Amerigroup RealSolutions in healthcare

Provider update

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our March 29, 2017, pharmacy and therapeutics committee meeting.

Effective August 1, 2017, the changes outlined below apply to all Amerigroup patients. Remember to read the footnotes at the end of the table.

Effective for all patients on August 1, 2017			
Therapeutic class	**Drug**	**Revised status**	**Potential alternatives**
THERAPY FOR ACNE	DIFFERIN 0.1% GEL (OTC PRODUCT)	PREFERRED	N/A
ANTICOAGULANTS	(BRAND ONLY) COUMADIN 1 MG TABLET COUMADIN 2 MG TABLET COUMADIN 2.5 MG TABLET COUMADIN 3 MG TABLET COUMADIN 4 MG TABLET COUMADIN 5 MG TABLET COUMADIN 6 MG TABLET COUMADIN 7.5 MG TABLET COUMADIN 10 MG TABLET	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	WARFARIN TABLET JANTOVEN TABLET
BETA AGONIST INHALERS	XOPENEX HFA INHALER	REVISE QL* 2 INHALERS PER 30 DAYS	N/A
INSULIN THERAPY	NOVOLOG 100 UNITS/ML FLEXPEN NOVOLOG 100 UNIT/ML CARTRIDGE HUMALOG 100 UNITS/ML KWIKPEN HUMALOG 200 UNITS/ML KWIKPEN HUMALOG 100 UNITS/ML CARTRIDGE	ADD QUANTITY LIMIT* (QL) 30 ML PER 30 DAYS	N/A
INSULIN THERAPY	HUMULIN R 500 UNITS/ML VIAL HUMULIN R 500 UNITS/ML KWIKPEN	REVISE QL* 21 ML PER 30 DAYS	N/A
LAMA AND LAMA/LABA PRODUCTS	SPIRIVA 18 MCG CP-HANDIHALER	NONPREFERRED WITH STEP THERAPY	SPIRIVA RESPIMAT 2.5 MCG INHALER SPIRIVA RESPIMAT 1.25 MCG INHALER
PROGESTINS	HYDROXYPROGESTERONE 1.25 G/5ML	PREFERRED WITH PA	N/A
TOPICAL ANESTHETICS	LIDOCAINE HCL 4% SOLUTION	QL ADDED* 10 ML PER DAY	N/A
TOPICAL ANESTHETICS	LIDOCAINE 5% OINTMENT	QL REVISED* 5 GMS PER DAY	N/A
TOPICAL METRONIDAZOLE	METRONIDAZOLE TOPICAL 1% GEL METRONIDAZOLE TOP 1% GEL PUMP	PREFERRED	N/A
TOPICAL STEROIDS	CLOBETASOL PROPIONATE 0.05% SOLUTION, NON-ORAL CORMAX 0.05% SOLUTION, NON-ORAL	QL REVISED* 50 GMS PER 30 DAYS	N/A
TOPICAL STEROIDS	PANDEL 0.1% CREAM (GRAM)	QL REVISED* 80 GM PER 30 DAYS	N/A
TOPICAL STEROIDS	TRIAMCINOLONE ACETONIDE 0.5% OINTMENT (GRAM)	QL REVISED* 30 GMS PER 30 DAYS	N/A

TOPICAL STEROIDS	CLOCORTOLONE PIVALATE 0.1% CREAM (GRAM) CLODERM 0.1% CREAM (GRAM)	QL REVISED* 90 GMS PER 30 DAYS	N/A
TOPICAL STEROIDS	TRIANEX 0.05% OINTMENT (GRAM)	QL REVISED* 430 GMS PER 30 DAYS	N/A
TOPICAL STEROIDS	TRIAMCINOLONE ACETONIDE 0.025% CREAM (GRAM) TRIAMCINOLONE ACETONIDE 0.1% CREAM (GRAM) TRIDERM 0.1% CREAM (GRAM)	QL REVISED* 454 GMS PER 30 DAYS	N/A
VAGINAL ESTROGENS	PREMARIN VAGINAL CREAM	NONPREFERRED WITH STEP THERAPY	YUVAFEM 10 MCG VAGINAL INSERT
VAGINAL ESTROGENS	YUVAFEM 10 MCG VAGINAL INSERT	PREFERRED	N/A
XANTHINES	(BRAND ONLY) ELIXOPHYLLIN 80 MG/15 ML ELIX	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	THEOPHYLLINE 80 MG/15 ML SOLN
XANTHINES	(BRAND ONLY) THEO-24 ER 100 MG CAPSULE THEO-24 ER 200 MG CAPSULE THEO-24 ER 300 MG CAPSULE THEO-24 ER 400 MG CAPSULE	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	THEOPHYLLINE ER TABLETS
XANTHINES	THEOPHYLLINE ER 400 MG TABLET THEOPHYLLINE ER 600 MG TABLET	PREFERRED	N/A

* Indicates no changes in Preferred/Nonpreferred status revision or addition to UM edit only.

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.

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