

Quarterly pharmacy formulary change notice

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

Effective February 1, 2018, the changes outlined below apply to all Amerigroup Community Care patients.

Effective for all patients on February 1, 2018			
Therapeutic class	Drug	Revised status	Potential alternatives
ENZYMES	CO Q-10 (OTC)	NONPREFERRED	N/A
ESTROGENS	ALORA 0.05 MG PATCH ALORA 0.1 MG PATCH MINIVELLE 0.05 MG PATCH MINIVELLE 0.1 MG PATCH	NONPREFERRED	N/A
ESTROGEN COMBINATIONS	ESTRADIOL-NORETH 1-0.5 MG TAB MIMVEY 1-0.5 MG TABLET	PREFERRED	N/A
ESTROGEN COMBINATIONS	MIMVEY LO 0.5-0.1 MG TABLET LOPREEZA 1 MG-0.5 MG TABLET	PREFERRED	N/A
HEPATITIS C	EPCLUSA 400 MG-100 MG TABLET	NONPREFERRED WITH PA	ZEPATIER MAVYRET WITH PA
HEPATITIS C	MAVYRET 100-40 MG TABLET	PREFERRED WITH PA AS OF 11/1/17	11/1/2017
MISCELLANEOUS AGENTS — DEXTROSE	ENFAMIL 5% GLUCOSE IN WATER	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — LEVOCARNITINE	CARNITOR SF 100 MG/ML ORAL SOL LEVOCARNITINE 1 G/10 ML SOLN	NONPREFERRED	LEVOCARNITINE 330 MG TABLET
MISCELLANEOUS AGENTS — BONE RESORPTION INHIBITORS	ETIDRONATE DISODIUM 200 MG TAB ETIDRONATE DISODIUM 400 MG TAB	NONPREFERRED	ALENDRONATE ORAL SOLUTION ALENDRONATE TABLETS
MISCELLANEOUS AGENTS — BULK CHEMICALS	BENZYL ALCOHOL LIQUID COTTONSEED OIL BENZYL BENZOATE LIQUID PHENOL LIQUID DMSA POWDER SUCCIMER DMSA POWDER PEG 3350-GRX POWDER SULFADIAZINE SODIUM POWDER	NONPREFERRED	N/A
ALPHA-1-PROTEINASE INHIBITOR	ZEMAIRA 1,000 MG VIAL ARALAST NP 500 MG VIAL ARALAST NP 1,000 MG VIAL	NONPREFERRED WITH PA	N/A

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>

	GLASSIA 1 GM/50 ML VIAL		
MISCELLANEOUS AGENTS — SODIUM CHLORIDE	SODIUM CHLORIDE 0.9% VIAL	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — SUCCIMER	CHEMET 100 MG CAPSULE	NONPREFERRED WITH PA	N/A
MISCELLANEOUS AGENTS — SKIN TISSUE REPLACEMENT	APLIGRAF DISK	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — GLYCEROL PHENYLBUTYRATE	RAVICTI 1.1 GRAM/ML LIQUID	NONPREFERRED WITH PA AND QL 17.5ML PER DAY	N/A
MISCELLANEOUS AGENTS — SODIUM POLYSTYRENE SULFONATE	SPS 50 GM/200 ML ENEMA KIONEX 15 GM/60 ML SUSPENSION	NONPREFERRED	SPS 15 GM/60 ML SUSPENSION SPS 30 GM/120 ML ENEMA
MISCELLANEOUS AGENTS	AZO TEST STRIP	PREFERRED	N/A
MISCELLANEOUS AGENTS	URINARY TRACT INFECT TEST STRP	PREFERRED	N/A
MISCELLANEOUS AGENTS — HYDROPHILIC OINT	DERMAFIX OINTMENT	NONPREFERRED	N/A
MISCELLANEOUS OPHTHALMOLOGICS (OTC)	REFRESH 0.5% EYE DROPS LUBRICANT 0.5% EYE DROPS ZADITOR DROPS ARTIFICIAL TEARS (SINGLE USE DROP DISPENSER)	NONPREFERRED	N/A
NEUTRACEUTICALS	ECHINACEA CAPSULE (OTC)	NONPREFERRED	N/A
NEUTRACEUTICALS	CRANBERRY URINARY COMFORT SFGL	NONPREFERRED	N/A
OPHTHALMIC ANTI-INFECTIVES	GATIFLOXACIN 0.5% EYE DROPS MOXIFLOXACIN 0.5% EYE DROPS (GENERIC VIGAMOX)	PREFERRED	N/A
OPHTHALMIC ANTI-INFECTIVES	LEVOFLOXACIN 0.5% EYE DROPS	PREFERRED	N/A
MISCELLANEOUS UROLOGICALS	CYTRA-K ORAL SOLUTION POTASSIUM CIT-CITRIC ACID SOLN	PREFERRED	N/A
VASOCONSTRICTOR DECONGESTANTS	PHENYLEPHRINE 2.5% EYE DROP PHENYLEPHRINE 10% EYE DROPS ADVANCED FORMULA EYE DROPS ARTIFICIAL TEARS DROPS	PREFERRED	N/A
VASOCONSTRICTOR DECONGESTANTS	NAPHCON-A EYE DROPS VISINE LONG LASTING EYE DROPS	NONPREFERRED	VISINE A-EYE DROPS GENERIC OTC EYE ALLERGY RELIEF DROPS
VASOCONSTRICTOR DECONGESTANTS	EYE ALLERGY RELIEF DROP VISINE-A EYE DROPS	PREFERRED	N/A

	EYE DROPS ADVANCED RELIEF		
EDITS			
<i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS - REVISION OR ADDITION TO UM EDIT ONLY</i>			
ANTICOAGULANTS	BEVYXXA 40 MG CAPSULE BEVYXXA 80 MG CAPSULE	ADD QL 31 PER 30 DAYS LIMIT OF 42 DAYS SUPPLY IN 60 DAYS	N/A
BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG	AVODART DUTASTERIDE DUTASTERIDE-TAMSULOSIN FINASTERIDE JALYN PROSCAR	AL REMOVED	N/A
MISCELLANEOUS ANALGESICS	ULTRAM 50 MG TABLET TRAMADOL HCL 50 MG TABLET CONZIP 100 MG CAPSULE CONZIP 200 MG CAPSULE CONZIP 300 MG CAPSULE TRAMADOL HCL ER 100 MG TABLET TRAMADOL HCL ER 200 MG TABLET TRAMADOL HCL ER 300 MG TABLET TRAMADOL HCL ER 100 MG CAPSULE TRAMADOL HCL ER 150 MG CAPSULE TRAMADOL HCL ER 200 MG CAPSULE TRAMADOL HCL ER 300 MG CAPSULE ULTRACET TABLET TRAMADOL-ACETAMINOPHN 37.5- 325	ADD AL >=18	N/A
ANTI-INFECTIVES	DAXBIA 333 MG CAPSULE	ADD QL 168 PER 30 DAYS	N/A
ANTIMETABOLITES	XATMEP 2.5 MG/ML ORAL SOLUTION	ADD PA	N/A
ANTINEOPLASTICS	KISQALI FEMARA 200 MG CO-PACK KISQALI FEMARA 400 MG CO-PACK KISQALI FEMARA 600 MG CO-PACK	ADD QL 1 CARTON PER 30 DAYS	N/A
ANTINEOPLASTICS	RUBRACA 250 MG TABLET	ADD QL 4 PER DAY	N/A
ANTINEOPLASTICS	ZYTIGA 500 MG TABLET	ADD QL 2 PER DAY	N/A
ANTIPARKINSONISM AGENTS	XADAGO 50 MG TABLET	ADD PA AND QL 2 PER DAY	N/A
ANTIPARKINSONISM AGENTS	XADAGO 100 MG TABLET	ADD PA AND QL 1 PER DAY	N/A

ANTIPARKINSONISM AGENTS	ZELAPAR 1.25 MG ODT TABLET	ADD PA AND QL 2 PER DAY	N/A
ANTIPSORIATIC AGENTS	TREMFYA 100 MG/ML SYRINGE	ADD QL 1 PER 56 DAYS	N/A
ANTISPASMODICS	GELNIQUE 10% GEL PUMP	ADD QL 1 PUMP PER 30 DAYS	N/A
MISC ANTIVIRALS	FAMCICLOVIR 125 MG TABLET FAMCICLOVIR 250 MG TABLET VALTREX 500 MG CAPLET VALACYCLOVIR HCL 500 MG TABLET	ADD QL 60 PER 30 DAYS	N/A
CODEINE CONTAINING AGENTS	ALL RX AND OTC PRODUCTS	ADD AL >=12 YEARS OLD	N/A
HEPATITIS C	RIBAVIRIN 200 MG CAPSULE RIBAVIRIN 200 MG TABLET	PA REMOVED	N/A
GROWTH HORMONES	SAIZEN 8.8 MG CLICK.EASY CARTG SAIZEN 8.8 MG SAIZENPREP CART	ADD QL 1 CARTRIDGE PER DAY	N/A
MISCELLANEOUS GASTROINTESTINAL AGENTS	RENFLEXIS 100 MG VIAL	PA REQUIRED ADD QL 2 PER 28 DAYS	N/A
HYPERPARATHYROIDISM	RAYALDEE 30MCG SENSIPAR 30MG & 60MG	ADD QL 2 PER DAY	N/A
HYPERPARATHYROIDISM	SENSIPAR 90MG	ADD QL 4 PER DAY	N/A
HYPNOTIC AGENTS	BUTISOL SODIUM 30 MG/5 ML ELX BUTISOL SODIUM 30 MG TABLET	NEW: 14 DAY TREATMENT PERIOD	N/A
INTRANASAL STEROIDS	FLUTICASONE 50 MCG SPRAY (OTC) NASACORT ALLERGY 24 HR (OTC) FLONASE SENSIMIST 27.5 MCG SPR	ADD QL 1 PER 30 DAYS	N/A
LIPID/CHOLESTEROL LOWERING AGENTS	VASCEPA 0.5 MG	ADD QL 8 PER DAY	N/A
MISCELLANEOUS AGENTS — SODIUM PHENYLBUTYRATE	BUPHENYL 500MG	ADD QL 40 PER DAY	N/A
MISCELLANEOUS AGENTS — SODIUM PHENYLBUTYRATE	BUPHENYL 250GM POWDER	ADD QL 250GM POWDER PER 12 DAYS	N/A
AGENTS TO TREAT MULTIPLE SCLEROSIS	ZINBRYTA 150 MG/ML SYRINGE	ADD QL 1 PER 28 DAYS	N/A
NARCOTICS	LAZANDA 300 MCG NASAL SPRAY	ADD QL 1 BOTTLE PER DAY	N/A
NARCOTICS	ACETAMIN-CAFF-DIHYDROCOD 325-30-16	ADD QL 10 PER DAY	N/A
NARCOTIC — SHORT ACTING OPIOIDS	HYDROMORPHONE 1 MG/ML INJ HYDROMORPHONE HCL 2 MG/ML INJ HYDROMORPHONE 200 MG/100	REVISE QL 6ML PER DAY	N/A

	ML-NS		
NARCOTIC — SHORT ACTING OPIOIDS	HYDROMORPHONE HCL 4 MG/ML INJ MORPHINE SULFATE 50 MG/ML VIAL OXYCODON 10 MG/0.5 ML ORAL SYR	REVISE QL 2ML PER DAY	N/A
NARCOTIC— SHORT ACTING OPIOIDS	DEMEROL INJ (ALL STRENGTHS) MORPHINE SULFATE 50 MG/ML VIAL MORPHINE SULFATE 25 MG/ML VIAL	REVISE QL 4ML PER DAY	N/A
NARCOTIC— SHORT ACTING OPIOIDS	MORPHINE 0.5 MG/ML INJ MORPHINE 2 MG/ML INJ MORPHINE 4 MG/ML INJ MORPHINE 5 MG/ML INJ MORPHINE 8 MG/ML INJ MORPHINE 10 MG/ML INJ	REVISE QL 6ML PER DAY	N/A
NARCOTIC— SHORT ACTING OPIOIDS	MORPHINE 20 MG/ML ORAL SYRINGE MORPHINE SULF 100 MG/5 ML SOLN	REVISE QL 9ML PER DAY	N/A
OSTEOPOROSIS THERAPY	TYMLOS 80 MCG DOSE PEN INJECTR	ADD QL 1 PEN PER 30 DAYS	N/A
PROTON-PUMP INHIBITORS	ZEGERID OTC 20-1;100 MG CAP	QL REVISION 1 PER DAY	N/A
MISCELLANEOUS PULMONARY AGENTS	HAEGARDA 3;000 UNIT VIAL	ADD QL 16 VIALS PER 28 DAYS	N/A
MISCELLANEOUS PULMONARY AGENTS	HAEGARDA 2;000 UNIT VIAL	ADD QL 24 VIALS PER 28 DAYS	N/A
MISCELLANEOUS RHEUMATOLOGICAL AGENTS	KEVZARA 150 MG/1.14 ML SYRINGE KEVZARA 200 MG/1.14 ML SYRINGE	PA REQUIRED ADD QL 2 PER 28 DAYS	N/A
MISCELLANEOUS RHEUMATOLOGICAL AGENTS	ORENCIA 50 MG/0.4 ML SYRINGE ORENCIA 87.5 MG/0.7 ML SYRINGE	ADD QL 4 PER 28 DAYS	N/A
TOPICAL ANTI- INFLAMMATORY — NSAIDS	VOLTAREN 1% GEL PENNSAID 2% PUMP VOPAC MDS 1.5% SPRAY KIT DICLOZOR KIT DICLOFENAC SODIUM 1% GEL FLECTOR 1.3% PATCH FROTEK 10% CREAM DERMACINRX LEXITRAL PHARMAPAK	ADD STEP THERAPY THROUGH DICLOFENAC 1.5% TOPICAL SOLN	N/A

	SURE RESULT DSS PREMIUM PACK DICLOTRAL PAK XELITRAL PAK DS PREP PAK XRYLIX 1.5% KIT DICLO GEL 1%-XRYLIX SHEET KIT INFLAMMA-K KIT NUDICLO SOLUPAK		
VACCINES	FLU VACCINATIONS	ADD QL 0.5 ML PER FILL 2 FILLS PER 180 DAYS	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 (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.