

Quarterly pharmacy formulary change notice

Summary: We reviewed and approved the formulary changes listed in the table below at our third quarter 2019 Pharmacy and Therapeutics Committee meeting.

Effective February 1, 2020, the changes outlined below apply to all Amerigroup Community Care patients. Remember to read the footnotes at the end of the table.

Effective for all patients on February 1, 2020			
Therapeutic class	Drug	Revised status	Potential alternatives
ORAL ANTIHISTAMINES	DIPHENHYDRAMINE 6.25MG SOLUTION LORATADINE 5MG CHEWABLE TABLET	PREFERRED	N/A
ORAL ANTIHISTAMINES	ED CHLORPED 2MG/ML LIQUID SILPHEN COUG 12.5/5ML SYRUP CLEMASTINE 2.68MG TABLET	NON-PREFERRED	CHLORPHENIRAMINE 4MG TABLETS ED CHLORPED JR SYRUP DIPHENHYDRAMINE 12.5/5ML LIQUID CLEMASTINE 1.34 MG OTC
ORAL NSAIDS	(GENERIC) FENOPROFEN 200MG CAPSULE FENOPROFEN 400MG CAPSULE FENOPROFEN 600MG TABLET MEFENAM ACID 250MG CAPSULE NAPROXEN SOD 375MG ER TABLET NAPROXEN SOD 500MG ER TABLET	PREFERRED	N/A
ORAL NSAIDS	(BRAND) ADVIL CHILD 100/5ML SUSPENSION	NON-PREFERRED	IBUPROFEN 100/5 ML SUSPENSION
TOPICAL NSAIDS	DICLOFENAC GEL 1%	PREFERRED WITH PA	N/A
TOPICAL ANESTHETICS (OTC)	PAIN RELIEF ROLL-ON LIQUID LIDOCAINE 4% PLUS CREAM ALOE/LIDOCAINE 0.5% GEL REGENECARE 2% GEL LIDODOSE 3% GEL REGENECARE SPRAY ALOCANE 4% GEL AFTERBURN 2.5% GEL XOLIDO 2% CREAM BURN RELIEF 0.5% AEROSAL ASPERCREME 4% SPRAY LIDOCAINE 3% CREAM	PREFERRED	N/A

	LIDOCAINE 4% CREAM LIDOCAINE 5% CREAM AFTERSUN 0.5% GEL LIDOCAINE 4% PAD		
TOPICAL ANESTHETICS (RX)	LIDOCAINE 3% CREAM LIDOCAINE 5% OINTMENT	NON-PREFERRED	OTC LIDOCAINE PRODUCTS RX LIDOCAINE 5% PATCH (PA REQUIRED)
MISCELLANEOUS ANTICONVULSANTS	PREGABALIN CAPSULES PREGABALIN SOL 20MG/ML	PREFERRED WITH NO PRIOR AUTHORIZATION (PA)	N/A
ATOPIC DERMATITIS	PIMECROLIMUS 1% CREAM	PREFERRED WITH STEP THERAPY (ST)	N/A
FIBRATES	FENOFIBRATE 130MG CAPSULE FENOFIBRATE 145MG TABLET FENOFIBRIC 35MG TABLET FENOFIBRIC 105MG TABLET FENOFIBRIC 135MG DR CAPSULE	NON-PREFERRED WITH ST	FENOFIBRATE 134MG, 160MG, 200MG, 43 MG, 48MG, 54 MG, 67 MG FENOFIBRIC ACID 45 MG
ALCOHOL SWABS (MANUFACTURERS)	GLOBAL DIABETIC RITE AID	NON-PREFERRED	MANUFACTURERS BD DIABETES DYNAREX HEALTH MART ULTIMED
ALCOHOL SWABS (MANUFACTURERS)	BD DIABETES DYNAREX HEALTH MART ULTIMED	PREFERRED	N/A
IRON SUPPLEMENTS (GENERIC OTC)	IRON 45MG TABLET SLOW-RELEASE FE 45MG TABLET HEMAX TABLET GENTLE IRON 28MG CAPSULE HIGH POTENCY FE 27MG TABLET NU-IRON 150 150MG CAPSULE ABATRON AF TABLET SLOW IRON 50MG TABLET FERGON 27MG TABLET	PREFERRED	N/A
IRON SUPPLEMENTS (BRAND OTC)	FOLITAB 500 TABLET IRON 28MG TABLET FERROUS GLUC 324MG TABLET EZFE 200MG CAPSULE FERROUS GLUC TAB 324MG FERROUS SULF 324MG EC TABLET FERRETTS 325MG TABLET FERREX 150MG CAPSULE FERREX 28 MIS FERREX 150 PLUS CAPSULE	NON- PREFERRED	OTC GENERIC IRON SUPPLEMENTS RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET MULTIGEN TABLET MULTIGEN PLS TABLET MULTIGEN FOLIC TABLET FERRAPLUS 90 TABLET

	<p>FERREX 150 FORTE PL CAPSULE CHEWABLE IRON PEDIATRIC IRON CHEWABLE FERROUS SUL 220/5ML LIQUID FERROUS SULF 300/5ML SYRUP FEOSOL 200MG TABLET SLOW RELEASE FE 143MG CR TABLET</p>		<p>TARON FORTE CAPSULE FOLIVANE-F CAPSULE FOLIVANE-PLS CAPSULE CENTRATEX CAPSULE</p>
<p>IRON SUPPLEMENTS (PRESCRIPTION STRENGTH)</p>	<p>IFEREX 150 FORTE CAPSULE HEMATOGEN CAPSULE HEMATOGEN FORTE CAPSULE TRICON CAPSULE MYFERON 150 FORTE CAPSULE FERROCITE PLUS TABLET FEROCON CAPSULE PUREVIT DUA FE PLUS CAPSULE HEMATINIC PL VIT/MIN TABLET HEMATINIC/FA TABLET POLY-IRON 150 FORT CAPSULE CORVITA 150 TABLET TRIGELS-F FORTE CAPSULE TL ICON CAPSULE SE-TAN PLUS CAPSULE</p>	<p>NON- PREFERRED</p>	<p>OTC GENERIC IRON SUPPLEMENTS</p> <p>RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET MULTIGEN TABLET MULTIGEN PLS TABLET MULTIGEN FOLIC TABLET FERRAPLUS 90 TABLET TARON FORTE CAPSULE FOLIVANE-F CAPSULE FOLIVANE-PLS CAPSULE CENTRATEX CAPSULE</p>
<p>UM edits — effective for all members no later than February 1, 2020 <i>No changes in preferred/non-preferred status revision or addition to UM edit only</i></p>			
<p>ANDROGENS*</p>	<p>JATENZO CAPSULE</p>	<p>ADD ST WITH QUANTITY LIMITS (QL) 58 MG AND 198 MG QL: 4 PER DAY 237 MG QL: 2 PER DAY</p>	
<p>ANTICONVULSANTS</p>	<p>NAYZILAM SPRAY 5MG</p>	<p>ADD PA WITH QL QL: 50 MG PER 30 DAYS</p>	
<p>ANTICONVULSANTS</p>	<p>OXTELLAR XR 150 MG OXTELLAR XR 600 MG</p>	<p>REVISED QL LIMIT: 150 MG: 3 TABLETS PER DAY 600 MG: 4 TABLETS PER DAY</p>	
<p>ANTINEOPLASTIC AGENTS</p>	<p>PIQRAY 200 MG TABLETS PIQRAY 250 MG TABLETS PIQRAY 300 MG TABLETS</p>	<p>ADD PA WITH QL QL: 1 CARTON PER 28 DAYS</p>	
<p>ANTINEOPLASTIC AGENTS</p>	<p>POLIVY 140MG INJECTION</p>	<p>ADD PA</p>	
<p>ANTINEOPLASTIC AGENTS</p>	<p>LIBTAYO 350/7ML INJECTION</p>	<p>ADD PA</p>	
<p>ANTINEOPLASTIC AGENTS*</p>	<p>ZIRABEV</p>	<p>ADD PA</p>	
<p>ANTINEOPLASTIC AGENTS</p>	<p>TECENTRIQ 840/14 INJECTION TECENTRIQ 1200/200 INJECTION</p>	<p>ADD QL 840/14 INJ: 2 VIALS PER 29 DAYS 1200/200 INJ: 1 VIAL PER 21 DAYS</p>	
<p>ANTINEOPLASTIC AGENTS</p>	<p>XPOVIO PAK 60MG XPOVIO PAK 80MG XPOVIO PAK 100MG</p>	<p>ADD QL 1 CARTON PER 28 DAYS</p>	

ANTINEOPLASTIC AGENTS	NUBEQA 300MG TABLET	ADD QL 4 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	TURALIO CAP 200MG	ADD QL 4 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	PIQRAY 200MG TAB DOSE PIQRAY 300MG TAB DOSE PIQRAY 250MG TAB DOSE	REVISE QL 1 CARTON PER 28 DAYS
CHOLESTEROL AGENTS	EZALLOR SPRINKLE 5 MG CAP EZALLOR SPRINKLE 10 MG CAP EZALLOR SPRINKLE 20 MG CAP EZALLOR SPRINKLE 40 MG CAP	ADD PA AND QL QL: 1 TABLET PER DAY
COPD AGENTS	DUAKLIR 400/12 INHALER	ADD ST AND QL QL: 1 INHALER PER 30 DAYS
CYSTIC FIBROSIS AGENTS	KALYDECO PAK 25MG	ADD QL 2 PACKETS PER DAY
CYSTIC FIBROSIS AGENTS	ORKAMBI GRANULES	ADD QL 2 PACKETS PER DAY
HIV	DOVATO TABLET EDURANT 25 MG TABLET DELSTRIGO TABLET COMPLERA TABLET ODEFSEY TABLET JULUCA TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 1 PER DAY
HIV	INTELENCE TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 200 MG- 2 TABLETS PER DAY 100 MG- 4 TABLETS PER DAY 25 MG – 16 TABLETS PER DAY
HIV	ATRIPLA TABLET BIKTARVY TABLET CIMDUO TABLET DESCOVY TABLET EMTRIVA 200 MG CAPSULE EPIVIR 300 MG TABLET EPZICOM TABLET EVOTAZ TABLET GENVOYA TABLET PIFELTRO 100 MG TABLET PREZCOBIX TABLET PREZISTA 800 MG TABLET REYATAZ 300 MG CAPSULE STRIBILD TABLET SUSTIVA 600 MG TABLET SYMFI TABLET SYMFI LO TABLET SYMITUZA TABLET TRIUMEQ TABLET TRUVADA TABLET TYBOST 150 MG TABLET	ADD QL 1 PER DAY

	<p>VIDEX EC 400 MG CAPSULE VIDEX EC 250 MG CAPSULE VIRAMUNE XR 400 MG TABLET TEMIXYS TABLET</p>	
HIV	<p>REYATAZ 200 MG CAPSULE REYATAZ 150 MG CAPSULE VIDEX EC 200 MG CAPSULE ZERIT 40 MG CAPSULE ZERIT 30 MG CAPSULE COMBIVIR TABLET DUTREBIS TABLET EPIVIR 150 MG TABLET ISENTRESS HD 600 MG TABLET PREZISTA 600 MG TABLET RETROVIR 300 MG TABLET SELZENTRY 75 MG TABLET TIVICAY 10 MG, 25 MG AND 50 MG TABLET TRIZIVIR TABLET VIRAMUNE 200 MG TABLET ZIAGEN 300 MG TABLET</p>	<p>ADD QL 2 PER DAY</p>
HIV	<p>ISENTRESS 100 MG GRANULE PACKET FOR SUSPENSION</p>	<p>ADD QL 2 PACKETS PER DAY</p>
HIV	<p>VIDEX EC 125 MG CAPSULE VIRAMUNE XR 100MG TABLET</p>	<p>ADD QL 3 PER DAY</p>
HIV	<p>APTIVUS 250 MG CAPSULE INVIRASE 500 MG TABLET ISENTRESS 400 MG TABLET KALETRA 200 MG-50 MG TABLET LEXIVA 700 MG TABLET SELZENTRY 300 MG TABLET SELZENTRY 150 MG TABLET SUSTIVA 200 MG CAPSULE VIRACEPT 625 MG TABLET ZERIT 20 MG CAPSULE ZERIT 15 MG CAPSULE</p>	<p>ADD QL 4 PER DAY</p>
HIV	<p>REYATAZ 50 MG POWDER FOR SUSPENSION</p>	<p>ADD QL 5 PACKETS PER DAY</p>
HIV	<p>CRIXIVAN 400 MG CAPSULE PREZISTA 150 MG TABLET RESCRIPTOR 200 MG TABLET RETROVIR 100 MG CAPSULE ISENTRESS 100 MG CHEWABLE</p>	<p>ADD QL 6 PER DAY</p>
HIV	<p>SELZENTRY 25 MG TABLET</p>	<p>ADD QL 8 PER DAY</p>
HIV	<p>TROGARZO 150MG/ML VIAL</p>	<p>ADD QL 8 VIALS PER 28 DAYS</p>
HIV	<p>INVIRASE 200 MG CAPSULE KALETRA 100 MG-25 MG TABLET</p>	<p>ADD QL 10 PER DAY</p>

	PREZISTA 75 MG TABLET VIRACEPT 250 MG TABLET	
HIV	CRIXIVAN 200 MG CAPSULE NORVIR 100 MG TABLET NORVIR 100 MG CAPSULE NORVIR 100 MG ORAL POWDER PACKET RESCRIPTOR 100 MG TABLET SUSTIVA 50 MG CAPSULE	ADD QL 12 PER DAY
HIV	APTIVUS 100 MG/ML SOLUTION	ADD QL 13 ML PER DAY
HIV	PREZISTA 100 MG/ML SUSPENSION	ADD QL 14 ML PER DAY
HIV	KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION NORVIR 80 MG/ML ORAL SOLUTION	ADD QL 16 ML PER DAY
HIV	ISENTRESS 25 MG CHEWABLE	ADD QL 24 TABLETS PER DAY
HIV	EMTRIVA 10 MG/ML SOLUTION	ADD QL 29 ML PER DAY
HIV	EPIVIR 10 MG/ML ORAL SOLUTION ZIAGEN 20 MG/ML SOLUTION	ADD QL 32 ML PER DAY
HIV	VIDEX 4 GM PEDIATRIC ORAL SOLUTION VIDEX 2 GM PEDIATRIC ORAL SOLUTION VIRAMUNE 50 MG/5 ML SUSPENSION	ADD QL 40 ML PER DAY
HIV	VIRACEPT 50 MG/G POWDER	ADD QL 53 GM PER DAY
HIV	FUZEON 90 MG VIAL	ADD QL 60 VIALS PER 30 DAYS
HIV	LEXIVA 50 MG/ML SUSPENSION	ADD QL 60 ML PER DAY
HIV	SELZENTRY 20 MG/ML ORAL SOLUTION	ADD QL 62 ML PER DAY
HIV	RETROVIR 10 MG/ML SYRUP	ADD QL 64 ML PER DAY
HIV	ZERIT 1 MG/ML SOLUTION	ADD QL 80 ML PER DAY
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	ZELNORM 6MG TABLET	ADD PA AND QL QL 2 TABLETS PER DAY
LAMBERT-EATON MYASTHENIC SYNDROME AGENTS	RUZURGI 10MG TABLET	ADD PA AND QL QL 10 TABLETS PER DAY
NARCOTIC ANTAGONISTS	SUBLOCADE 100/0.5 INJECTION SUBLOCADE 300/1.5 INJECTION	REMOVE PA

NARCOTIC ANTAGONISTS	VIVITROL 380MG INEJCTION	REMOVE PA AND ADD QL QL 1 VIAL PER 28 DAYS
NARCOTIC ANTAGONISTS	ZUBSOLV 2.9-0.71 SUB	REVISE QL QL 5 PER DAY
ORAL DIABETIC AGENTS*	QTERNMET XR TABLET	ADD ST AND QL QL: 5 MG/5 MG/1000 MG, 10 MG/5 MG/1000 MG: 1 TABLET PER DAY 2.5 MG/2.5 MG/1000 MG, 5 MG/2.5 MG/10000 MG: 2 TABLETS PER DAY
ORAL DIABETIC AGENTS	QTERN 5-5MG TABLET	ADD QL 1 TABLET 28 DAYS
INJECTABLE DIABETIC AGENTS	OZEMPIC 2/1.5ML INJECTION	ADD QL 1 PER 28 DAYS
PRENATAL VITAMINS	DUET DHA DUET DHA BALANCED NESTABS ABC NESTABS DHA OBTREX DHA SELECT-OB+DHA THERANATAL COMPLETE VITAFOL FE+ VITAFOL-OB+DHA BAL-CARE DHA ESSENTIAL	ADD QL 2 PER DAY
PRENATAL VITAMINS	CITRANATAL B-CALM	ADD QL 3 PER DAY
TOPICAL ANTIPRURITICS	DOXEPIN HCL 5% CREAM, ZONALON 5% CREAM, PRUDOXIN 5% CREAM	ADD PA AND QL QL 1 TUBE PER FILL; 1 FILL PER 3 MONTHS
TOPICAL ANESTHETIC COMBINATIONS	LIDOCAINE/PRILOCAINE CREAM	REVISE QL 30 GM PER 30 DAYS
VACCINES	INFUENZA VACCINES	REVISE QL 1 INJECTION PER 180 DAYS

* Medication will be added to the formulary when it is available on the market.

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 patient cases. If your Amerigroup patient cannot be converted to a formulary alternative for medical reasons, 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/GA>.

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