 MG TB	NON-PREFERRED	CYCLOSPORINE TABLET TACROLIMUS CAPSULE RAPAMUNE TABLET RAPAMUNE ORAL SOLN
IMMUNOSUPPRESSIVE	NEORAL 100 MG/ML SOLUTION	NON-PREFERRED	CYCLOSPORINE TABLET TACROLIMUS CAPSULE RAPAMUNE TABLET RAPAMUNE ORAL SOLN
GASTROINTESTINAL	ONDANSETRON 4 MG/2 ML AMPULE	NON-PREFERRED	ONDANSETRON HCL 4 MG/2 ML VIAL ONDANSETRON HCL 4 MG/2 ML SYRINGE
CONTRACEPTIVES	ORTHO ALL-FLEX DIAPHRAGM 65MM ORTHO ALL-FLEX DIAPHRAGM 70MM ORTHO ALL-FLEX DIAPHRAGM 75MM ORTHO ALL-FLEX DIAPHRAGM 80MM ORTHO ALL-FLEX FITTING SET	NON-PREFERRED	N/A
BETA-BLOCKER	PINDOLOL 5 MG TABLET PINDOLOL 10 MG TABLET	NON-PREFERRED	ATENOLOL TABLET METOPROLOL TABLET NADOLOL TABLET
BETA-BLOCKER	TIMOLOL MALEATE 5 MG TABLET TIMOLOL MALEATE 10 MG TABLET TIMOLOL MALEATE 20 MG TABLET	NON-PREFERRED	ATENOLOL TABLET METOPROLOL TABLET NADOLOL TABLET
GASTROINTESTINAL AGENTS	TRIMETHOBENZAMIDE 300 MG CAP	NON-PREFERRED	PROCHLORPERAZINE TAB METOCLOPRAMIDE TABLET METOCLOPRAMINDE ORAL SOLUTION
ANTIINFECTIVE	TYZEKA 600 MG TABLET	NON-PREFERRED	BARACLUDE TABLET
ANTIINFECTIVE	ZOVIRAX 5% OINTMENT	NON-PREFERRED	ACYCLOVIR 5% OINTMENT

## Effective for all patients on August 14, 2015

Therapeutic Class	Drug	Revised Status	Potential Alternatives
ANTIFUNGAL ANTIBIOTICS	FLUCONAZOLE-NS 100 MG/50 ML	NON-PREFERRED	FLUCONAZOLE-NACL 200 MG/100 ML
VITAMINS	FOLIC ACID 400 MCG TABLET FOLIC ACID 800 MCG TABLET	NON-PREFERRED	FOLIC ACID 1 MG TABLET
CHOLINESTERASE INHIBITORS	MESTINON 180 MG TIMESPAN	NON-PREFERRED	PYRIDOSTIGMINE ER 180 MG TAB



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MISCELLANEOUS NEUROLOGICAL THERAPY	NAMENDA 5 MG TABLET NAMENDA 10 MG TABLET NAMENDA 5-10 MG TITRATION PK	NON- PREFERRED	MEMANTINE 5 MG TABLET MEMANTINE 10 MG TABLET MEMANTINE 5-10 MG TITRATION PK
DECONGESTANT / ANTIHISTAMINES	POLY HIST FORTE TABLET	NON- PREFERRED	N/A

Effective for all patients on August 28, 2015			
Therapeutic Class	Drug	Revised Status	Potential Alternatives
ANTICOAGULANTS	FRAGMIN 25,000 UNITS/ML VIAL	NON- PREFERRED	FRAGMIN 12,500 UNITS/0.5 ML FRAGMIN 15,000 UNITS/0.6 ML FRAGMIN 15,000 UNITS/0.6 ML FRAGMIN 18,000 UNITS/0.72 ML FRAGMIN 2,500 UNITS/0.2 ML SYR
ANTIINFECTIVE	GENTAMICIN 100 MG/NS 100 ML GENTAMICIN 80 MG/NS 100 ML PB GENTAMICIN 80 MG/NS 50 ML PB	NON- PREFERRED	ISOTON GENTAMICIN 60 MG/50 ML ISOTON GENTAMICIN 120 MG/100 ML ISOTON GENTAMICIN 100 MG/50 ML
ACNE THERPAY	SOD SULFACETAMIDE-SULFUR FOAM	NON- PREFERRED	BENZOYL PEROXIDE 9.8% FOAM

### **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 Amerigroup 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 [providers.amerigroup.com](http://providers.amerigroup.com)

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



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