

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our June 29, 2017, Pharmacy and Therapeutics Committee meeting.

Effective November 1, 2017, the changes outlined below apply to all patients in New Jersey. Remember to read the footnotes at the end of the table.

| Effective for all patients on November 1, 2017 | | | |
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| Therapeutic class | Drug | Revised status | Potential alternatives |
| ABORTIFACIENTS | MIFEPREX 200 MG TABLET | NON-PREFERRED | N/A |
| TX FOR ATTENTION DEFICIT-HYPERACT (ADHD) | DEXMETHYLPHENIDATE ER CAPS | PREFERRED | N/A |
| TX FOR ATTENTION DEFICIT-HYPERACT (ADHD) | CLONIDINE HCL ER 0.1 MG TABLET | ADD PA* | GENERIC STIMULANT MEDICATIONS (I.E., METHYLPHENIDATE, DEXTROAMPHETAMINE /AMPHETAMINE, DEXTROAMPHETAMINE) |
| INJECTABLE ANTICOAGULANTS | ENOXAPARIN SODIUM FONDAPARINUX SODIUM FRAGMIN | REMOVE PA* | N/A |
| CONTRACEPTIVES | TODAY CONTRACEPTIVE SPONGE | PREFERRED | N/A |
| DRY EYE | XIIDRA 5% EYE DROPS | PREFERRED WITH PA | ARTIFICIAL TEARS |
| DRY EYE | RESTASIS 0.05% EYE EMULSION | NON-PREFERRED WITH PA/ST | ARTIFICIAL TEARS |
| GLAUCOMA | ISTALOL 0.5% EYE DROPS TIMOPTIC 0.25% OCUDOSE DROP TIMOPTIC 0.5% OCUDOSE DROP | NON-PREFERRED | TIMOLOL OPHTHALMIC SOLUTION |
| GLAUCOMA | AZOPT 1% EYE DROPS | NON-PREFERRED | DORZOLAMIDE OPHTHALMIC SOLUTION |
| GLAUCOMA | BETAXOLOL HCL 0.5% EYE DROP | PREFERRED | N/A |
| HIV ANTIRETROVIRALS | REYATAZ 50 MG POWDER PACKET VIREAD POWDER RETROVIR 200 MG/20 ML VIAL VIDEX 2 GM PEDIATRIC SOLN VIDEX 4 GM PEDIATRIC SOLN TYBOST 150 MG TABLET | PREFERRED | N/A |
| HUNTINGTON'S DISEASE | INGREZZA 40 MG CAPSULE | ADD PA AND QL* 2 CAPS PER DAY | N/A |
| IMMUNOSUPPRESSANT DRUGS | MYCOPHENOLIC ACID DR 180 MG TB MYCOPHENOLIC ACID DR 360 MG TB | PREFERRED | N/A |
| MACULAR DEGENERATION | VISUDYNE 15 MG VIAL MACUGEN 0.3 MG/90 MICROLITERS | NON-PREFERRED | N/A |

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| POVIDONE - ARTIFICIAL TEARS | SOOTHE HYDRATION 1.25% EYE DROPS | NON-PREFERRED | ARTIFICIAL TEARS |
| TOPICAL ANTIFUNGALS | KETOCONAZOLE 2% FOAM | NON-PREFERRED WITH ST | KETOCONAZOLE CREAM/SHAMPOO |
| WILSON'S DISEASE - CHELATING AGENTS | SYPRINE 250 MG CAPSULE DEPEN 250 MG TITRATAB | PREFERRED WITH PA | N/A |
| WILSON'S DISEASE - CHELATING AGENTS | CUPRIMINE 250 MG CAPSULE | NON-PREFERRED WITH PA | N/A |
| ACROMEGALY | SOMAVERT 15 MG VIAL | ADD QL* 1 VIAL PER DAY | N/A |
| ANTIBIOTIC | SUPRAX 500 MG/5 ML SUSPENSION | ADD QL* 40ML PER FILL 1 FILL PER 30 DAYS | N/A |
| OTIC ANTIBIOTICS | ACETASOL HC | REVISE QL* 10ML PER 30 DAYS | N/A |
| OTIC ANTIBIOTICS | CETRAXAL 0.2% EAR SOLUTION CIPROFLOXACIN 0.2% OTIC SOLN | ADD QL* 28 DOSES PER 30 DAYS | N/A |
| OTIC ANTIBIOTICS | CIPRO HC OTIC SUSPENSION | ADD QL* 10ML PER 30 DAYS | N/A |
| OTIC ANTIBIOTICS | CIPRODEX OTIC SUSPENSION | REVISE QL* 7.5ML PER 30 DAYS | N/A |
| OTIC ANTIBIOTICS | OTOVEL 0.3%-0.025% EAR DROPS | ADD QL* 28 VIALS PER 30 DAYS | N/A |
| INJECTABLE ANTICOAGULANTS | ENOXAPARIN SODIUM FONDAPARINUX SODIUM FRAGMIN | REMOVE PA* | N/A |
| ANTIHISTAMINES | KARBINAL ER 4 MG/ 5 ML SUSP | ADD QL* 40ML PER DAY | N/A |
| ANTIHISTAMINES | RYVENT 6 MG TABLET | ADD QL* 4 TABS PER DAY | N/A |
| MISCELLANEOUS ANTINEOPLASTIC DRUGS | RYDAPT 25 MG CAPSULE | ADD PA AND QL* 8 CAPS PER DAY | N/A |
| MISCELLANEOUS ANTINEOPLASTIC DRUGS | KISQALI ZEJULA | ADD PA* | N/A |
| MISCELLANEOUS ANTINEOPLASTIC DRUGS | ALUNBRIG 30MG TAB | ADD PA AND QL* 6 TABS PER DAY | N/A |
| MISCELLANEOUS ANTINEOPLASTIC DRUGS | ALUNBRIG 90MG | ADD PA AND QL* 2 TABS PER DAY | N/A |
| MISCELLANEOUS ANTINEOPLASTIC DRUGS | XERMELO | ADD PA AND QL* 3 TABS PER DAY | N/A |
| BOWEL PREPS | GOLYTELY PACKET COLYTE WITH FLAVOR PACKETS GAVILYTE-C SOLUTION GAVILYTE-G SOLUTION GAVILYTE-N SOLUTION NULYTELY WITH FLAVOR PACKS SOL TRYLYTE | ADD QL* 4000 MLS PER 30 DAYS | N/A |
| BOWEL PREPS | PREPOPIK POWDER PACKET | ADD QL* 32 TABS PER 30 DAYS | N/A |
| BOWEL PREP | SUPREP BOWEL PREP KIT | ADD QL* 1 KIT PER 30 DAYS | N/A |

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| THIRD GENERATION CEPHALOSPORINS | CEFTRIAXONE 250 MG VIAL CEFTRIAXONE 500 MG VIAL CEFTRIAXONE 1 GM VIAL CEFTRIAXONE 2 GM VIAL CEFTRIAXONE 10 GM VIAL CEFTRIAXONE 1 GM VIAL | ADD QL* 1 INJ PER FILL 1 FILL PER 30 DAYS | N/A |
| CYSTIC FIBROSIS | ORKAMBI 125MG/100MG | ADD PA AND QL* 4 PER DAY | N/A |
| DIABETES (SGLT2/DPP4 COMBO) | QTERN | ADD QL* 1 TAB PER DAY | N/A |
| MISCELLANEOUS GASTROINTESTINAL AGENTS | VIBERZI | ADD QL* 2 TABS PER DAY | N/A |
| HEPATITIS B | VEMLIDY 25 MG TABLET | ADD PA AND QL* 1 TAB PER DAY | N/A |
| HIGH BLOOD PRESSURE | DUTOPROL 100-12.5 MG TABLET DUTOPROL 25-12.5 MG TABLET DUTOPROL 50-12.5 MG TABLET | ADD QL* 2 TABS PER DAY | N/A |
| HIGH BLOOD PRESSURE | METOPROLOL TARTRATE 100 MG TAB | ADD QL* 4 TABS PER DAY | N/A |
| HIGH BLOOD PRESSURE | METOPROLOL TARTRATE 50 MG TAB | ADD QL* 2 TABS PER DAY | N/A |
| HIGH BLOOD PRESSURE | VERAPAMIL 40 MG TABLET | ADD QL* 4 TABLETS PER DAY | N/A |
| IBD | UCERIS 2 MG RECTAL FOAM | ADD QL* 2 KITS PER 28 DAYS | N/A |
| NEUROGENIC ORTHOSTATIC HYPOTENSION | NORTHERA 100 MG CAPSULE | ADD QL* 3 TABS PER DAY | N/A |
| NEUROGENIC ORTHOSTATIC HYPOTENSION | NORTHERA 200 MG CAPSULE | ADD QL* 6 TABS PER DAY | N/A |
| NOCTURNAL POLYURIA | NOCTIVA | ADD PA AND QL* 1 BOTTLE PER 30 DAYS | N/A |
| PRENATAL VITAMINS | KOSHER PRENATAL PLUS IRON TAB | ADD QL* 1 TAB PER DAY | N/A |
| PRENATAL VITAMINS | OBSTETRIX ONE SOFTGEL | ADD QL* 1 CAP PER DAY | N/A |
| PRENATAL VITAMINS | PRENATAL PLUS-DHA COMBO PACK | ADD QL* 2 TABS/CAPS PER DAY | N/A |
| PRENATAL VITAMINS | PRIMACARE SOFTGEL | ADD QL* 1 CAP PER DAY | N/A |
| PRENATAL VITAMINS | TRICARE PRENATAL CHEWABLE TAB | ADD QL* 1 TAB PER DAY | N/A |
| PRENATAL VITAMINS | TRICARE PRENATAL WITH DHA PACK | ADD QL* 2 TABS/CAPS PER DAY | N/A |
| PRENATAL VITAMINS | VITAFOL GUMMIES | ADD QL* 1 CHEW TAB PER DAY | N/A |
| PRENATAL VITAMINS | VITATRUE COMBO PACK | ADD QL* 2 TABS/CAPS PER DAY | N/A |
| PRENATAL VITAMINS | PRENA1 TRUE COMBO PACK | ADD QL* 2 TABS/CAPS PER DAY | N/A |

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| PULMONARY ARTERIAL HYPERTENSION | ADCIRCA 20 MG TABLET | ADD QL* 2 TABS PER DAY | N/A |
| PULMONARY ARTERIAL HYPERTENSION | LETAIRIS 10 MG TABLET | ADD QL* 1 TAB PER DAY | N/A |
| PULMONARY ARTERIAL HYPERTENSION | REVATIO 10 MG/12.5 ML VIAL | ADD QL* 3 VIALS PER DAY | N/A |
| PULMONARY ARTERIAL HYPERTENSION | REVATIO 10 MG/ML ORAL SUSP | ADD QL* 6ML PER DAY | N/A |
| SUPPLEMENTS | CRANBERRY 400 MG TABLET CRANBERRY 400MG CAPSULE CRANBERRY 500 MG CAPSULE | ADD QL* 4 PER DAY | N/A |
| TOPICAL CORTICOSTEROIDS LOW POTENCY | NUCORT LOTION | ADD QL* 60GM PER 30 DAYS | N/A |

* No changes in Preferred/Non-Preferred status revision or addition to UM edit only

What action do I need to take?

Please review these changes and work with your 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 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/NJ>.

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