

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our fourth quarter 2019, and first and second quarters of 2020 pharmacy and therapeutics committee meetings.

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

Effective for all patients on November 1, 2020			
Therapeutic class	Drug	Revised status	Potential alternatives
ACNE PRODUCTS	(PRESCRIPTION) BP FOAMING WASH 10% BENZOYL PEROXIDE AER 9.8% BENZEPRO AER 5.3% BENZEPRO SC AER 9.8% BP WASH 7% BP WASH 2.5% BP FOAM AER 5.3% BP FOAM AER 9.8% RIAX AER 5.5% RIAX AER 9.5%	NON-PREFERRED	(OTC) BENZOYL PEROXIDE 5% WASH BENZOYL PEROXIDE 10% WASH BPO GEL 4% BPO GEL 8% BENZOYL PEROXIDE AER 5.3%
ACNE PRODUCTS	AVAR PAD 9.5-5% AVAR CLEANSE EMULSION 10-5% AVAR LS AER 10-2% AVAR LS LIQUID 10-2% AVAR LS PAD 10-2% AVAR-E EMOLL CREAM 10-5% AVAR-E GREEN CREAM 10-5% AVAR-E LS CREAM 10-2% BENZEFOAM AER 9.8% BENZEPRO MIS 6% BENZOYL PER AER 9.8% BP 10-1 EMULSION BP CLEANSING EMULSION 10-4% BPO GEL 4% BPO GEL 8% BPO CLOTHS MIS 6% CLINDACIN KIT ETZ 1% CLINDACIN KIT PAC 1% ENZOCLEAR AER 9.8% INOVA KIT 4% INOVA KIT 8% NEUAC KIT 1.2-5% PLEXION CRE 9.8-4.8% PLEXION LIQ 9.8-4.8%	NON-PREFERRED	BENZOYL PER LIQ WASH BP FOAM BP WASH CLINDAMYCIN GEL 1% CLINDAMYCIN SOL 1% PANOXYL WASH LIQ PERSA-GEL 10% TRETINOIN CREAM TRETINOIN GEL

	PLEXION LOT 9.8-4.8% ROSANILEMU CLEANSER SOD SUL/SULF CRE 10-2% SOD SUL/SULF CRE 10-5% SOD SUL/SULF CRE 9.8-4.8% SOD SUL/SULF EMU 10-5% SOD SUL/SULF KIT SOD SUL/SULF LIQ 10-2% SOD SUL/SULF LIQ 9.8-4.8% SOD SUL/SULF LIQ 9-4.5% SOD SUL/SULF LIQ WASH SOD SUL/SULF LOT 10-5% SOD SUL/SULF LOT 9.8-4.8% SOD SUL/SULF PAD 10-4% SOD SUL/SULF SUS 10-5% SOD SUL/SULF SUS 8-4% SSS CRE 10%-5% SSS 10-5 AER 10-5% SULF/SUNSCRN KIT 9-4.5% SULFACLEANSE SUS 8-4% SUMADAN KIT SUMADAN WASH LIQ 9-4.5% SUMADAN XLT KIT 9-4.5% SUMAXIN PAD 10-4% SUMAXIN CP KIT SUMAXIN TS SUS 8-4% SUMAXIN WASH LIQ 9-4%		
CARAFATE	SUCRALFATE SUS 1GM/10ML	NON- PREFERRED	SUCRALFATE TAB 1GM
CORTICOSTEROIDS - TOPICAL	CLODAN KIT 0.05% DERMA SILKRX KIT SDS PAK DERMACINRX KIT SILPAK DERMA-SMOOTH OIL /FS SCLP DERMAWERX PAK SDS DERMAZONE MIS ELLZIA PAK PAK 0.1%/5% HC PRAMOXINE CRE 2.5-1% NUTRIARX KIT CREAMPAK SANADERMRX KIT SKIN REP SILAZONE PAK PHARMAPA SILAZONE-II PAK SYNALAR KIT 0.025% SYNALAR TS KIT 0.01% TRI-SILA KIT 0.1-5%	NON-PREFERRED	CLOBETASOL CREAM 0.05% HYDROCORTISONE CREAM 1% MOMETASONE CREAM 0.1% TRIAMCINOLON CREAM 0.1%
DIABETIC SUPPLIES LANCETS	LANCETS MANUFACTURER: ABLE DIAGNOSTIC ACCESS DIABETIC SUPPLY ACCESS LLC ACON LABORATORIES	PREFERRED On May 1, 2020	N/A

	AMBIMEDINC ARKRAY USA CHAIN DRUG CONSORTIUM COVIDIEN MEDICAL SUPPLIES CVS PHARMACY HEALTHCARE CVS/PHARMACY DELTA HI-TECH DIATHRIVE FACET TECHNOLOGIES FIFTY50 PHARMACEUTICALS FUTURA MEDICAL CORPORATION GLUCO PERFECT H&H WHOLESALE INC HARRINGTON HARRINGTON HOLD HEALTH ALLIANCE HTL-STREFA HY-VEE INFOPIA USA INTERNATIONAL VITAMIN CORPORATION I-SENS KMR PHARMACEUTICALS LINKS MEDICAL LIVONGO HEALTH MEDICAL PLASTIC DEVICES MEDICINE SHOPPE MEDICORE MEDLINE INDUS MEIJER NIPRO DIAGNOSTICS NOVA BIOMEDICAL ONE PHARMA & MEDICAL SUPPLY ONE PHARMACEUTICALS OWEN MUMFORD PERRIGO DIABETES CARE PERRIGO-WALMART PHARMAVITE PROGRESSIVE HEALTH RELIAMED RITE AID CORPORATION SAM'S WEST SELECT BRAND SHERWOOD MEDICAL TELCARE INC. THERASENSE INC. TOPCO WALGREENS WAL-MART STORES		
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DIABETIC SUPPLIES LANCETS	LANCETS MANUFACTURER: FUTURE	NON-PREFERRED	SEVERAL ALTERNATIVES ABOVE
ESTROGEN COMBINATIONS	PREMPRO TAB 0.3-1.5 PREMPRO TAB 0.45-1.5 PREMPRO TAB 0.625-2.5 PREMPRO TAB 0.625-5 PREMPHASE TAB	NON- PREFERRED WITH GRAND- FATHERING	JEVANTIQUE TAB JINTELI TAB MIMVEY LOTAB MIMVEY TAB NORETHINDRONE ACETATE- ETHINYL ESTRADIOL TAB FYAVOLV TAB AMABELZ TAB LOPREEZA TAB
HIV PROPHYLAXIS	DESCOVY TAB	NON-PREFERRED WITH STEP EDIT	TRUVADA TAB
RAPID ACTING INSULINS¹	(AUTHORIZED GENERIC NOVOLOG) INSULIN ASPART INJ 100/ML INSULIN ASPART INJ PENFILL INSULIN ASPART INJ FLEXPEN	PREFERRED	N/A
INSULINS	(BRAND) NOVOLOG MIX INJ 70/30 NOVOLOG MIX INJ FLEXPEN HUMALOG MIX INJ 75/25KWP	NON-PREFERRED	(GENERIC) INSULIN ASPART/ASPART PROTAMINE INJ 70/30 INSULIN ASPART/PROTAMINE 70/30 FLEXPEN INSULIN LISPRO/LISPRO PROTAMINE 75/25 KWIKPEN
SSRIS	FLUOXETINE TAB 10MG FLUOXETINE TAB 20MG	NON- PREFERRED WITH GRAND- FATHERING	FLUOXETINE CAP 10MG FLUOXETINE CAP 20MG
SNRIS	VENLAFAXINE TAB 37.5 ER VENLAFAXINE TAB 75MG ER VENLAFAXINE TAB 150MG ER VENLAFAXINE TAB 225MG ER	NON- PREFERRED WITH GRAND- FATHERING	VENLAFAXINE CAP 37.5 ER VENLAFAXINE CAP 75MG ER VENLAFAXINE CAP 150MG ER
TETRACYCLINES	TETRACYCLINE CAP 250MG TETRACYCLINE CAP 500MG	NON- PREFERRED	DOXYCYCLINE MONOHYDRATE CAP MINOCYCLINE CAP
TOPICAL STEROIDS	SCALPICIN SOL 1% NOBLE FORMUL SPR 1% SCALP RELIEF SOL 1% RA ANTI-ITCH SPR 1%	PREFERRED	N/A
	TEXACORT SOL 2.5%	NON- PREFERRED WITH PA	SCALPICIN SOL 1% NOBLE FORMUL SPR 1% SCALP RELIEF SOL 1% RA ANTI-ITCH SPR 1%
LONG-ACTING DILTIAZEM	(DILTIAZEM ER 12 HOUR CAPSULE) DILTIAZEM CAP 60MG ER	NON-PREFERRED	DILTIAZEM CAP ER (GENERIC TIAZAC)

	DILTIAZEM CAP 90MG ER DILTIAZEM CAP 120MG ER DILTIAZEM CAP 300MG ER DILTIAZEM CAP 360MG ER (DILTIAZEM LA 24 HOUR TABLET) DILTIAZEM ER TAB 180MG DILTIAZEM ER TAB 240MG DILTIAZEM ER TAB 300MG DILTIAZEM ER TAB 360MG DILTIAZEM ER TAB 420MG MATZIM LA TAB 180MG/24 MATZIM LA TAB 240MG/24 MATZIM LA TAB 300MG/24 MATZIM LA TAB 360MG/24 MATZIM LA TAB 420MG/24		DILTIAZEM CAP CD (GENERIC CARDIZEM CD) CARTIAXT CAP TIADYLT CAP
	TIAZACCAP 420MG/24	PREFERRED	N/A
INFLAMMATORY BOWEL AGENTS	AVSOLA INJ 100MG	PREFERRED WITH PA	N/A
OPHTHALMIC ANTIHISTAMINES	OTC PATADAY SOLUTION 0.1%	PREFERRED	N/A
TOPICAL NSAIDS	OTC VOLTAREN GEL 1%	PREFERRED WITH PA	N/A
CONTINUOUS GLUCOSE MONITORS¹	DEXCOM FREESTYLE LIBRE SENSORS, TRANSMITTERS, RECEIVERS	PREFERRED WITH PA	N/A
CYCLOPLEGIC MYDRIATICS	ATROPINE SULFATE OPHTHALMIC 1% OINTMENT	NON-PREFERRED	ATROPINE SUL OPHTHALMIC 1% SOLUTION
DIETARY MANAGEMENT PRODUCTS	ELFOLATE TAB 7.5MG	NON-PREFERRED	N/A
KERATOLYTIC/ANTIMITOTIC AGENTS	BENSAL HP OIN SALICYLICAER 6% SALICYLICAC CRE 6% SALICYLICAC GEL 6% SALICYLICAC KIT 6% SALICYLICAC KIT 6% CREAM SALICYLICAC KIT 6% LOTN SALICYLICAC LIQ27.5% SALICYLICAC LOT 6% SALICYLICAC SHA 6% SALICYLICAC SOL 26% SALICYLICAC SOL 28.5% ER SALIMEZ CRE 6% SALVAX AER 6%	NON-PREFERRED	PODOFILOX SOLUTION 0.5%
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE LOT 3% LIDO-K LOT 3% LIDOZION LOT 3% QUTENZA KIT 8% 1-PCH	NON-PREFERRED	OTC LIDOCAINE

	QUTENZA KIT 8% 2-PCH ZIONODIL LOT 3%		
MIGRAINE COMBINATIONS	MIGRANOW PAK	NON-PREFERRED	ERGOT/CAFFEN TAB 1-100MG ISOMETH/APAP CAP DICHLOR
MISC. DEVICES	ALCOH-WIPE MIS 12"X12" ALCOHOL PREP PAD PADS 70% (MANUFACTURED BY SIMPLE DIAGNOSTICS)	NON-PREFERRED	SEVERAL ALTS AVAILABLE
MULTIPLE VITAMINS W/ CALCIUM	ADVANCED MISAM/PM	NON-PREFERRED	OTC GENERIC MULTIVITAMINS
NASAL AGENTS - MISC.	TICANASE PAK 50-2.7	NON-PREFERRED	SALINE NASAL SPRAY 0.65%
NITRATES	NITROGLYCER CAP 2.5MG ER NITROGLYCER CAP 6.5MG ER NITROGLYCER CAP 9MG ER NITRO-TIME CAP 2.5MG CR NITRO-TIME CAP 6.5MG CR NITRO-TIME CAP 9MG CR	NON-PREFERRED	ISOSORB DIN TABLET NITROGLYCERIN SUBLINGUAL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	KETOPROFEN 25MG CAP	NON-PREFERRED	IBUPROFEN TABLET NAPROXEN TABLET
OPHTHALMIC ANTI-INFECTIVES	KLARITY-A DRO 1%	NON-PREFERRED	GENTAMICIN OOPHTHALMIC 0.3% SOLUTION
OPIOID AGONISTS	HYDROMORPHON SUP 3MG MORPHINE SUL SUP 10MG MORPHINE SUL SUP 20MG MORPHINE SUL SUP 30MG MORPHINE SUL SUP 5MG	NON-PREFERRED	HYDROMORPHONE TABLET MORPHINE SULFATE TABLET
OTIC COMBINATIONS	CORTANE-B DRO OTIC EXOTIC-HC DRO OTIC	NON-PREFERRED	CORTIC-ND DROPS NEO/POLY/HC OTIC 1% SOLUTION
POTASSIUM	EFFER-K TAB 25MEQ EF K-EFFERVESCE TAB 25MEQ EF KLOR-CON/EF TAB 25MEQFR K-VESCENT TAB 25MEQ EF POT CHLORIDE TAB 25MEQEF	NON-PREFERRED	POT CHLORIDE 20MEQER TABLET
RECTAL COMBINATIONS	LIDOCAINE/HCCRE 3%-0.5%	NON-PREFERRED	HEMORRHOIDAL OINTMENT
ROSACEA AGENTS	ROSADAN KIT 0.75%	NON-PREFERRED	METRONIDAZOLE CREAM 0.75% METRONIDAZOLE GEL 0.75%
URINARY ANTI-INFECTIVES	METHENAM MAN TAB 1000MG METHENAM MAN TAB 1GM METHENAM MAN TAB 500MG	NON-PREFERRED	NITROFUR MACCAPSULE NITROFURANTN CAPSULE

UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2020
NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY

ACE INHIBITORS	EPANED SOLUTION 1MG/ML QBRELIS SOLUTION 1MG/ML	UPDATE QL: 8 - 150 ML BOTTLES PER 30 DAYS (40 ML PER DAY)
ACNE PRODUCTS	ACNE MEDICATED GEL 5% ACNE MEDICATED GEL 10%	ADD QL: 42.5 GRAMS PER 30 DAYS
	ACZONE GEL 5% ACZONE GEL 7.5%	ADD QL: 60 GRAMS PER 30 DAYS
	ALTRENO LOTION 0.05%	ADD QL: 45 GRAMS PER 30 DAYS
	ATRALIN GEL 0.05%	ADD QL: 45 GRAMS PER 30 DAYS
	AVITA CREAM 0.025% AVITA GEL 0.025%	ADD QL: 45 GRAMS PER 30 DAYS
	BENZOYL PER GEL 2.5% BENZOYL PER GEL 5% BENZOYL PER GEL 10%	ADD QL: 180 GRAMS PER 30 DAYS
	BPO GEL 4% BPO GEL 8%	ADD QL: 42.5 GRAMS PER 30 DAYS
	CLEOCIN-T GEL 1%	ADD QL: 60 GRAMS PER 30 DAYS
	CLEOCIN-T LOTION 1% CLEOCIN-T SOLUTION 1%	ADD QL: 4 ML PER DAY
	CLEOCIN-T PAD 1%	ADD QL: 2 PLEDGETS PER DAY
	EPIDUO GEL 0.1-2.5% EPIDUO FORTE GEL 0.3-2.5%	ADD QL: 45 GRAMS PER 30 DAYS
	FABIOR AER 0.1%	ADD QL: 50 GRAMS PER 30 DAYS
	RETIN-A GEL 0.01% RETIN-A GEL 0.025% RETIN-A CREAM 0.025% RETIN-A CREAM 0.05% RETIN-A CREAM 0.1%	ADD QL: 45 GRAMS PER 30 DAYS
	RETIN-A MICR GEL 0.04%PMP RETIN-A MICR GEL 0.08% RETIN-A MICR GEL 0.1%PUMP	ADD QL: 50 GRAMS PER 30 DAYS
	RETIN-A MICR GEL 0.04% RETIN-A MICR GEL 0.1%	ADD QL: 45 GRAMS PER 30 DAYS
	RETIN-A MICR GEL 0.06%	ADD QL: 50 GRAMS PER 30 DAYS
	ALTRENO LOTION 0.05%	ADD PA
	ARAZLO LOTION 0.045%	ADD PA ADD QL: 45 GRAMS PER 30 DAYS

	TRETIN-X0.0375% CREAM TRETIN-X0.075% CREAM	ADD QL: 35 GRAMS PER 30 DAYS
	AVAGE CREAM 0.1%	ADD QL: 30 GRAM TUBE PER 30 DAYS
	REFISSA CREAM 0.05% RENOVA CREAM 0.02%	ADD QL: 40 GRAMS PER 30 DAYS
	RENOVA PUMP CREAM 0.02%	ADD QL: 44 GRAMS PER 30 DAYS
ANTIHISTAMINES - ALKYLAMINES	MICLARA LQ LIQUID 1.25/5	ADD QL: 40 ML PER DAY
ANTINEOPLASTIC - ANTIBODIES	TRODELVY SOLUTION 180MG DARZALEX SOLUTION 100MG/5ML DARZALEX SOLUTION 400MG/20 DARZALEX SOLUTION FASPRO	ADD PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	VANTAS KIT 50MG	ADD PA ADD QL: 1 IMPLANT PER YEAR
ANTINEOPLASTIC – IMMUNO- MODULATORS	POMALYST CAPSULE 1MG POMALYST CAPSULE 2MG	UPDATE QL: 1 MG: INCREASE FROM 4 TO 5 PER DAY 2 MG: DECREASE FROM 2 TO 1 PER DAY
ANTINEOPLASTIC ANTIBIOTICS	JELMYTO INJ 40MG	ADD PA
ANTINEOPLASTIC ENZYME INHIBITORS	KOSELUGO CAPSULE 10MG KOSELUGO CAPSULE 25MG	ADD PA ADD QL: 10 MG: 8 PER DAY 25 MG: 4 PER DAY
	TUKYSA TABLET 50MG TUKYSA TABLET 150MG	ADD PA ADD QL: 4 TABLETS PER DAY
	QINLOCK TABLET 50MG	ADD PA ADD QL: 3 TABLETS PER DAY
	TABRECTA TABLET 150MG TABRECTA TABLET 200MG	ADD PA ADD QL: 4 TABLETS PER DAY
	RETEVMO CAPSULE 40MG RETEVMO CAPSULE 80MG	ADD PA ADD QL: 40 MG: 6 CAPS PER DAY 80 MG: 4 CAPS PER DAY
	PEMAZYRE TABLET 4.5MG PEMAZYRE TABLET 9MG PEMAZYRE TABLET 13.5MG	ADD PA ADD QL: 14 TABS PER 21 DAYS
	RUBRACA TABLET 200MG	UPDATE QL: DECREASE FROM 6 PER DAY TO 4 PER DAY
ANTIPSORIATICS	TAZORAC GEL 0.05% TAZORAC GEL 0.1%	ADD QL: 30 GRAMS PER 30 DAYS

	TAZORAC CREAM 0.05% TAZORAC CREAM 0.1%	
ASTHMA PRODUCTS	ARMONAIR DIGIHALER*	ADD PA ADD QL: 1 INHALER PER 30 DAYS
BETA-BLOCKERS - OPHTHALMIC	BETAXOLOL SOLUTION 0.5% OP	ADD QL: 15 ML PER 30 DAYS
CALCITONIN GENE- RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	AJOVY INJ 225/1.5	ADD QL: AUTOINJECTOR - 3 PER 90 DAYS
CALCIUM CHANNEL BLOCKERS	CONJUPRI*	ADD PA ADD QL: 1 TABLET PER DAY
	VERELAN PM CAPSULE 200MG ER	UPDATE QL: CHANGE FROM 1 PER DAY TO 2 PER DAY
DIABETIC OTHER	GLUCAGEN INJ HYPOKIT	UPDATE QL: 2 KITS PER 30 DAYS
EPINEPHRINE	EPINEPHRINE AUTO INJECTORS 0.15MG EPINEPHRINE AUTO INJECTORS 0.3MG	UPDATE QL: 4 FILLS PER YEAR
ESTROGEN COMBINATIONS	ORIAHNN CAPSULE	ADD PA ADD QL: 1 CARTON PER 28 DAYS
HEMATOPOIETIC GROWTH FACTORS	PROMACTA POWDER FOR SUSPENSION 12.5MG	UPDATE QL: 12.5 MG ORAL SUSPENSION - 1 UNIT DOSE PACK PER DAY
HEPATITIS AGENTS	EPCLUSA TABLET 400-100	ADD QL: 1 TABLET PER DAY
IMMUNO- SUPPRESSIVE AGENTS	ZORTRES TABLET 0.25MG ZORTRES TABLET 0.5MG ZORTRES TABLET 0.75MG ZORTRES TABLET 1MG	REMOVE QL
INSULIN	HUMALOG MIX SUSPENSION 75/25 NOVOLOG MIX INJ 70/30	ADD ST
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS	TEPEZZA INJ 500MG	ADD PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	FENSOLVI INJ 45MG	ADD PA ADD QL: 1 KIT PER 24 WEEKS
MULTIPLE SCLEROSIS AGENTS	ZEPOSIA 7DAY CAPSULE STR PACK ZEPOSIA CAPSULE .92MG ZEPOSIA CAPSULE STR KIT	ADD PA ADD QL: STARTER PACK: 1 PACK/FILL, ONE TIME STARTER KIT: 1 KIT PER FILL, ONE TIME 0.92MG CAPSULE: 1 PER DAY

NONSTEROIDAL ANTI- INFLAMMATORY AGENTS (NSAIDS)	KETOPROFEN CAPSULE 25MG	ADD QL: 8 CAPSULES PER DAY
	KETOPROFEN CAPSULE 75MG	ADD QL: 4 CAPSULES PER DAY
	KETOROLAC INJ 60MG/2ML	ADD QL: 1 INJECTION (2 ML) PER 30 DAYS WITH OVERRIDE CRITERIA
	DAYPRO TABLET 600MG	ADD QL: 2 TABLETS PER DAY
	DICLOFENAC TABLET 25MG DR	ADD QL: 5 TABLETS PER DAY
	DICLOFENAC TABLET 50MG DR	ADD QL: 4 TABLETS PER DAY
	DICLOFENAC TABLET 75MG DR DICLOFENAC TABLET 100MG ER	ADD QL: 2 TABLETS PER DAY
	ETODOLAC CAPSULE 200MG	ADD QL: 4 CAPSULES PER DAY
	ETODOLAC CAPSULE 300MG	ADD QL: 3 CAPSULES PER DAY
	ETODOLAC TABLET 500MG	ADD QL: 2 TABLETS PER DAY
	ETODOLAC ER TABLET 400MG ETODOLAC ER TABLET 500MG	ADD QL: 2 TABLETS PER DAY
	ETODOLAC ER TABLET 600MG	ADD QL: 1 TABLET PER DAY
	FELDENE CAPSULE 10MG FELDENE CAPSULE 20MG	ADD QL: 1 CAPSULE PER DAY
	FLURBIPROFEN TABLET 100MG	ADD QL: 3 TABLETS PER DAY
	FLURBIPROFEN TABLET 50MG	ADD QL: 4 TABLETS PER DAY
	IBUPROFEN TABLET 400MG IBUPROFEN TABLET 600MG IBUPROFEN TABLET 800MG	ADD QL: 4 TABLETS PER DAY
	INDOCIN SUPPOSITORY 50MG	ADD QL: 4 SUPPOSITORIES PER DAY
	LODINE TABLET 400MG	ADD QL: 2 TABLETS PER DAY
	MECLOFEN SOD CAPSULE 50MG MECLOFEN SOD CAPSULE 100MG	ADD QL: 4 CAPSULES PER DAY
	NAPROXEN SOD TABLET 275MG	ADD QL: 4 TABLETS PER DAY
	NAPROXEN SOD TABLET 550MG	ADD QL: 2 TABLETS PER DAY
	SULINDAC TABLET 150MG SULINDAC TABLET 200MG	ADD QL: 2 TABLETS PER DAY

	TOLMETIN SOD CAPSULE 400MG TOLMETIN SOD TABLET 600MG	ADD QL: 3 TABLETS/CAPSULES PER DAY
OREXIN RECEPTOR ANTAGONISTS	DAYVIGO TABLET 5MG DAYVIGO TABLET 10MG	ADD PA ADD QL: 1 TABLET PER DAY
PRENATAL VITAMINS	CITRANATAL TAB BLOOM PNV PRENATAL TAB PLUS PR NATAL 400 PAK PR NATAL 400 PAK EC PR NATAL 430 PAK PR NATAL 430 PAK EC PREFERAOB MIS+DHA PRENA1 TRUE PRENAISSANCE HARMONY DHA TREVEEN-DUO DHA TRI-TABSDHA MIS VENA-BAL MIS DHA VP-HEME OB MIS + DHA	ADD QL: 1 TABLET PER DAY
PROSTAGLANDINS - OPTHALMIC	DURYSTA IMPLANT 10MCG	ADD PA ADD QL: 2 APPLICATORS PER LIFETIME
PROTON PUMP INHIBITORS	(GENERIC ONLY) OMEPRAZOLE CAPSULE 10MG OMEPRAZOLE CAPSULE 20MG OMEPRAZOLE CAPSULE 40MG OMEPRAZOLE TABLET 20MG DR OMEPRAZOLE CAPSULE 20.6MGDR	REMOVE QL
	(GENERIC ONLY) PANTOPRAZOLE TABLET 20MG PANTOPRAZOLE TABLET 40MG	REMOVE QL
ROSACEA AGENTS	FINACEA GEL 15% FINACEA AER 15%	ADD QL: 50 GRAMS PER 30 DAYS
	METROCREAM CREAM 0.75%	ADD QL: 45 GRAMS PER 30 DAYS
	METROGEL GEL 1%	ADD QL: 60 GRAMS PER 30 DAYS
	METROGEL GEL 1%	ADD QL: 55 GRAMS PER 30 DAYS
	METROLOTION LOTION 0.75%	ADD QL: 59 ML PER 30 DAYS
	NORITATE CREAM 1%	ADD QL: 60 GRAMS PER 30 DAYS
	ROSDAN CREAM 0.75% ROSDAN GEL 0.75%	ADD QL: 45 GRAMS PER 30 DAYS
	SOOLANTRA CREAM 1%	ADD QL: 30 GRAMS PER 30 DAYS

	ORACEA CAPSULE 40MG	ADD QL: 1 CAPSULE PER DAY
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¹THIS CHANGE WILL BE EFFECTIVE ON 07/01/2020

*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 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/GA>.

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