

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our fourth quarter 2019 pharmacy and therapeutics committee meeting.

Effective May 1, 2020, the changes outlined below apply to all Amerigroup Community Care members.

EFFECTIVE FOR ALL PATIENTS ON MAY 1, 2020			
Therapeutic class	Drug	Revised status	Potential alternatives
TOPICAL ANESTHETICS	(GENERIC OTC CAPSAICIN) CAPSAICIN CREAM 0.025% DOULEURIN LOTION CAPSAICIN XL PAD 0.025% CAPSAICIN CREAM 0.1% MENTHOZEN CREAM ALLEVESS PAD 0.05-5% BIO-THERM LOTION	PREFERRED	N/A
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	(GENERIC SYMBICORT) BUDESONIDE/FORMOTEROL AER 80-4.5 BUDESONIDE/FORMOTEROL AER 160-4.5	PREFERRED	N/A
PLATELET AGGREGATION INHIBITORS	BRILINTA TAB 60MG BRILINTA TAB 90MG PRASUGREL TAB 5MG PRASUGREL TAB 10MG	PREFERRED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2020			
<i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ANTIMYCOBACTERIAL AGENTS	PRETOMANID TAB 200MG	ADD PRIOR AUTHORIZATION (PA)	
ANTINEOPLASTIC AGENTS	ZEVALIN KIT Y-90 AZEDRA DOSIM INJ 15MCI/ML AZEDRA THERA INJ 15MCI/ML	ADD PA	
ANTINEOPLASTIC AGENTS	HERCEPTIN HYLEC SOL 60-10000	ADD STEP THERAPY (ST)	
ANTINEOPLASTIC AGENTS	BRUKINSA CAPSULE 80MG	ADD PA AND QUANTITY LIMIT (QL) QL: 4 CAPS PER DAY	
ANTINEOPLASTIC AGENTS	INREBIC CAPSULE 100MG	ADD PA AND QL QL: 4 CAPS PER DAY	
ANTINEOPLASTIC AGENTS	ROZLYTREK CAPSULE 100MG ROZLYTREK CAPSULE 200MG	ADD PA AND QL 100 MG CAPSULE QL: 1 CAPS PER DAY 200 MG CAPSULE QL: 3 CAPS PER DAY	
ANTIRETROVIRALS	APTIVUS SOLUTION APTIVUS CAP 250MG	ADD PA	
ANTIRETROVIRALS	DESCOVY TAB 200/25	ADD ST	

ANTISPASMODICS	GLYCOPYRROLATE TAB 1.5MG	ADD PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	KHAPZORY SOL 175MG KHAPZORY SOL 300MG	ADD PA
DIGESTIVE ENZYMES	CREON CAPSULES PANCREAZE CAPSULES PERTZYE CAPSULES VIOKACE TABLETS ZENPEP CAPSULES	ADD PA
ESTROGEN COMBINATIONS	DUAVEE TAB 0.45-20	ADD PA
ESTROGENS	DEPO-ESTRADIOL INJ 5MG/ML	ADD PA
OPHTHALMIC AGENTS	BEOVU INJ 6/0.05ML	ADD PA
URINARY STONE AGENTS	THIOLA TAB 100MG THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD PA
HEMATOLOGICAL AGENTS - MISC.	GIVLAARI INJ 189MG/ML	ADD PA
ANTIHEMOPHILIC PRODUCTS	ESPEROCT INJ 3000UNIT	ADD PA
ORAL DIABETIC AGENTS	RYBELSUS 3 MG TABLETS RYBELSUS 7 MG TABLETS RYBELSUS 14 MG TABLETS	ADD ST AND QL 3 MG TABLET QL: 1 CARTON (30 TABLETS), PER ONE TIME FILL. 7 MG, 14 MG TABLET QL: 1 CARTON (30 TABLETS) PER 30 DAYS
AGENTS FOR SICKLE CELL ANEMIA	OXBRYTA TAB 500MG	ADD PA AND QL QL: 3 TABLETS PER DAY
AGENTS FOR SICKLE CELL ANEMIA	ADAKVEO INJ 100/10ML	ADD PA AND QL
BIOSIMILAR	CYTELZO INJECTION*	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
BIOSIMILAR	HADLIMA INJECTION*	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
BIOSIMILAR	ETICOVO SYRINGE	ADD PA AND QL 25 MG/0.5 ML PREFILLED SYRINGE QL: 8 SYRINGES PER 28 DAYS 50 MG/ML PREFILLED SYRINGE QL: 4 SYRINGES PER 28 DAYS
ANTIRHEUMATIC - ENZYME INHIBITORS	RINVOQ TAB 15MG ER	ADD PA AND QL QL: 1 TABLET PER DAY
MULTIPLE SCLEROSIS AGENTS	VUMERITY CAPSULE 231MG	ADD PA AND QL QL: 4 CAPS PER 30 DAYS
CYSTIC FIBROSIS AGENTS	TRIKAFTA TABLET	ADD PA AND QL QL: 1 CARTON (84 TABLETS) PER 28 DAYS
ANTIPARKINSON ADJUVANTS	NOURIANZ TABLET 20MG NOURIANZ TABLET 40MG	ADD PA AND QL QL: 1 TABLET PER DAY
ANTI-NARCOLEPSY AGENTS	WAKIX TAB 4.45MG WAKIX TAB 17.8MG	ADD PA AND QL QL: 2 TABS PER DAY
LHRH/GNRH AGONIST	LUPRON DEPOT-PED INJ 11.25 MG	ADD PA AND QL QL: 1 KIT PER 84 DAYS
ANTIRETROVIRALS	DELSTRIGO TABLET	REMOVE PA

ANGIOTENSIN II RECEPTOR ANTAGONISTS	EDARBI 40 MG TABLET EDARBI 80 MG TABLET ATACAND 32 MG TABLET EPROSARTAN 600 MG TABLET OLMESARTAN 20 MG TABLET OLMESARTAN 40 MG TABLET MICARDIS 20 MG TABLET	ADD QL 1 TABLET PER DAY
ANGIOTENSIN II RECEPTOR ANTAGONISTS	ATACAND 4 MG TABLET ATACAND 8 MG TABLET ATACAND 16 MG TABLET	ADD QL 2 TABLETS PER DAY
ANTIADRENERGIC ANTIHYPERTENSIVES	CATAPRES-TTS DIS 0.1/24HR CATAPRES-TTS DIS 0.2/24HR CATAPRES-TTS DIS 0.3/24HR	ADD QL 8 PATCHES PER MONTH
ANTIADRENERGIC ANTIHYPERTENSIVES	CATAPRES 0.1 MG TABLET CATAPRES 0.2 MG TABLET CATAPRES 0.3 MG TABLET	ADD QL 10 TABLETS PER DAY
ANTIADRENERGIC ANTIHYPERTENSIVES	GUANFACINE 1 MG TABLET GUANFACINE 2 MG TABLET	ADD QL 2 TABLETS PER DAY
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	FASENRA PEN INJ 30MG/ML	30 MG (1 SYRINGE/AUTOINJECTOR) EVERY 8 WEEKS
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	NUCALA 100 MG VIAL NUCALA 100 MG/ML PREFILLED SYRINGE/AUTOINJECTOR	ADD QL 100 MG (1 VIAL/SYRINGE/AUTOINJECTOR) EVERY 4 WEEKS
ANTIDEMENTIA AGENTS	GALANTAMINE 4 MG/ML ORAL SOLUTION	ADD QL 6ML PER DAY
ANTIDEMENTIA AGENTS	RAZADYNE ER 8 MG CAPSULE RAZADYNE ER 16 MG CAPSULE RAZADYNE ER 24 MG CAPSULE	ADD QL 1 TABLET PER DAY
ANTIDEMENTIA AGENTS	EXELON PATCH 9.5 MG/24 HR TRANSDERMAL EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL	ADD QL 1 PATCH PER DAY
ANTIDEMENTIA AGENTS	RIVASTIGMINE 1.5 MG CAPSULE RIVASTIGMINE 3 MG CAPSULE RIVASTIGMINE 4.5 MG CAPSULE RIVASTIGMINE 6 MG CAPSULE	ADD QL 2 CAPSULES PER DAY
ANTIDEMENTIA AGENTS	MEMANTINE 2 MG/ML ORAL SOLUTION	ADD QL 10ML PER DAY
ANTIDIABETIC AGENTS	DUETACT 30 MG-2 MG TABLET DUETACT 30 MG-4 MG TABLET ACTOPLUS MET XR 15 MG-1,000 MG TABLET ACTOPLUS MET XR 30 MG-1,000 MG TABLET	ADD QL 1 TABLET PER DAY
ANTIDIABETIC AGENTS	ACTOPLUS MET 15 MG-850 MG TABLET	ADD QL 2 TABLETS PER DAY
ANTIDIABETIC AGENTS	ACTOPLUS MET 15 MG-500 MG TABLET	ADD QL 3 TABLETS PER DAY
ANTIHISTAMINES	ZYRTEC 10 MG TABLET	ADD QL 1 TABLET PER DAY
ANTIHISTAMINES	LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	ADD QL 10ML PER DAY
ANTIHYPERLIPIDEMICS - COMBINATIONS	VYTORIN 10 MG-10 MG TABLET EZETIMIBE 10 MG-SIMVASTATIN 20 MG TABLET EZETIMIBE 10 MG-SIMVASTATIN 40 MG TABLET EZETIMIBE 10 MG-SIMVASTATIN 80 MG TABLET	ADD QL 1 TABLET PER DAY

ANTIHYPERTENSIVE COMBINATIONS	AZOR 5 MG-20 MG TABLET AZOR 5 MG-40 MG TABLET AZOR 10 MG-20 MG TABLET AZOR 10 MG-40 MG TABLET EXFORGE 5 MG-160 MG TABLET EXFORGE 5 MG-320 MG TABLET EXFORGE 10 MG-160 MG TABLET EXFORGE 10 MG-320 MG TABLET TWINSTA 40 MG-5 MG TABLET TWINSTA 40 MG-10 MG TABLET TWINSTA 80 MG-5 MG TABLET TWINSTA 80 MG-10 MG TABLET EDARBYCLOR 40 MG-12.5 MG TABLET EDARBYCLOR 40 MG-25 MG TABLET CANDESARTAN 32 MG-HYDROCHLOROTHIAZIDE 12.5 MG TABLET CANDESARTAN 32 MG-HYDROCHLOROTHIAZIDE 25 MG TABLET MICARDIS HCT 40 MG-12.5 MG TABLET MICARDIS HCT 80 MG-25 MG TABLET EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET EXFORGE HCT 5 MG-160 MG-25 MG TABLET EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET EXFORGE HCT 10 MG-160 MG-25 MG TABLET EXFORGE HCT 10 MG-320 MG-25 MG TABLET	ADD QL 1 TABLET PER DAY ADD QL 1 TABLET PER DAY
ANTIHYPERTENSIVE COMBINATIONS	ATACAND HCT 16 MG-12.5 MG TABLET MICARDIS HCT 80 MG-12.5 MG TABLET	ADD QL 2 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	VITRAKVI SOL 20MG/ML	ADD QL 10 ML PER DAY
ANTIPARKINSON AGENTS	NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	ADD QL 1 PATCH PER DAY
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION	ADD QL 1 INJ PER 30 DAYS
BONE DENSITY REGULATORS	BONIVA 150 MG TABLET ACTONEL 150 MG TABLET	ADD QL 1 TABLET PER 30 DAYS
BONE DENSITY REGULATORS	CALCITONIN (SALMON) 200 UNIT/ACTUATION NASAL SPRAY	ADD QL 1 BOTTLE PER 30 DAYS
BONE DENSITY REGULATORS	ETIDRONATE DISODIUM 200 MG TABLET ETIDRONATE DISODIUM 400 MG TABLET	ADD QL 3 TABLETS PER DAY
BONE DENSITY REGULATORS	BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE	ADD QL 3 SYRINGES PER 30 DAYS
BONE DENSITY REGULATORS	BINOSTO 70 MG TABLET ATELVIA 35 MG TABLET	ADD QL 4 TABLETS PER 30 DAYS

BRADYKININ B2 RECEPTOR ANTAGONISTS	FIRAZYR INJ 30MG/3ML	ADD QL 24 SYRINGES PER 30 DAYS
BRONCHODILATORS - ANTICHOLINERGICS	TUDORZA PRESSAIR 400 MCG/ACTUATION INHALER	ADD QL 1 INHALER PER 30 DAYS
CALCIUM CHANNEL BLOCKERS	NYMALIZE 60 MG/20 ML ORAL SOLUTION NYMALIZE 30 MG/10 ML ORAL SOLUTION	ADD QL 12ML PER DAY
CARDIOVASCULAR AGENTS COMBINATIONS	AMLODIPINE 2.5 MG-ATORVASTATIN 10 MG TABLET AMLODIPINE 2.5 MG-ATORVASTATIN 20 MG TABLET AMLODIPINE 2.5 MG-ATORVASTATIN 40 MG TABLET CADUET 5 MG-10 MG TABLET CADUET 5 MG-20 MG TABLET CADUET 5 MG-40 MG TABLET CADUET 5 MG-80 MG TABLET CADUET 10 MG-10 MG TABLET CADUET 10 MG-20 MG TABLET CADUET 10 MG-40 MG TABLET CADUET 10 MG-80 MG TABLET	ADD QL 1 TABLET PER DAY
CENTRAL MUSCLE RELAXANTS	BACLOFEN TAB 5MG BACLOFEN TAB 10MG	ADD QL 3 TABLET PER DAY
CENTRAL MUSCLE RELAXANTS	BACLOFEN TAB 20MG METAXALONE 400 MG TABLET	ADD QL 4 TABLET PER DAY
CENTRAL MUSCLE RELAXANTS	OZOBAX SOLUTION 5MG/5ML	ADD QL 80 ML PER DAY
CONTRACEPTIVES - ORAL	SLYND TAB 4MG	ADD QL 1 TABLET PER DAY
COMPLEMENT INHIBITORS	BERINERT INJ 500UNIT	ADD QL 24 VIALS PER 30 DAYS
COMPLEMENT INHIBITORS	RUCONEST INJ 2100UNIT	ADD QL 16 VIALS PER 30 DAYS
COMPLEMENT INHIBITORS	CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION	ADD QL 20 ML PER 30 DAYS
COUGH/COLD/ALLERGY COMBINATIONS	CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET	ADD QL 2 TABLETS PER DAY
DIABETIC AGENTS	BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE GVOKE PFS INJ	ONE PACK: 2 PACKS PER 30 DAYS TWO PACK: 1 PACK PER 30 DAYS
ESTROGENS	EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY	ADD QL 2 PUMPS PER 30 DAYS
FIBRIC ACID DERIVATIVES	FENOFIBRATE MICRONIZED 134 MG CAPSULE	ADD QL 1 TABLET PER DAY
FLUOROQUINOLONES	CIPRO XR 1,000 MG TABLET	ADD QL 14 TABLETS PER 30 DAYS
HEPATITIS AGENTS	HARVONI 45-200MG TABLET HARVONI 45 MG/200 MG PELLETS HARVONI 33.75 MG/150 MG PELLETS	ADD QL 45 MG/200 MG TABLETS; 1 PER DAY 45 MG/200 MG PELLETS: 2 PACKETS PER DAY 33.75 MG/150 MG PELLETS: 1 PACKET PER DAY
HEPATITIS AGENTS	SOVALDI 200MG TABLET SOVALDI 200 MG PELLETS SOVALDI150 MG PELLETS	200 MG TABLETS: 1 PER DAY 200 MG PELLETS: 2 PACKETS PER DAY 150 MG PELLETS: 1 PACKET PER DAY

HMG COA REDUCTASE INHIBITORS	LESCOL XL 80 MG TABLET ALTOPREV 20 MG TABLET ALTOPREV 40 MG TABLET ALTOPREV 60 MG TABLET LIVALO 1 MG TABLET LIVALO 2 MG TABLET LIVALO 4 MG TABLET	ADD QL 1 TABLET PER DAY
HORMONE RECEPTOR MODULATORS	EVISTA 60 MG TABLET	ADD QL 1 TABLET PER DAY
INSULIN THERAPY	INSULIN LISPRO	ADD QL 30 ML PER 30 DAYS
MULTIPLE SCLEROSIS AGENTS	GLATOPA INJ 40MG/ML	ADD QL 40 MG/ML: 12 SYRINGES PER 28 DAYS
NASAL ANTIALLERGY	PATANASE 0.6 % NASAL SPRAY	ADD QL 1 BOTTLE PER 30 DAYS
NASAL ANTICHOLINERGICS	IPRATROPIUM BROMIDE 0.03 % NASAL SPRAY IPRATROPIUM BROMIDE 42 MCG (0.06 %) NASAL SPRAY	ADD QL 2 BOTTLES PER 30 DAYS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	MOBIC 7.5 MG TABLET MOBIC 15 MG TABLET	ADD QL 1 TABLET PER DAY
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	VIMOVO 375 MG-20 MG TABLET VIMOVO 500 MG-20 MG TABLET	ADD QL 2 TABLETS PER DAY
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	ZORVOLEX 18 MG CAPSULE ZORVOLEX 35 MG CAPSULE DAYPRO 600 MG TABLET	ADD QL 3 TAB/CAP PER DAY
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	NALFON 400 MG CAPSULE	ADD QL 4 CAPSULES PER DAY
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	KETOROLAC 60 MG/2 ML INTRAMUSCULAR SOLUTION	ADD QL 2ML PER 30 DAYS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	SPRIX 15.75 MG/SPRAY NASAL SPRAY	ADD QL 5ML PER 30 DAYS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	MELOXICAM 7.5 MG/5 ML ORAL SUSPENSION	ADD QL 10ML PER DAY
OPHTHALMIC STEROIDS	DUREZOL 0.05 % EYE DROPS	ADD QL 10ML PER 30 DAYS
OPIOID AGONISTS	INFUMORPH INJ 10MG/ML INFUMORPH INJ 25MG/ML	ADD QL 2 VIALS PER MONTH
PHOSPHATE BINDER AGENTS	FOSRENOL 500 MG CHEWABLE TABLET FOSRENOL 750 MG CHEWABLE TABLET FOSRENOL 1,000 MG CHEWABLE TABLET VELPHORO 500 MG CHEWABLE TABLET	ADD QL 3 TABLETS PER DAY
PHOSPHATE BINDER AGENTS	FOSRENOL 750 MG ORAL POWDER PACKET FOSRENOL 1,000 MG ORAL POWDER PACKET	ADD QL 3 PCAKETS PER DAY

PHOSPHATE BINDER AGENTS	CALCIUM ACETATE 667 MG CAPSULE CALCIUM ACETATE 667 MG TABLET	ADD QL 3 TABS/CAPS PER DAY
PHOSPHATE BINDER AGENTS	REVELA 0.8 GRAM ORAL POWDER PACKET REVELA 2.4 GRAM ORAL POWDER PACKET	ADD QL 90 PACKETS PER 30 DAYS
PLASMA KALLIKREIN INHIBITORS	KALBITOR INJ 10MG/ML	ADD QL 48 VIALS PER 30 DAYS
PLATELET AGGREGATION INHIBITORS	EFFIENT 5 MG TABLET EFFIENT 10 MG TABLET	ADD QL 1 TABLET PER DAY
PLATELET AGGREGATION INHIBITORS	BRILINTA TAB 60MG	ADD QL 1 TABLET PER DAY
PLATELET AGGREGATION INHIBITORS	BRILINTA TAB 90MG	ADD QL 2 TABLET PER DAY
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	ERGOLOID 1 MG TABLET	ADD QL 3 TABLETS PER DAY
SOMATOSTATIC AGENTS	SIGNIFOR LAR INJ 10MG SIGNIFOR LAR INJ 30MG	ADD QL 10, 30 MG: 1 KIT PER 28 DAYS
SYMPATHOMIMETICS	PRIMATENE MIST 0.125 MG/ACTUATION HFA AEROSOL INHALER	ADD QL 3 INHALERS PER 30 DAYS
SYMPATHOMIMETICS	ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION DULERA 50 MCG/5 MCG INHALER AIRDUO DIGIHALER 60 ACTUATION/INHAL	ADD QL 1 INHALER PER 30 DAYS
TOPICAL LOCAL ANESTHETICS	PLIAGLIS CREAM 7-7%	QL QL: 30 GRAMS PER 30 DAYS
TOPICAL LOCAL ANESTHETICS	SYNERA DIS 70-70MG	ADD QL QL: 2 PATCHES PER 30 DAYS
URINARY STONE AGENTS	THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD QL 100 MG: 10 PER DAY 300 MG: 3 PER DAY
REVISED QTY LIMITS		
ANGIOTENSIN II RECEPTOR ANTAGONISTS	VALSARTAN 160 MG TABLET	REVISED QL 2 TABLETS PER DAY
	VALSARTAN 320 MG TABLET	REVISED QL 1 TABLET PER DAY
ANTIADRENERGIC ANTIHYPERTENSIVES	GUANFACINE TAB 2MG	REVISED QL DECREASE TO 1 PER DAY
ANTIBIOTICS - TOPICAL	MUPIROCIN CRE 2%	REVISED QL 30 GM PER 30 DAYS
	CENTANY OIN 2%	REVISED QL 30 GM PER FILL; 1 FILL PER 30 DAYS
ANTIMALARIALS	ARAKODA TAB 100MG	REVISED QL 64 TABLETS PER YEAR
ANTINEOPLASTIC ENZYME INHIBITORS	IMBRUVICA CAP 140MG	REVISED QL 3 CAPSULES PER DAY
ANTIPERISTALTIC AGENTS	LOPERAMIDE SUS 1MG/7.5	REVISED QL 120ML PER DAY
ANTISEBORRHEIC PRODUCTS	SELENIUM SUL LOT 2.5%	REVISED QL 120 ML PER 30 DAYS
BETA BLOCKERS CARDIO-SELECTIVE	KAPSPARGO CAP 200MG	REVISED QL 2 CAPSULES PER DAY

BIGUANIDES	FORTAMET TAB 500MG	REVISED QL 4 TABLETS PER DAY
HEMATOPOIETIC GROWTH FACTORS	DOPTELET TAB 20MG	REVISED QL 60 TABLETS PER 30 DAYS
HMG COA REDUCTASE INHIBITORS	LOVASTATIN 10 MG TABLET LOVASTATIN 20 MG TABLET	ADD QL 2 TABLETS PER DAY
INSULIN	TOUJEO SOLO INJ 300IU/ML	REVISED QL 13.5 ML PER 30 DAYS
LOCAL ANESTHETICS - TOPICAL	ZTLIDO PAD 1.8%	REVISED QL 3 PATCHES PER DAY
	LIDO/PRILOCN CRE 2.5-2.5%	REVISED QL 30 GM PER 30 DAYS
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES	EMGALITY INJ 100MG/ML	REVISED QL 3 SYRINGES PER 30 DAYS
MIGRAINE PRODUCTS - NSAIDS	CAMBIA POW 50MG	REVISED QL 9 PACKETS PER 30 DAYS
MISC. TOPICAL	ZINC OXIDE OIN 20% ZINC OXIDE OIN 40% TRIPLE PASTE OIN 12.8%	REVISED QL 480GM PER 30 DAYS
NASAL STEROIDS	FLOXONASE SENS SUS 27.5MCG	REVISED QL 2 INHALERS PER 30 DAYS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	IBUPROFEN TAB 200MG	REVISED QL 100 TABLETS PER 25 DAYS
	IBUPROFEN DRO 50/1.25	REVISED QL 120ML PER 30 DAYS
PRENATAL VITAMINS	THERANATAL MIS COMPLETE	REVISED QL 3 (2 TABLETS/1 SOFTGEL) PER DAY
STEROID INHALANTS	QVAR AER 40MCG	REVISED QL 1 INHALER PER 30 DAYS
	QVAR AER 80MCG	REVISED QL 2 INHALERS PER 30 DAYS
SYMPATHOMIMETICS	VENTOLIN HFA AER	REVISED QL 2 INHALERS PER 30 DAYS
	LEVALBUTEROL AER 45/ACT	REVISED QL 2 INHALERS PER 30 DAYS
	COMBIVENT AER 20-100	REVISED QL 2 INHALERS PER 30 DAYS
EMOLLIENT/KERATOLYTIC AGENTS	UREA 45% CREAM	REVISED QL 255 GM PER 30 DAYS
REMOVED QTY LIMITS		
ANALGESICS OTHER	ACETAMINOPHEN CHW 80MG ACETAMINOPHEN CHW 160MG	REMOVE QL
ANTACID COMBINATIONS	FOAM ANTACID CHW 80-20MG	REMOVE QL
ANTIDEMENTIA AGENTS	MEMANTINE HC CAP 7MG ER MEMANTINE HC CAP 14MG ER MEMANTINE HC CAP 21MG ER MEMANTINE HC CAP 28MG ER	REMOVE QL
ANTIDIABETIC - AMYLIN ANALOGS	SYMLIN PEN 60 INJ 1000MCG	REMOVE QL
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	LACTOBACILLUS TAB	REMOVE QL

ANTIHISTAMINES - ETHANOLAMINES	DIPHENHYDRAMINE TAB 25MG	REMOVE QL
ANTIHISTAMINES - NON-SEDATING	CETIRIZINE CHW 5MG CETIRIZINE CHW 10MG	REMOVE QL
ANTIHYPERTENSIVE COMBINATIONS	CORZIDE TAB 40-5MG CORZIDE TAB 80-5MG	REMOVE QL
ANTINEOPLASTICS MISC.	ALFERON N INJ 5MU/ML	REMOVE QL
ANTIPARKINSON DOPAMINERGICS	STALEVO 50 TAB STALEVO 75 TAB STALEVO 100 TAB STALEVO 125 TAB STALEVO 150 TAB STALEVO 200 TAB	REMOVE QL
ANTITUSSIVES	TUSSIN COUGH LIQ 15MG/5ML TUSSIN MAX SYP 15MG/5ML	REMOVE QL
BETA BLOCKERS NON-SELECTIVE	SOTALOL HCL TAB 80MG SOTALOL HCL TAB 120MG SOTALOL HCL TAB 160MG SOTALOL HCL TAB 240MG	REMOVE QL
	SOTALOL AF TAB 80MG SOTALOL AF TAB 120MG SOTALOL AF TAB 160MG	REMOVE QL
BETA-BLOCKERS - OPTHALMIC	CARTEOLOL SOL 1% OP	REMOVE QL
	METIPRANOLOL SOL 0.3% OPH	REMOVE QL
	TIMOLOL MAL SOL 0.5% OP	REMOVE QL
	ISTALOL SOL 0.5% OP	REMOVE QL
BONE DENSITY REGULATORS	FOSAMAX + D TAB 70-5600	REMOVE QL
BULK CHEMICALS	HYDROXYPROG POW CAPROATE	REMOVE QL
BULK LAXATIVES	FIBER THERAP TAB 625MG	REMOVE QL
CORTICOSTEROIDS - TOPICAL	SYNALAR KIT 0.025%	REMOVE QL
COUGH/COLD/ALLERGY COMBINATIONS	MUCUS RELIEF TAB 60-600MG	REMOVE QL
	ZYNCOF SYP 20-400/5	REMOVE QL
DIABETIC SUPPLIES	INSULIN SYR MIS BARR 1ML	REMOVE QL
	ACCU-CHEK KIT MLTICLIX	REMOVE QL
DIAGNOSTIC DRUGS	COSYNTROPIN INJ 0.25MG	REMOVE QL
	GLUCAGEN INJ 1MG	REMOVE QL
DIAGNOSTIC TESTS	KETO-DIASTIX TES	REMOVE QL
DIAPER RASH PRODUCTS	A+D PREVENT OIN	REMOVE QL
DIGESTIVE ENZYMES	DAIRY RELIEF TAB 4500UNIT	REMOVE QL
	ZENPEP CAP 5000UNIT	REMOVE QL
EMOLLIENT/KERATOLYTIC AGENTS	UREA NAIL GEL 45%	REMOVE QL

EMOLLIENTS	MOISTURIZING CRE THERAPY	REMOVE QL
	NOBLE MYSTIQ CRE EMU-LAC	REMOVE QL
	LAC-HYDRIN LOT FIVE	REMOVE QL
	LACTIC ACID LOT 10%	REMOVE QL
	VITAMIN A&D OIN	REMOVE QL
EXPECTORANTS	MUCUS RELIEF TAB 600MG ER	REMOVE QL
GLYCOPEPTIDES	VANCOMYCIN 500 MG IV SOLUTION VANCOMYCIN 1,000 MG IV INJECTION	REMOVE QL
GOUT AGENTS	ZURAMPIC TAB 200MG	REMOVE QL
H-2 ANTAGONISTS	CIMETIDINE TAB 800MG	REMOVE QL
HEPATITIS AGENTS	ADEFOVIR DIPIV TAB 10MG	REMOVE QL
	BARACLUDE SOL	REMOVE QL
	RIBAVIRIN CAP 200MG	REMOVE QL
	REBETOL SOL 40MG/ML	REMOVE QL
	RIBAPAK TAB 600/DAY	REMOVE QL
IMIDAZOLE-RELATED ANTIFUNGALS	KETOCONAZOLE TAB 200MG	REMOVE QL
	FLUCONAZOLE TAB 50MG FLUCONAZOLE TAB 100MG FLUCONAZOLE TAB 150MG	REMOVE QL
	FLUCONAZOLE SUS 10MG/ML	REMOVE QL
	ONMEL TAB 200MG	REMOVE QL
	VFEND TAB 200MG	REMOVE QL
IODINE ANTISEPTICS	POVIDONE-IOD SOL 10%	REMOVE QL
LINCOSAMIDES	CLEOCIN PHOS INJ	REMOVE QL
MISC. DEVICES	NEUROPEN KIT	REMOVE QL
NASAL AGENTS - MISC.	RHINARIS SPR 0.2%	REMOVE QL
	BABY AYR SPR 0.65%	REMOVE QL
	AYR NASAL DRO 0.65%	REMOVE QL
	NASADROPS DRO 0.9%	REMOVE QL
NICOTINIC ACID DERIVATIVES	NIACIN ER TAB 1000MG	REMOVE QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	FENOPROFEN TAB 600MG	REMOVE QL
	IBUPROFEN SUS 100/5ML	REMOVE QL
	MECLOFEN SOD CAP 50MG MECLOFEN SOD CAP 100MG	REMOVE QL
	NAPRELAN TAB 750MG CR	REMOVE QL
OPIOID AGONISTS	MORPHINE SUL INJ 150/30ML	REMOVE QL

PROSTATIC HYPERTROPHY AGENTS	CARDURA XL TAB 4MG	REMOVE QL
SALICYLATES	ASPIRIN LOW TAB 81MG EC	REMOVE QL
	ASPIRIN TAB 325MG ASPIRIN TAB 325MG EC	REMOVE QL
SALINE LAXATIVES	EPSOM SALT GRA	REMOVE QL
THYROID HORMONES	NATURE-THROID TABLETS	REMOVE QL
	ARMOUR THYROID TABLETS	REMOVE QL
URINARY ANALGESICS	URINARY PAIN TAB 95MG	REMOVE QL
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	OXYBUTYNIN SYP 5MG/5ML	REMOVE QL
	OXYBUTYNIN TAB 10MG ER OXYBUTYNIN TAB 15MG ER	REMOVE QL
	BETHANECHOL TAB 5MG BETHANECHOL TAB 10MG BETHANECHOL TAB 25MG BETHANECHOL TAB 50MG	REMOVE QL
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	FLAVOXATE TAB 100MG	REMOVE QL
VAGINAL ANTI-INFECTIVES	CLOTRIMAZOLE CRE 1% VAG	REMOVE QL
	MICONAZOLE 3 KIT COMBO PK	REMOVE QL
	MONISTAT 7 KIT COMBO PK	REMOVE QL
	TERCONAZOLE CRE 0.4%	REMOVE QL
VISCOSUPPLEMENTS	HYALGAN INJ 20MG/2ML	REMOVE QL
	VISCO-3 INJ 25/2.5ML	REMOVE QL
	GEL-ONE INJ 30MG/3ML	REMOVE QL
	SYNVISC INJ 8MG/ML SYNVISC ONE INJ 8MG/ML	REMOVE QL
	HYMOVIS INJ 24MG/3ML	REMOVE QL
	ORTHOVISC INJ 15MG/ML	REMOVE QL
	MONOVISC INJ 88MG/4ML	REMOVE QL
	GELSYN-3 INJ 16.8/2ML	REMOVE QL
	EUFLEXXA INJ 10MG/ML	REMOVE QL
	HYALGAN INJ 20MG/2ML	REMOVE QL
	GENVISC 850 INJ 25/2.5	REMOVE QL
	SUPARTZ FX INJ 25/2.5ML	REMOVE QL
WOUND CARE PRODUCTS	VASELINE PETROLATUM GAUZE PADS	REMOVE QL

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/MD>.

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