

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our fourth-quarter Pharmacy and Therapeutics Committee meeting.

Effective May 1, 2018, the changes outlined below apply to all Amerigroup Community Care members.

Effective for all patients on May 1, 2018			
Therapeutic class	Drug	Revised status	Potential alternatives
INHALED CORTICOSTEROIDS	FLOVENT HFA INHALER FLOVENT DISKUS	PREFERRED FOR ALL AGES EFFECTIVE 4/15/18	N/A
INHALED CORTICOSTEROIDS	AEROSPAN 80 MCG INHALER	NONPREFERRED	N/A
PROTON PUMP INHIBITORS	ZEGERID 20 MG OTC ACID REDUCER DR 20 MG CAP	PREFERRED	N/A
PROTON PUMP INHIBITORS	OMEPRAZOLE DR 20 MG CAPSULE	PREFERRED FOR MEMBERS < 6 YEARS OF AGE	N/A
ANTICOAGULANTS	XARELTO	COVERED	N/A
ANTICOAGULANTS	SAVAYSA	COVERED	N/A
MISC ANTINEOPLASTIC	KADCYLA	ADD PA	N/A
BULK CHEMICALS	CALCIUM CARBONATE POWDER	NONPREFERRED	N/A
COUGH AND COLD PREPARATIONS	MULTISYMPPTOM COLD LIQUID (OTC) MULTISYMPPTOM COLD CAPLET/SOFTGEL COLD & ALLERGY ELIXIR (OTC) HYDROXYZINE 50 MG/25 ML SYRUP CYPROHEPTADINE 4 MG/10 ML SYRP	NONPREFERRED	N/A
COUGH AND COLD PREPARATIONS	OTC GENERIC 12-HR DECONGEST 120 MG CAPLET	PREFERRED	N/A
GLP-1 RECEPTOR AGONIST	OZEMPIC	PREFERRED WITH ST AND QL 0.25 MG DOSE; 1 PEN/28 DAYS 1 MG DOSE; 2 PENS/28 DAYS EFFECTIVE 4/01/18	N/A
HEPATITIS C	SOVALDI	NONPREFERRED WITH PA	EPCLUSA ZEPATIER PA REQUIRED

HYPERAMMONEMIA	SODIUM PHENYLBUTYRATE POWDER SODIUM PHENYLBUTYRATE 500 MG TB	PREFERRED WITH PA	N/A
IRON REPLACEMENT	ICAR 15 MG/1.25 ML SUSPENSION VENOFER 200 MG/10 ML VIAL VENOFER 100 MG/5 ML VIAL FERROUS FUMARATE 29 MG TAB PARVLEX TABLET FERRO-SEQUELS 65-25 MG CAPLET DIALYVITE 800 WITH IRON TAB IRONUP 15 MG/0.5 ML DROPS FERROUS SULFATE ER 140 MG TAB	NONPREFERRED	N/A
IRON REPLACEMENT	DEXFERRUM 50 MG/ML VIAL DEXFERRUM 100 MG/2 ML VIAL FERRIC X-150 CAPSULE DUOFER 28 MG TABLET FOCALGIN DSS TABLET CHEWABLE IRON 30 MG TABLET	PREFERRED	N/A
MISCELLANEOUS ANTI-ASTHMATICS	THEOCHRON ER 100 MG TABLET ACETYLCYSTEINE 10% VIAL	PREFERRED	N/A
MISCELLANEOUS ANTI-ASTHMATICS	XOLAIR 150 MG VIAL	PREFERRED WITH PA	N/A
NUTRITIONAL SUPPLEMENT	VP-ZEL TABLET	NONPREFERRED	N/A
OMEGA-3 FATTY ACIDS FISH OIL	OTC FISH OIL SOFTGEL	NONPREFERRED	N/A
POTASSIUM REPLACEMENT	POTASSIUM CL ER 8 MEQ CAPSULE POTASSIUM CL ER 20 MEQ TABLET K-SOL 20% (40 MEQ/15 ML) LIQ K-TAB ER 8 MEQ TABLET	PREFERRED	N/A
SALINE PREPARATION	SODIUM CHLORIDE 0.45% SOLUTION	NONPREFERRED	N/A
URINARY PH MODIFIERS	K-PHOS NEUTRAL TABLET PHOSPHA 250 NEUTRAL TABLET VIRT-PHOS 250 NEUTRAL TABLET	PREFERRED	N/A
VITAMINS & HEMATINICS	COD LIVER OIL	NONPREFERRED	N/A
VITAMINS & HEMATINICS	BETA-CAROTENE 25,000 UNITS CAP OTC BETA-CAROTENE 10,000 UNITS CAP OTC	NONPREFERRED	N/A
VITAMINS & HEMATINICS	BRAND OTC PREPARATIONS VITAMIN A VITAMIN B VITAMIN C VITAMIN D VITAMIN D COMBO VITAMIN E MISCELLANEOUS VITAMINS	NONPREFERRED	N/A

VITAMINS & HEMATINICS	GENERIC OTC PREPARATIONS VITAMIN A VITAMIN B VITAMIN C VITAMIN D VITAMIN D COMBO VITAMIN E MISCELLANEOUS VITAMINS	PREFERRED	N/A
EDITS <i>NO CHANGES IN PREFERRED/NONPREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ACNE AND ROSACEA AGENTS	MINOLIRA		ADD ST
ACNE AND ROSACEA AGENTS	AKTIPAK		ADD ST
ACNE AND ROSACEA AGENTS	DIFFERIN GEL 0.1% GEL, OTC		ADD QL 45 GMS PER DAY
ACNE THERAPY	ADAPALENE 0.1% LOTION		QL REVISED 59 ML PER 30 DAYS
ALZHEIMER'S THERAPY; NMDA RECEPTOR ANTAGONISTS	MEMANTINE HCL 10 MG TABLET		ADD QL 2 TABLETS PER DAY
ANGIOTENSIN II RECEPTOR BLOCKERS & RENIN INHIBITOR	TEKTRUNA TABLETS TEKAMLO TABLETS		ADD QL 1 TABLET PER DAY
ANGIOTENSIN RECEPTOR ANTAG. — THIAZIDE DIURETIC COMB	DIOVAN HCT TABLETS		ADD QL 1 TABLET PER DAY
ANTIEMETICS AND ANTIVERTIGO	CINVANTI INFUSION		ADD QL 5 VIALS PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO	VARUBI INJECTION		ADD QL 2 VIALS PER 28 DAYS
ANTIHISTAMINES	CLARINEX 5 MG TABLET		ADD QL 1 TABLET PER DAY
ANTIHISTAMINES	ALLEGRA ALLERGY 60 MG TABLET		ADD QL 2 TABLETS PER DAY
ANTIMIGRAINE PREPARATIONS	IMITREX 6 MG/0.5 ML VIAL (ML)		QL REVISION 4 SYRINGES PER 30 DAYS
ANTIPARASITICS	SOLOSEC		ADD QL 2 G PER FILL; 1 FILL PER 30 DAYS
CANCER	COMETRIQ 80 MG		ADD QL 1 CAPSULE PER DAY

CANCER	VENCLEXTA STARTING PACK	ADD QL 1 PACK PER 365 DAYS
CANCER	VERZENIO	ADD QL 2 TABLETS PER DAY
CHOLINESTERASE INHIBITORS	GALANTAMINE HBR TABLETS	ADD QL 2 TABLETS PER DAY
DECONGESTANT/ ANTI-HISTAMINES	ALLEGRA-D OTC 60 MG-120 MG ER TABLET	ADD QL 2 TABLETS PER DAY
DECONGESTANT/ ANTI-HISTAMINES	ALLEGRA-D OTC 180-240 MG ER TABLET	ADD QL 1 TABLET PER DAY
DIABETES	BYDUREON BCISE	ADD QL 4 AUTOINJECTORS PER 28 DAYS
ELECTROLYTE DEPLETERS	REVELA 800 MG TABLET	ADD QL 9 TABLETS PER DAY
EPINEPHRINE	SYMJEPI	ADD QL 2 BOXES (2 PREFILLED SYRINGES) PER FILL
ERYTHROPOIESIS STIMULATING AGENTS	MIRCERA 30 MCG/0.3 ML 150 MCG/0.3 ML	ADD QL 2 SYRINGES (0.6 ML) PER 28 DAYS
ESTROGENS TRANSDERMAL	ESTRADIOL TDS PATCH ESTRADIOL PATCH MENOSTAR PATCH VIVELLE-DOT PATCH MINIVELLE PATCH CLIMARA PATCH ALORA PATCH	REMOVE ST FOR T/F OF AN ORAL AGENT
ESTROGENS TRANSDERMAL	MENOSTAR PATCH VIVELLE-DOT PATCH MINIVELLE PATCH CLIMARA PATCH ALORA PATCH	ADD ST FOR A PREFERRED TD ESTROGEN
EYE MAST CELL STABILIZERS	CROMOLYN 4% EYE DROPS	ADD QL 10 ML (1 BOTTLE) PER 30 DAYS
FLUOROQUINOLONES	LEVAQUIN TABLETS	ADD QL 14 TABS PER FILL; 1 FILL PER 30 DAYS
GNRH ANALOG	TRIPTODUR	ADD QL 1 KIT EVERY 24 WEEKS

HYPERAMMONEMIA	RAVICTI	ADD STEP THERAPY
(NONINSULIN) HYPOGLYCEMIC AGENTS	ONGLYZA 2.5 MG TABLET JANUVIA TABLETS ACTOS TABLETS KOMBIGLYZE XR 5 MG-500 MG TABLET KOMBIGLYZE XR 5 MG-1000 MG TABLET	ADD QL 1 TABLET PER DAY
(NONINSULIN) HYPOGLYCEMIC AGENTS	AVANDIA TABLETS KOMBIGLYZE XR 2.5-1000 MG TABLET JANUMET TABLETS	ADD QL 2 TABLETS PER DAY
IDIOPATHIC PULMONARY FIBROSIS	ESBRIET 267 MG TABLET	ADD QL 9 TABLETS PER DAY
IDIOPATHIC PULMONARY FIBROSIS	ESBRIET 801 MG	ADD QL 3 TABLETS PER DAY
INHALED CORTICOSTEROIDS	ALVESCO 80 MCG HFA ASMANEX INHALERS	ADD QL 1 INH PER 30 DAYS
INHALED CORTICOSTEROIDS	ALVESCO 160 MCG HFA	ADD QL 2 INH PER 30 DAYS
INHERITED DISORDERS OF METABOLISM	BUPHENYL 250 GM POWDER	QL REVISED 750 GM PER 30 DAYS
INSULIN	AFREZZA 90 CARTRIDGES (12 UNIT)	REVISED QL 3 BOXES PER 30 DAYS
INSULIN	AFREZZA 180 CARTRIDGES (60X4 UNIT AND 60X8 UNIT AND 60X12 UNIT)	REVISED QL 2 BOXES PER 30 DAYS
INSULIN	FIASP, FIASP FLEXTOUCH	REVISED QL 2 BOXES PER 30 DAYS
INTRANASAL STEROIDS	BUDESONIDE 32 MCG AEROSOL, SPRAY WITH PUMP (ML)	ADD QL 2 INH PER 30 DAYS
INSULIN	HUMALOG JUNIOR KWIKPEN	REVISED QL 2 BOXES PER 30 DAYS
IRON REPLACEMENT	FE C 100-250-1 TABLET	ADD QL 1 TABLET PER DAY
LIPID/CHOLESTEROL LOWERING AGENTS	CRESTOR TABLETS PRAVASTATIN SODIUM 10 MG TABLET PRAVACHOL TABLETS	ADD QL 1 TABLET PER DAY
MOVEMENT DISORDER	GOCOVRI ER 68.5 MG	ADD QL 1 PER DAY
MOVEMENT DISORDER	GOCOVRI ER 137 MG	ADD QL 2 PER DAY
OPIOIDS	APAP/CAF/DIHYDROCODEINE 320.5/30/16 APAP/CAF/DIHYDROCODEINE 356.4/30/16 MG	REVISED QL

	<p>APAP/CAF/DIHYDROCODEINE 325/30/16 MG APAP/CODEINE 300/15 MG APAP/CODEINE 300/30 MG DIHYDROCODEINE/ASA/CAF 16/356/30 MG (SYNALGOS-DC) HYDROCODONE/APAP 10/500 MG, 7.5/500 MG HYDROCODONE/APAP 2.5/325 MG, 5/325 MG, 7.5/325 MG, 10/325 MG HYDROCODONE/APAP 5/300 MG, 7.5/300 MG, 10/300 MG HYDROCODONE/APAP 5/400 MG, 7.5/400 MG, 10/400 MG HYDROCODONE/APAP 5/500 MG TABLETS OXYCODONE 7.5/500 MG (PERCOCET) OXYCODONE/APAP 10/500 MG TABLET OXYCODONE/APAP 2.5/325 MG, 5/325 MG, 7.5/325 MG, 10/325 MG OXYCODONE/APAP 5/300 MG, 7.5/300 MG, 10/300 MG OXYCODONE/APAP 5/500 MG CAPSULE OXYCODONE/ASPIRIN 5/325 MG PENTAZOCINE/NALOXONE 50 MG/0.5 MG CODEINE SULFATE 15 MG CODEINE SULFATE 30 MG DILAUDID 2 MG DILAUDID 4 MG DEMEROL 50 MG MS IR 15 MG OXYCODONE 10 MG OXAYDO 7.5 MG OXYIR 5 MG ROXICODONE 5 MG OXAYDO 5 MG OPANA 5 MG DOLOPHINE 5 MG</p>	6 CAPSULES OR TABLETS PER DAY
OPIOIDS	<p>APAP/CODEINE SUSP OR ELIXIR 120MG-12 MG/5 ML; 300 MG-30 MG/12.5 ML (CAPITAL WITH CODEINE) HYDROCODONE/APAP 2.5-108 MG/5 ML SOLUTION HYDROCODONE/APAP 2.5-167 MG/5 ML SOLUTION OXYCODONE/APAP 5-325 MG/5 ML SOLUTION DEMEROL 50 MG/5 ML (ORAL) MORPHINE SULFATE SOLUTION 10 MG/5 ML MORPHINE SULFATE SOLUTION 20 MG/5 ML OXYCODONE SOLUTION 5 MG/5 ML METHADONE SOLUTION 5 MG/5 ML</p>	REVISED QL 30 ML PER DAY
OPIOIDS	HYDROCODONE/APAP 5-163 MG/7.5 ML	REVISED QL 45 ML PER DAY
OPIOIDS	<p>HYDROCODONE/APAP 5-215 MG/10 ML HYDROCODONE/APAP 5-217 MG/10 ML SOLUTION HYDROCODONE/APAP 5-334 MG/10 ML</p>	REVISED QL 60 ML PER DAY
OPIOIDS	MORPHINE SULFATE 20 MG/ML ORAL SYRINGE, 100 MG/5 ML SOLUTION	REVISED QL 6 ML PER DAY
OPIOIDS	NUCYNTA 50 MG	REVISED QL 181 PER 30 DAYS

OPIOIDS	HYSINGLA ER 80 MG, 100 MG EXALGO 12 MG, 16 MG, 32 MG	REVISED QL 1 TABLET PER DAY
OPIOIDS	ZOHDRO ER 30 MG, 40 MG, 50 MG XTAMPZA ER 27 MG, 36 MG	REVISED QL 2 CAPSULES PER DAY
OPIOIDS	AVINZA 75 MG, 90 MG, 120 MG	REVISED QL 1 CAPSULE PER DAY
OPIOIDS	OXYCONTIN 60 MG, 80 MG OPANA ER 30 MG	REVISED QL 2 TABLETS PER DAY
OSTEOPOROSIS THERAPY	ALENDRONATE SODIUM 35 MG TABLET ACTONEL 35 MG TABLET	ADD QL 4 TABLETS PER DAY
OSTEOPOROSIS THERAPY	ACTONEL 5 MG TABLET	ADD QL 4 TABLETS PER 28 DAYS
PROTON PUMP INHIBITORS	DEXILANT 30 MG CAPSULE DR DEXILANT 60 MG CAPSULE DR LANSOPRAZOLE 30 MG CAP, DR EC PREVACID RX 30 MG TAB DISINTEGRATING DR ACIPHEX 20 MG TABLET EC	ADD QL 1 PER DAY
SUBLINGUAL IMMUNOTHERAPY	ODACTRA	ADD PA AND QL 1 TABLET PER DAY
TARGETED IMMUNE MODIFIERS	ENBREL MINI WITH AUTOTOUCH	ADD QL 4 CARTRIDGES PER 28 DAYS

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/MD>.

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