

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com/FL>.

Quarterly pharmacy formulary change notice

Summary of change: The formulary changes listed in the table below were reviewed and approved at our June 27, 2016, Pharmacy and Therapeutics Committee meeting.

What this means to you: Effective November 1, 2016, the changes outlined below apply to all Amerigroup Florida Healthy Kids (FHK) patients.

What is the impact of this change?

| Effective for all patients on November 1, 2016 | | | |
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| THERAPEUTIC CLASS | MEDICATION | REVISED STATUS | POTENTIAL ALTERNATIVES |
| RESPIRATORY SPACERS | SPACERS: AEROCHAMBER AEROCHAMBER Z-STAT PLUS AEROCHAMBER PLUS EASIVENT E-Z SPACER FLEXICHAMBER INSPIRACHAMBER | NON-PREFERRED | OPTICHAMBER DIAMOND POCKET CHAMBER VORTEX LITEAIRE MICROSPACER MICROCHAMBER BREATHERITE |
| PROTON PUMP INHIBITORS | PANTOPRAZOLE SOD DR 20 MG TAB PANTOPRAZOLE SOD DR 40 MG TAB | NON-PREFERRED | NEXIUM 24HR 20 MG TABLET (OTC) NEXIUM 24HR 22.3 MG CAPSULE (OTC) OMEPRAZOLE MAG DR 20.6 MG CAP (OTC) OMEPRAZOLE DR 20 MG TABLET (OTC) PREVACID 24HR DR 15 MG CAPSULE(OTC) HEARTBURN TREATMNT 24HR 15 MG (OTC) |
| ALCOHOL PREP PADS | BY MANUFACTURER: ONE PHARMACEUTICAL PHOENIX HEALTHCARE SPECIALTY MED HOME AID DIAGNOSTICS SIMPLE DIAGNOSTICS SMITH&N/UNITED BOCA PHARMACAL | NON-REFERRED | BY MANUFACTURER: MCKESSON DRUG TARGET CORP. RITE AID CORP. WALGREEN CO. LEADER CVS WAL-MART STORES BD DIABETES |

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| LONG-ACTING INJECTABLE ANTIPSYCHOTICS | INVEGA SUSTENNA INVEGA TRINZA ABILIFY MAINTENA ER ARISTADA ER | PREFERRED WITH PRIOR AUTHORIZATION (PA) REQUIRED | N/A |
| LONG-ACTING INJECTABLE ANTIPSYCHOTICS | ZYPREXA RELPREVV RISPERDAL CONSTA | PREFERRED WITH PA (CURRENT UTILIZERS WILL BE GRANDFATHERED) | N/A |
| ALKYLATING AGENTS | CYCLOPHOSPHAMIDE CAPS | PREFERRED | N/A |
| ALPHA PROTEINASE INHIBITOR | PROLASTIN C 1,000 MG VIAL | NON-PREFERRED | N/A |
| ANTICONVULSANTS | BRIVIACT TABLET BRIVIACT 10 MG/ML ORAL SOLN BRIVIACT 50 MG/5 ML VIAL | ADD PA AND QL | N/A |
| ANTIDEPRESSANTS | ESCITALOPRAM TABLETS ESCITALOPRAM SOLN | PREFERRED | N/A |
| ANTIDEPRESSANTS | FLUOXETINE HCL 60 MG TABLET | NON-PREFERRED | FLUOXETINE HCL 10 MG CAPSULE FLUOXETINE HCL 20 MG CAPSULE FLUOXETINE HCL 20 MG TABLET |
| ANTIDIURETIC AND VASOPRESSOR HORMONES | DDAVP 0.2 MG TABLET | QL REVISION | N/A |
| ANTIFUNGAL AGENTS | MYCELEX TROCHE NOXAFIL 40 MG/ML SUSPENSION | QL REVISION | N/A |
| ANTIHYPERTENSIVE AGENTS | TARKA ER 2-180 MG TABLET NICARDIPINE 30 MG CAPSULE PRINIVIL 5 MG TABLET PRINIVIL 10 MG TABLET PRINIVIL 20 MG TABLET ZESTORETIC 10-12.5 MG | QL REVISION | N/A |
| ANTIMETABOLITES | METHOTREXATE INJ TABLOID TABLET TREXALL TABLET | PREFERRED | N/A |
| ANTIMETABOLITES | ADRUCIL VIAL FLUOROURACIL VIAL GEMCITABINE VIAL | NON-PREFERRED | N/A |
| ANTIMIGRAINE PREPARATIONS | ZEMBRACE SYMTOUCH ONZETRA XSAIL NASAL SPRAY | STEP THERAPY (ST) REQUIRED ADD QL | N/A |
| ANTIMIGRAINE PREPARATIONS | IMITREX 6 MG/0.5 ML VIAL | QL REVISION | N/A |
| ANTINEOPLASTIC INJECTIONS | AVASTIN 100 MG/4 ML VIAL AVASTIN 400 MG/16 ML VIAL LEUPROLIDE 2WK 1 MG/0.2 ML KIT | NON-PREFERRED | N/A |

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| | HERCEPTIN 440 MG VIAL INTRON VIALS LEUPROLIDE 2WK 1 MG/0.2 ML KIT LUPRON DEPOT KITS SYNRIBO 3.5 MG/ML VIAL TORISEL 25 MG KIT TRELSTAR SYRINGE VECTIBIX VIAL ZALTRAP VIAL ZOLADEX IMPLANT SYRN | | |
| MISCELLANEOUS ANTINEOPLASTIC DRUGS | SIGNIFOR LAR VIAL SOMATULINE DEPOT | ADD PA AND QL | N/A |
| MISCELLANEOUS ANTINEOPLASTIC DRUGS | FIRMAGON KIT SANDOSTATIN VIALS/AMPULS SANDOSTATIN LAR DEPOT VIALS/KITS | ADD QL | N/A |
| ANTIPSORIATIC/ ANTISEBORRHEIC | TALTZ 80 MG/ML AUTOINJECTOR TALTZ 80 MG/ML SYRINGE | ADD PA AND QL | N/A |
| ANTIVERTIGO & ANTIEMETIC AGENTS | EMEND CAPSULE EMEND TRIPACK EMEND 150 MG VIAL | ADD QL | N/A |
| BARBITURATE COMBINATION AGENTS | BUTALBITAL-ACETAMINOPHEN 25-325 MG BUTALBITAL-ACETAMINOPHEN 50 MG-300 MG TABLET BUTALBITAL-ACETAMINOPHEN 50 MG-325 MG TABLET BUTALBITAL-ACETAMINOPHEN 50 MG-650 MG BUTALBITAL-ACETAMINOPHEN- CAFFEINE 50 MG-325 MG-40 MG/15 ML SOLUTION BUTALBITAL-ACETAMINOPHEN- CAFFEINE 50 MG-300 MG-40 MG CAPSULE BUTALBITAL-ACETAMINOPHEN- CAFFEINE 50 MG-325 MG-40 MG CAPSULE BUTALBITAL-ACETAMINOPHEN- CAFFEINE 50 MG-325 MG-40 MG TABLET BUTALBITAL-ASPIRIN-CAFFEINE 50 MG-325 MG-40 MG CAPSULE BUTALBITAL-ASPIRIN-CAFFEINE- CODEINE 50 MG-325 MG-40 MG- 30 MG CAPSULE | ADD QL | N/A |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | VISTOGARD 10 GRAM PACKET | ADD QL | N/A |

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| MISCELLANEOUS DERMATOLOGICALS | CARAC 0.5% CREAM EFUDEX 5% CREAM TOLAK 4% CREAM FLUOROURACIL 5% TOP SOLUTION FLUOROURACIL 2% TOPICAL SOLN FLUOROPLEX 1% CREAM ALDARA 5% CREAM PICATO 0.015% GEL PICATO 0.05% GEL SOLARAZE 3% GEL | ADD QL | N/A |
| GNRH AGENTS | LUPANETA PACK 3.75/5 MG LUPANETA PACK 11.25/5 MG LUPRON DEPOT PED 30 MG LUPRON DEPOT PED 11.25 OR 15 MG LUPRON DEPOT 7.5 MG LUPRON DEPOT 11.25 MG, 22.5 MG LUPRON DEPOT 30 MG SUPPRELIN LA SYNAREL | ADD QL | N/A |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | SOMAVERT 10MG, 15 MG, 20MG, 25MG, 30MG | ADD QL | N/A |
| HIV | INTELENCE | PA REMOVED | N/A |
| LAXATIVES AND CATHARTICS | MIRALAX | ADD QL | N/A |
| MISCELLANEOUS AGENTS | CHEMET DESFERAL | PA REQUIRED | N/A |
| MITOTIC INHIBITORS | IXEMPRA 15 MG KIT IXEMPRA 45 MG KIT | NON-PREFERRED | N/A |
| NASAL STEROIDS | RHINOCORT ALLERGY (OTC) NASONEX/ MOMETASONE | ADD QL | N/A |
| MISCELLANEOUS NEUROLOGICAL THERAPY | GRALISE ER 300MG GRALISE ER 600 MG HORIZANT 300MG, 600 MG | ADD QL | N/A |
| NON-SEDATING ANTIHISTAMINES (NSA) | CLARINEX 0.5 MG/ML (2.5 MG/5) CHILD'S CLARITIN 5 MG TAB CHEW CLARITIN 5 MG REDITABS | NON-PREFERRED | FEXOFENADINE HCL 60 MG TABLET (OTC) FEXOFENADINE HCL 180 MG TABLET (OTC) LORATADINE ALLERGY 5 MG/5 ML (OTC) LORATADINE 10 MG ODT (OTC) |
| NSAID | VIVLODEX CAPSULE | ADD QL | N/A |

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| OPHTHALMIC ANGIOGENESIS INHIBITORS | LUCENTIS 0.5 MG VIAL LUCENTIS 0.3 MG VIAL | NON-PREFERRED | N/A |
| OPIOID DEPENDANCE | EVZIO | QL REVISION | N/A |
| OPIOID DEPENDANCE | NARCAN NASAL SPRAY NALOXONE INJECTION | ADD QL | N/A |
| OSTEOPOROSIS THERAPY | ALENDRONATE SOD 70 MG/75 ML | PREFERRED | N/A |
| OSTEOPOROSIS THERAPY | FORTEO 600 MCG/2.4 ML PEN INJ | NON-PREFERRED | N/A |
| SKELETAL MUSCLE RELAXANTS | AMRIX 30MG METHOCARBAMOL 750 MG | ADD QL | N/A |
| TOPICAL ANTI-INFLAMMATORY- NSAIDS | FLECTOR PATCH PENNSAID 1.5% PENNSAID 2% VOLTAREN GEL | ADD QL | N/A |
| PAH AGENTS | TYVASO INHALATION | NON-PREFERRED WITH PA | N/A |
| PAH AGENTS | ATROVENT HFA ATROVENT SOLUTION | QL REVISION | N/A |
| PRENATAL VITAMINS | ENBRACE HR FOCALGIN 90 DHA COMBO PACK; FOCALGIN CA COMBO PACK NIVA-PLUS OB COMPLETE GOLD PREFERA-OB PLUS DHA COMBO PACK PROVIDA DHA TRISTART DHA VITAFOL FE + DOCUSATE COMBO PACK | ADD QL | N/A |
| PROTON PUMP INHIBITORS | DEXILANT SOLUTAB | ADD QL | N/A |
| RH IMMUNE GLOBULIN | MICRHOGAM ULTRA-FILTD PLUS SYR RHOGAM ULTRA-FILTERED WINRHO SDF HYPERRHO S-D RHOPHYLAC 300 MCG/2 ML SYRINGE | NON-PREFERRED | N/A |
| MISCELLANEOUS RHEUMATOLOGICAL AGENTS | SAVELLA TITRATION PACK SAVELLA TABLET | NON-PREFERRED WITH PA | N/A |
| MISCELLANEOUS RHEUMATOLOGICAL AGENTS | KINERET 100 MG/0.67 ML SYRINGE | NON-PREFERRED | N/A |

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| MISCELLANEOUS RHEUMATOLOGICAL AGENTS | XELJANZ XR TABLET | ADD PA AND QL | N/A |
| UTI PROPHYLAXIS | NITROFURANTOIN MCR 25 MG CAP | PREFERRED | N/A |
| UTI PROPHYLAXIS | NITROFURANTOIN 25 MG/5 ML SUSP | NON-PREFERRED | NITROFURANTOIN MCR 25 MG, 50MG AND 100 MG CAP NITROFURANTOIN MONO-MCR 100 MG |
| VACCINES & MISCELLANEOUS IMMUNOLOGICALS | CYTOGAM 2.5 GM/50 ML VIAL | NON-PREFERRED | 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, 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.