

Pharmacy formulary change notice

Summary: Effective November 1, 2018, the following changes were made to the state formulary for Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) members.

Effective for all SMMC MMA patients on November 1, 2018			
Therapeutic class	Drug	Revised status	Potential alternatives
ABSORBABLE SULFONAMIDES	SULFATRIM SUSPENSION (ORAL)	NON-PREFERRED	SULFAMETHOXAZOLE/TRIMETHOPRIM
ANALGESICS, NARCOTICS SHORT	PANLOR (ORAL) ROXYBOND (ORAL)	NON-PREFERRED	BUTALBITAL-CAFFEINE -ACETAMINOPHEN-CODEINE, BUTALBITAL-ACETAMINOPHEN-CAFFEINE, OXYCODONE CAPSULES
ANTICONSULSANTS	CELONTIN (ORAL) DIASTAT (RECTAL) DIASTAT ACUDIAL (RECTAL) DILANTIN 30 MG CAPSULE (ORAL) PEGANONE (ORAL)	NON-PREFERRED (Current utilizers will be grandfathered)	ETHOSUXIMIDE DIAZEPAM RECTAL GEL PHENYTOIN PHENYTOIN EXTENDED RELEASE
ANTIEMETIC/ANTIVERTIGO AGENTS	AKYNZEO (INTRAVEN)	NON-PREFERRED	GRANISETRON ONDANSETRON
ANTIFUNGALS, TOPICAL	ECONAZOLE (TOPICAL)	PREFERRED	N/A
ANTINEOPLASTIC AGENTS, TOPICAL	FLUOROPLEX (TOPICAL)	NON-PREFERRED	FLUOROURACIL CREAM FLUOROURACIL TOPICAL SOLUTION
ANTIPARKINSON'S AGENTS	AMANTADINE TABLET (ORAL)	PREFERRED	N/A
ANTIPARKINSON'S AGENTS	GOCOVRI (ORAL) OSMOLEX ER (ORAL)	NON-PREFERRED	AMANTADINE CAPSULES
ANTI PRURITICS, TOPICAL	DOXEPIN (TOPICAL)	PREFERRED	N/A
ANTI PRURITICS, TOPICAL	PRUDOXIN (TOPICAL) ZONALON (TOPICAL)	NON-PREFERRED	DOXEPIN CREAM
ANTIPSYCHOTICS	FANAPT TABLET (ORAL) FANAPT TITRATION PACK (ORAL)	NON-PREFERRED (Current utilizers will be grandfathered)	RISPERIDONE ARIPIPRAZOLE PALIPERIDONE ER
ANTIVIRALS, GENERAL	PREVYMIS (INTRAVEN) PREVYMIS (ORAL)	NON-PREFERRED	VALCYTE
ANTIVIRALS, GENERAL	VALCYTE SOLUTION (ORAL) VALCYTE TABLET (ORAL)	PREFERRED	N/A
CHEMOTHERAPY RESCUE	TOTECT (INTRAVEN)	NON-PREFERRED	CLINICAL PA

CYTOKINE AND CAM ANTAGONISTS	KEVZARA PEN (SUBCUTANEOUS) OLUMIANT (ORAL)	NON-PREFERRED	ENBREL HUMIRA XELJANZ XELJANZ XR
ERYTHROPOIESIS STIMULATING PROTEINS	MIRCERA (INJECTION)	NON-PREFERRED	EPOGEN ARANESP
ERYTHROPOIESIS STIMULATING PROTEINS	RETACRIT (INJECTION)	PREFERRED	N/A
HYPERPARATHYROID AGENTS	DOXERCALCIFEROL (ORAL)	PREFERRED	N/A
HYPERPARATHYROID AGENTS	HECTOROL (ORAL) PARSABIV VIAL (INTRAVEN)	NON-PREFERRED	DOXERCALCIFEROL PARICALCITOL
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	NON-PREFERRED	LANTUS LEVEMIR
HYPOGLYCEMICS, SGLT2	INVOKAMET (ORAL) JARDIANCE (ORAL) SYNJARDY (ORAL) XIGDUO XR (ORAL)	PREFERRED	N/A
LAXATIVES & CATHARTICS	CLENPIQ (ORAL)	NON-PREFERRED	POLYETHYLENE GLYCOL 3350
LIPOTROPICS, STATINS	ZYPITAMAG (ORAL)	NON-PREFERRED	SIMVASTATIN PRAVASTATIN ATORVASTATIN
MACROLIDES/KETOLIDES	E.E.S. 200 SUSPENSION (ORAL)	PREFERRED	N/A
MACROLIDES/KETOLIDES	ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (ORAL)	NON-PREFERRED	E.E.S. 200
MULTIPLE SCLEROSIS AGENTS	GILENYA (ORAL)	PREFERRED	N/A
ONCOLOGY, ORAL - BREAST	NERLYNX (ORAL) VERZENIO (ORAL)	NON-PREFERRED	CLINICAL PA
ONCOLOGY, ORAL - HEMATOLOGIC	ALKERAN (ORAL) GLEEVEC (ORAL)	PREFERRED	N/A
ONCOLOGY, ORAL - HEMATOLOGIC	CALQUENCE (ORAL) IDHIFA (ORAL) IMBRUVICA TABLET (ORAL)	NON-PREFERRED	CLINICAL PA
ONCOLOGY, ORAL - PROSTATE	ERLEADA (ORAL) YONSA (ORAL)	NON-PREFERRED	CLINICAL PA
ONCOLOGY, ORAL - PROSTATE	XTANDI (ORAL) ZYTIGA (ORAL)	PREFERRED	N/A
ONCOLOGY, ORAL - RENAL CELL	NEXAVAR (ORAL) SUTENT (ORAL) VOTRIENT (ORAL)	PREFERRED	N/A
OPHTHALMICS, GLAUCOMA AGENTS	RHOPRESSA (OPHTHALMIC)	NON-PREFERRED	BRIMONIDINE CARTEOLOL TIMOLOL LATANOPROST DORZOLAMIDE-TIMOLOL

OTICS, ANTI-INFLAMMATORY	DERMOTIC (OTIC)	NON-PREFERRED	FLUOCINOLONE OIL EAR DROPS
PROGESTATIONAL AGENTS	MAKENA AUTO INJECTOR (SUBCUTANEOUS)	PREFERRED WITH PA	N/A

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 (PA) 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 any of your Amerigroup patients 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/FL>.

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