

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our fourth-quarter Pharmacy and Therapeutics Committee meeting.

Effective May 1, 2018, the changes outlined below apply to all Florida Healthy Kids (FHK) members enrolled with Amerigroup.

Effective for all FHK patients on May 1, 2018			
Therapeutic class	Drug	Revised status	Potential alternatives
INHALED CORTICOSTEROIDS	FLOVENT HFA INHALER FLOVENT DISKUS	PREFERRED FOR ALL AGES EFFECTIVE 04/15/18	N/A
INHALED CORTICOSTEROIDS	AEROSPAN 80 MCG INHALER	NON-PREFERRED	N/A
PROTON PUMP INHIBITORS	ZEGERID 20MG OTC ACID REDUCER DR 20 MG CAP	PREFERRED	N/A
PROTON PUMP INHIBITORS	OMEPRAZOLE DR 20 MG CAPSULE	PREFERRED FOR MEMBERS < 6 YEARS OF AGE	N/A
ANTICOAGULANTS	XARELTO	COVERED	N/A
ANTICOAGULANTS	SAVAYSA	COVERED	N/A
MISC ANTINEOPLASTIC	KADCYLA	ADD PA	N/A
BULK CHEMICALS	CALCIUM CARBONATE POWDER	NON-PREFERRED	N/A
COUGH AND COLD PREPARATIONS	MULTI-SYMPTOM COLD LIQUID (OTC) MULTI-SYMPTOM COLD CAPLET / SOFTGEL COLD & ALLERGY ELIXIR (OTC) HYDROXYZINE 50 MG/25 ML SYRUP CYPROHEPTADINE 4 MG/10 ML SYRP	NON-PREFERRED	N/A
COUGH AND COLD PREPARATIONS	OTC GENERIC 12-HR DECONGEST 120 MG CAPLET	PREFERRED	N/A
GLP-1 RECEPTOR AGONIST	OZEMPIC	PREFERRED WITH ST AND QL 0.25MG DOSE; 1 PEN/28 DAYS 1MG DOSE; 2 PENS/28 DAYS EFFECTIVE 04/01/18	N/A
HEPATITIS C	SOVALDI	NON-PREFERRED WITH PA	EPCLUSA ZEPATIER PA REQUIRED

HYPERAMMONEMIA	SODIUM PHENYLBUTYRATE POWDER SODIUM PHENYLBUTYRATE 500MG TB	PREFERRED WITH PA	N/A
IRON REPLACEMENT	ICAR 15 MG/1.25 ML SUSPENSION VENOFER 200 MG/10 ML VIAL VENOFER 100 MG/5 ML VIAL FERROUS FUMARATE 29 MG TAB PARVLEX TABLET FERRO-SEQUELS 65-25 MG CAPLET DIALYVITE 800 WITH IRON TAB IRONUP 15 MG/0.5 ML DROPS FERROUS SULFATE ER 140MG TAB	NON-PREFERRED	N/A
IRON REPLACEMENT	DEXFERRUM 50 MG/ML VIAL DEXFERRUM 100 MG/2 ML VIAL FERRIC X-150 CAPSULE DUOFER 28 MG TABLET FOCALGIN DSS TABLET CHEWABLE IRON 30 MG TABLET	PREFERRED	N/A
MISCELLANEOUS ANTI-ASTHMATICS	THEOCHRON ER 100 MG TABLET ACETYLCYSTEINE 10% VIAL	PREFERRED	N/A
MISCELLANEOUS ANTI-ASTHMATICS	XOLAIR 150 MG VIAL	PREFERRED WITH PA	N/A
NUTRITIONAL SUPPLEMENT	VP-ZEL TABLET	NON-PREFERRED	N/A
OMEGA-3 FATTY ACIDS FISH OIL	OTC FISH OIL SOFTGEL	NON-PREFERRED	N/A
POTASSIUM REPLACEMENT	POTASSIUM CL ER 8 MEQ CAPSULE POTASSIUM CL ER 20 MEQ TABLET K-SOL 20% (40 MEQ/15 ML) LIQ K-TAB ER 8 MEQ TABLET	PREFERRED	N/A
SALINE PREPARATION	SODIUM CHLORIDE 0.45% SOLUTION	NON-PREFERRED	N/A
URINARY PH MODIFIERS	K-PHOS NEUTRAL TABLET PHOSPHA 250 NEUTRAL TABLET VIRT-PHOS 250 NEUTRAL TABLET	PREFERRED	N/A
VITAMINS & HEMATINICS	COD LIVER OIL	NON-PREFERRED	N/A
VITAMINS & HEMATINICS	BETA-CAROTENE 25,000 UNITS CAP OTC BETA CAROTENE 10,000 UNITS CAP OTC	NON-PREFERRED	N/A
VITAMINS & HEMATINICS	BRAND OTC PREPARATIONS VITAMIN A VITAMIN B VITAMIN C VITAMIN D VITAMIN D COMBO VITAMIN E MISCELLANEOUS VITAMINS	NON-PREFERRED	N/A

VITAMINS & HEMATINICS	<p>GENERIC OTC PREPARATIONS</p> <p>VITAMIN A</p> <p>VITAMIN B</p> <p>VITAMIN C</p> <p>VITAMIN D</p> <p>VITAMIN D COMBO</p> <p>VITAMIN E</p> <p>MISCELLANEOUS VITAMINS</p>	PREFERRED	N/A
<p>EDITS</p> <p><i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS</i></p> <p><i>REVISION OR ADDITION TO UM EDIT ONLY</i></p>			
ACNE AND ROSACEA AGENTS	MINOLIRA		ADD ST
ACNE AND ROSACEA AGENTS	AKTIPAK		ADD ST
ACNE AND ROSACEA AGENTS	DIFFERIN GEL 0.1% GEL, OTC		ADD QL 45GMS PER DAY
ACNE THERAPY	ADAPALENE 0.1% LOTION		QL REVISED 59ML PER 30 DAYS
ALZHEIMER'S THERAPY; NMDA RECEPTOR ANTAGONISTS	MEMANTINE HCL 10 MG TABLET		ADD QL 2 TABLETS PER DAY
ANGIOTENSIN II RECEPTOR BLOCKERS & RENIN INHIBITOR	<p>TEKTURNA 150 MG TABLET</p> <p>TEKTURNA 300 MG TABLET</p> <p>TEKTURNA HCT 150-12.5MG TABLET</p> <p>TEKTURNA HCT 150MG-25MG TABLET</p> <p>TEKTURNA HCT 300-12.5MG TABLET</p> <p>TEKTURNA HCT 300MG-25MG TABLET</p> <p>TEKAMLO 150 MG-5MG TABLET</p> <p>TEKAMLO 150MG-10MG TABLET</p> <p>TEKAMLO 300MG-5MG TABLET</p> <p>TEKAMLO 300MG-10MG TABLET</p>		ADD QL 1 TABLET PER DAY
ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB	<p>DIOVAN HCT 80-12.5MG TABLET</p> <p>DIOVAN HCT 160-12.5MG TABLET</p> <p>DIOVAN HCT 160-25MG TABLET</p> <p>DIOVAN HCT 320-12.5MG TABLET</p> <p>DIOVAN HCT 320MG-25MG TABLET</p>		ADD QL 1 TABLET PER DAY
ANTICONSULSANTS	<p>APTOM 200MG</p> <p>APTOM 400MG</p>		ADD QL 1 TABLET PER DAY
ANTICONSULSANTS	<p>APTOM 600MG</p> <p>APTOM 800MG</p>		ADD QL 2 TABLETS PER DAY
ANTICONSULSANTS	GABAPENTIN 250 MG/5ML SOLUTION, ORAL GABAPENTIN 250 MG/5ML SOLUTION, ORAL GABAPENTIN 300 MG/6ML SOLUTION, ORAL		ADD QL 72ML PER DAY
ANTICONSULSANTS	LAMICTAL 100 MG ODT		ADD QL 2 TABLETS PER DAY
ANTIEMETICS AND ANTIVERTIGO	CINVANTI INFUSION		ADD QL 5 VIALS PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO	VARUBI INJECTION		ADD QL 2 VIALS PER 28 DAYS

ANTIHISTAMINES	CLARINEX 5 MG TABLET	ADD QL 1 TABLET PER DAY
ANTIHISTAMINES	ALLEGRA ALLERGY 60 MG TABLET	ADD QL 2 TABLETS PER DAY
ANTIMIGRAINE PREPARATIONS	IMITREX 6 MG/0.5ML VIAL (ML)	QL REVISION 4 SYRINGES PER 30 DAYS
ANTIPARASITICS	SOLOSEC	ADD QL 2G PER FILL; 1 FILL PER 30 DAYS
ATYPICAL ANTIPSYCHOTIC	RISPERDAL 0.5 MG TABLET QUETIAPINE FUMARATE 300 MG TABLET QUETIAPINE FUMARATE 400 MG TABLET SAPHRIS 5 MG TABLET	ADD QL 2 TABLETS PER DAY
ATYPICAL ANTIPSYCHOTIC	OLANZAPINE 2.5 MG TABLET OLANZAPINE 5 MG TABLET OLANZAPINE 7.5 MG TABLET OLANZAPINE 15 MG TABLET OLANZAPINE 20 MG TABLET OLANZAPINE ODT 5 MG OLANZAPINE ODT 15 MG OLANZAPINE ODT 20 MG	ADD QL 1 TABLET PER DAY
ANTIPSYCHOTIC – MISC	VYVANSE 70 MG CAPSULE	ADD QL 1 CAPSULE PER DAY
CANCER	COMETRIQ 80MG	ADD QL 1 CAPSULE PER DAY
CANCER	VENCLEXTA STARTING PACK	ADD QL 1 PACK PER 365 DAYS
CANCER	VERZENIO	ADD QL 2 TABLETS PER DAY
CHOLINESTERASE INHIBITORS	GALANTAMINE 4 MG TABLET GALANTAMINE 8 MG TABLET GALANTAMINE 12 MG TABLET	ADD QL 2 TABLETS PER DAY
DECONGESTANT / ANTIHISTAMINES	ALLEGRA-D OTC 60MG-120MG ER TABLET	ADD QL 2 TABLETS PER DAY
DECONGESTANT / ANTIHISTAMINES	ALLEGRA-D OTC 180-240MG ER TABLET	ADD QL 1 TABLET PER DAY
DIABETES	BYDUREON BCISE	ADD QL 4 AUTOINJECTORS PER 28 DAYS
ELECTROLYTE DEPLETERS	REVELA 800 MG TABLET	ADD QL 9 TABLETS PER DAY
EPINEPHRINE	SYMJEPI	ADD QL 2 BOXES (2 PREFILLED SYRINGES) PER FILL
ERYTHROPOIESIS STIMULATING AGENTS	MIRCERA 30 MCG/0.3ML 150 MCG/0.3 ML	ADD QL 2 SYRINGES (0.6ML) PER 28 DAYS

ESTROGENS TRANSDERMAL	ESTRADIOL TDS PATCH ESTRADIOL PATCH MENOSTAR PATCH VIVELLE-DOT PATCH MINIVELLE PATCH CLIMARA PATCH ALORA PATCH	REMOVE ST FOR T/F OF AN ORAL AGENT
ESTROGENS TRANSDERMAL	MENOSTAR PATCH VIVELLE-DOT PATCH MINIVELLE PATCH CLIMARA PATCH ALORA PATCH	ADD ST FOR A PREFERRED TD ESTROGEN
EYE MAST CELL STABILIZERS	CROMOLYN 4% EYE DROPS	ADD QL 10ML (1 BOTTLE) PER 30 DAYS
FLUOROQUINOLONES	LEVAQUIN 250 MG TABLET LEVAQUIN 500 MG TABLET LEVAQUIN 750 MG TABLET	ADD QL 14 TABS PER FILL; 1 FILL PER 30 DAYS
GNRH ANALOG	TRIPTODUR	ADD QL 1 KIT EVERY 24 WEEKS
HIV ANTIRETROVIRALS	ISENTRESS HD	ADD QL 2 TABLETS PER DAY
HYPERAMMONEMIA	RAVICTI	ADD STEP THERAPY
HYPNOTIC AGENTS	FLURAZEPAM HCL 15 MG CAPSULE FLURAZEPAM HCL 30 MG CAPSULE RESTORIL 7.5 MG CAPSULE RESTORIL 22.5 MG CAPSULE AMBIEN CR 6.25 MG TABLET AMBIEN CR 12.5 MG TABLET	ADD QL 1 TABLET/ CAPSULE PER DAY
(NON-INSULIN) HYPOGLYCEMIC AGENTS	ONGLYZA 2.5 MG TABLET JANUVIA 25 MG TABLET JANUVIA 50 MG TABLET JANUVIA 100 MG TABLET ACTOS 15 MG TABLET ACTOS 30 MG TABLET ACTOS 45 MG TABLET KOMBIGLYZE XR 5 MG-500MG TABLET KOMBIGLYZE XR 5MG-1000MG TABLET	ADD QL 1 TABLET PER DAY
(NON-INSULIN) HYPOGLYCEMIC AGENTS	AVANDIA 2 MG TABLET AVANDIA 4 MG TABLET KOMBIGLYZE XR 2.5-1000MG TABLET JANUMET 50MG-500MG TABLET JANUMET 50-1000 MG TABLET	ADD QL 2 TABLETS PER DAY
IDIOPATHIC PULMONARY FIBROSIS	ESBRIET 267 MG TABLET	ADD QL 9 TABLETS PER DAY
IDIOPATHIC PULMONARY FIBROSIS	ESBRIET 801 MG	ADD QL 3 TABLETS PER DAY

INHALED CORTICOSTEROIDS	ALVESCO 80 MCG HFA ASMANEX 110MCG INHALER ASMANEX 220MCG INHALER	ADD QL 1 INH PER 30 DAYS
INHALED CORTICOSTEROIDS	ALVESCO 160 MCG HFA	ADD QL 2 INH PER 30 DAYS
INHERITED DISORDERS OF METABOLISM	BUPHENYL 250 GM POWDER	QL REVISED 750GM PER 30 DAYS
INSULIN	AFREZZA 90 CARTRIDGES (12 UNIT)	REVISED QL 3 BOXES PER 30 DAYS
INSULIN	AFREZZA 180 CARTRIDGES (60X4 UNIT AND 60X8 UNIT AND 60X12 UNIT)	REVISED QL 2 BOXES PER 30 DAYS
INSULIN	FIASP, FIASP FLEXTOUCH	REVISED QL 2 BOXES PER 30 DAYS
INTRANASAL STEROIDS	BUDESONIDE 32MCG AEROSOL, SPRAY WITH PUMP (ML)	ADD QL 2 INH PER 30 DAYS
INSULIN	HUMALOG JUNIOR KWIKPEN	REVISED QL 2 BOXES PER 30 DAYS
IRON REPLACEMENT	FE C 100-250-1 TABLET	ADD QL 1 TABLET PER DAY
LIPID/CHOLESTEROL LOWERING AGENTS	CRESTOR 5 MG TABLET CRESTOR 10 MG TABLET CRESTOR 20 MG TABLET CRESTOR 40 MG TABLET PRAVASTATIN SODIUM 10 MG TABLET PRAVACHOL 20 MG TABLET PRAVACHOL 40 MG TABLET PRAVACHOL 80 MG TABLET	ADD QL 1 TABLET PER DAY
MOVEMENT DISORDER	GOCOVRI ER 68.5MG	ADD QL 1 PER DAY
MOVEMENT DISORDER	GOCOVRI ER 137 MG	ADD QL 2 PER DAY
OPIOIDS	APAP/CAF/DIHYDROCODEINE 320.5/30/16 APAP/CAF/DIHYDROCODEINE 356.4/30/16 MG APAP/CAF/DIHYDROCODEINE 325/30/16 MG APAP/CODEINE 300/15 MG APAP/CODEINE 300/30 MG DIHYDROCODEINE/ASA/CAF 16/356/30 MG (SYNALGOS-DC) HYDROCODONE/APAP 10/500 MG, 7.5/500MG HYDROCODONE/APAP 2.5/325 MG, 5/325 MG, 7.5/325 MG, 10/325 MG HYDROCODONE/APAP 5/300 MG, 7.5/300 MG, 10/300 MG HYDROCODONE/APAP 5/400 MG, 7.5/400 MG, 10/400 MG HYDROCODONE/APAP 5/500 MG TABLETS OXYCODONE 7.5/500 MG (PERCOCET) OXYCODONE/APAP 10/500 MG TABLET	REVISED QL 6 CAPSULES OR TABLETS PER DAY

	<p>OXYCODONE/APAP 2.5/325 MG, 5/325 MG, 7.5/325 MG, 10/325 MG</p> <p>OXYCODONE/APAP 5/300 MG, 7.5/300 MG, 10/300 MG</p> <p>OXYCODONE/APAP 5/500 MG CAPSULE</p> <p>OXYCODONE/ASPIRIN 5/325 MG</p> <p>PENTAZOCINE/NALOXONE 50 MG/0.5 MG</p> <p>CODEINE SULFATE 15 MG</p> <p>CODEINE SULFATE 30 MG</p> <p>DILAUDID 2 MG</p> <p>DILAUDID 4 MG</p> <p>DEMEROL 50 MG</p> <p>MS IR 15 MG</p> <p>OXYCODONE 10 MG</p> <p>OXAYDO 7.5 MG</p> <p>OXYIR 5 MG</p> <p>ROXICODONE 5 MG, OXAYDO 5 MG</p> <p>OPANA 5 MG</p> <p>DOLOPHINE 5 MG</p>	
OPIOIDS	<p>APAP/CODEINE SUSP OR ELIXIR 120MG-12MG/5ML; 300 MG-30 MG/12.5 ML (CAPITAL WITH CODEINE)</p> <p>HYDROCODONE/APAP 2.5-108 MG/5 ML SOLUTION</p> <p>HYDROCODONE/APAP 2.5-167 MG/5 ML SOLUTION</p> <p>OXYCODONE/APAP 5-325 MG/5 ML SOLUTION</p> <p>DEMEROL 50 MG/5 ML (ORAL)</p> <p>MORPHINE SULFATE SOLUTION 10 MG/5 ML</p> <p>MORPHINE SULFATE SOLUTION 20 MG/5 ML</p> <p>OXYCODONE SOLUTION 5 MG/5ML</p> <p>METHADONE SOLUTION 5 MG/5 ML</p>	<p>REVISED QL</p> <p>30 ML PER DAY</p>
OPIOIDS	<p>HYDROCODONE/APAP 5-163 MG/7.5 ML</p>	<p>REVISED QL</p> <p>45 ML PER DAY</p>
OPIOIDS	<p>HYDROCODONE/APAP 5-215 MG/10 ML</p> <p>HYDROCODONE/APAP 5-217 MG/10 ML SOLUTION</p> <p>HYDROCODONE/APAP 5-334 MG/10 ML</p>	<p>REVISED QL</p> <p>60 ML PER DAY</p>
OPIOIDS	<p>MORPHINE SULFATE 20 MG/ML ORAL SYRINGE, 100 MG/5 ML SOLUTION</p>	<p>REVISED QL</p> <p>6 ML PER DAY</p>
OPIOIDS	<p>NUCYNTA 50 MG</p>	<p>REVISED QL</p> <p>181 PER 30 DAYS</p>
OPIOIDS	<p>HYSINGLA ER 80 MG, 100 MG</p> <p>EXALGO 12 MG, 16 MG, 32 MG</p>	<p>REVISED QL</p> <p>1 TABLET PER DAY</p>
OPIOIDS	<p>ZOHYDRO ER 30 MG, 40 MG, 50 MG</p> <p>XTAMPZA ER 27 MG, 36 MG</p>	<p>REVISED QL</p> <p>2 CAPSULES PER DAY</p>
OPIOIDS	<p>AVINZA 75 MG, 90 MG, 120 MG</p>	<p>REVISED QL</p> <p>1 CAPSULE PER DAY</p>

OPIOIDS	OXYCONTIN 60 MG, 80 MG OPANA ER 30MG	REVISED QL 2 TABLETS PER DAY
OSTEOPOROSIS THERAPY	ALENDRONATE SODIUM 35 MG TABLET ACTONEL 35 MG TABLET	ADD QL 4 TABLETS PER DAY
OSTEOPOROSIS THERAPY	ACTONEL 5 MG TABLET	ADD QL 4 TABLETS PER 28 DAYS
PROTON PUMP INHIBITORS	DEXILANT 30MG CAPSULE DR DEXILANT 60MG CAPSULE DR LANSOPRAZOLE 30MG CAP, DR EC PREVACID RX 30MG TAB DISINTEGRATING DR ACIPHEX 20MG TABLET EC	ADD QL 1 PER DAY
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	CELEXA 20MG	ADD QL 1.5 TABLETS PER DAY
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	FLUOXETINE HCL 20MG	ADD QL 4 PER DAY
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	PAROXETINE HCL 30MG SERTRALINE HCL 100MG	ADD QL 2 TABS PER DAY
SNRI	VENLAFAXINE HCL 25MG VENLAFAXINE HCL 37.5MG VENLAFAXINE HCL 50MG VENLAFAXINE HCL 75MG VENLAFAXINE HCL 100MG	ADD QL 3 TABLETS PER DAY
SUBLINGUAL IMMUNOTHERAPY	ODACTRA	ADD PA AND QL 1 TABLET PER DAY
TARGETED IMMUNE MODIFIERS	ENBREL MINI WITH AUTOTOUCH	ADD QL 4 CARTRIDGES PER 28 DAYS

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 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 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.