

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

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 (P&T) meeting.

What this means to you: Effective November 1, 2016, the changes outlined below apply to all Amerigroup Community Care patients.

What is the impact of this change?

Effective for all patients on November 1, 2016			
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	ONE PHARMACEUTICAL PHOENIX HEALTHCARE SPECIALTY MED HOME AID DIAGNOSTICS SIMPLE DIAGNOSTICS	NON-PREFERRED	MCKESSON DRUG TARGET CORP. RITE AID CORP. WALGREEN CO. LEADER CVS WAL-MART STORES BD DIABETES
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 TABLETS 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 HERCEPTIN 440 MG VIAL INTRON VIALS LEUPROLIDE 2WK 1 MG/0.2 ML KIT LUPRON DEPOT KITS	NON-PREFERRED	N/A

	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 AMPULS/VIALS SANDOSTATIN LAR DEPOT VIALS	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
MISCELLANEOUS DERMATOLOGICALS	CARAC 0.5% CREAM EFUDEX 5% CREAM TOLAK 4% CREAM FLUOROURACIL 5% TOP SOLUTION FLUOROURACIL 2% TOPICAL SOLN	ADD QL	N/A

	<p>FLUOROPLEX 1% CREAM ALDARA 5% CREAM PICATO 0.015% GEL PICATO 0.05% GEL SOLARAZE 3% GEL</p>		
GNRH AGENTS	<p>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</p>	ADD QL	N/A
GROWTH HORMONE RECEPTOR ANTAGONISTS	<p>SOMAVERT 10MG, 15MG, 20MG, 25MG, 30MG</p>	ADD QL	N/A
HIV	<p>INTELENCE</p>	PA REMOVED	N/A
LAXATIVES AND CATHARTICS	<p>MIRALAX</p>	ADD QL	N/A
MISCELLANEOUS AGENTS	<p>CHEMET DESFERAL</p>	PA REQUIRED	N/A
MITOTIC INHIBITORS	<p>IXEMPRA 15 MG KIT IXEMPRA 45 MG KIT</p>	NON-PREFERRED	N/A
NASAL STEROIDS	<p>RHINOCORT ALLERGY (OTC) NASONEX/ MOMETASONE</p>	ADD QL	N/A
MISCELLANEOUS NEUROLOGICAL THERAPY	<p>GRALISE ER 300MG GRALISE ER 600 MG HORIZANT 300MG, 600 MG</p>	ADD QL	N/A
NON-SEDATING ANTIHISTAMINES (NSA)	<p>CLARINEX 0.5 MG/ML (2.5 MG/5) CHILD'S CLARITIN 5 MG TAB CHEW CLARITIN 5 MG REDITABS</p>	NON-PREFERRED	<p>FEXOFENADINE HCL 60 MG TABLET (OTC) FEXOFENADINE HCL 180 MG TABLET (OTC) LORATADINE ALLERGY 5 MG/5 ML (OTC) LORATADINE 10 MG ODT (OTC)</p>
NSAIDS	<p>VIVLODEX CAPSULE</p>	ADD QL	N/A
OPHTHALMIC ANGIOGENESIS INHIBITORS	<p>LUCENTIS 0.5 MG VIAL LUCENTIS 0.3 MG VIAL</p>	NON-PREFERRED	N/A
OPIOID DEPENDANCE	<p>EVZIO</p>	QL REVISION	N/A
OPIOID DEPENDANCE	<p>NARCAN NASAL SPRAY NALOXONE INJECTION</p>	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	LETAIRIS 5 MG TABLET LETAIRIS 10 MG TABLET
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	N/A
MISCELLANEOUS RHEUMATOLOGICAL AGENTS	KINERET 100 MG/0.67 ML SYRINGE	NON-PREFERRED	N/A
MISCELLANEOUS RHEUMATOLOGICAL AGENTS	XELJANZ XR TABLET	ADD PA AND QL	N/A
UTI PROPHYLAXIS	NITROFURANTOIN MCR 25 MG CAP	PREFERRED	NA
UTI PROPHYLAXIS	NITROFURANTOIN 25 MG/5 ML SUSP	NON-PREFERRED	N/A
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 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 <https://providers.amerigroup.com/GA>.

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