

## Quarterly pharmacy formulary change notice

**Summary:** The formulary changes listed in the table below were reviewed and approved at our third quarter 2019 Pharmacy and Therapeutics Committee meeting.

Effective February 1, 2020, the changes outlined below apply to all Amerigroup Community Care members. **Please remember to read the footnotes at the end of the table.**

EFFECTIVE FOR ALL PATIENTS ON FEBRUARY 1, 2020			
Therapeutic class	Drug	Revised status	Potential alternatives
<b>ORAL ANTIHISTAMINES</b>	DIPHENHYDRAMINE 6.25MG SOLUTION LORATADINE 5MG CHEWABLE TABLET	PREFERRED	N/A
<b>ORAL ANTIHISTAMINES</b>	ED CHLORPED 2MG/ML LIQUID SILPHEN COUG 12.5/5ML SYRUP CLEMASTINE 2.68MG TABLET	NON-PREFERRED	CHLORPHENIRAMINE 4MG TABS ED CHLORPED JR SYRUP DIPHENHYDRAMINE 12.5/5ML LIQ CLEMASTINE 1.34 MG OTC
<b>ORAL NSAIDS</b>	(GENERIC) FENOPROFEN 200MG CAPSULE FENOPROFEN 400MG CAPSULE FENOPROFEN 600MG TABLET MEFENAM ACID 250MG CAPSULE NAPROXEN SOD 375MG ER TABLET NAPROXEN SOD 500MG ER TABLET	PREFERRED	N/A
<b>ORAL NSAIDS</b>	(BRAND) EC-NAPROSYN 375MG TABLET EC-NAPROSYN 500MG TABLET ADVIL CHILD 100/5ML SUSPENSION	NON-PREFERRED	GENERIC NAPROXEN TABLETS IBUPROFEN 100/5 ML SUSPENSION
<b>TOPICAL NSAIDS</b>	DICLOFENAC GEL 1%	PREFERRED WITH PA	N/A
<b>TOPICAL ANESTHETICS (OTC)</b>	PAIN RELIEF ROLL-ON LIQUID LIDOCAINE 4% PLUS CREAM ALOE/LIDOCAINE 0.5% GEL REGENECARE 2% GEL LIDODOSE 3% GEL REGENECARE SPRAY ALOCANE 4% GEL AFTERBURN 2.5% GEL XOLIDO 2% CREAM BURN RELIEF 0.5% AEROSAL ASPERCREME 4% SPRAY LIDOCAINE 3% CREAM	PREFERRED	N/A

	LIDOCAINE 4% CREAM LIDOCAINE 5% CREAM AFTERSUN 0.5% GEL LIDOCAINE 4% PAD		
<b>TOPICAL ANESTHETICS (RX)</b>	LIDOCAINE 3% CREAM LIDOCAINE 5% OINTMENT	NON-PREFERRED	OTC LIDOCAINE PRODUCTS  RX LIDOCAINE 5% PATCH (PA REQUIRED)
<b>MISCELLANEOUS ANTICONVULSANTS</b>	PREGABALIN 25MG CAPSULE PREGABALIN 50MG CAPSULE PREGABALIN 75MG CAPSULE PREGABALIN 100MG CAPSULE PREGABALIN 150MG CAPSULE PREGABALIN 200MG CAPSULE PREGABALIN 225MG CAPSULE PREGABALIN 300MG CAPSULE PREGABALIN SOL 20MG/ML	PREFERRED WITH NO PRIOR AUTHORIZATION (PA)	N/A
<b>ATOPIC DERMATITIS</b>	PIMECROLIMUS 1% CREAM	PREFERRED WITH STEP THERAPY (ST)	N/A
<b>FIBRATES</b>	FENOFIBRATE 130MG CAPSULE FENOFIBRATE 145MG TABLET FENOFIBRIC 35MG TABLET FENOFIBRIC 105MG TABLET FENOFIBRIC 135MG DR CAPSULE	NON-PREFERRED WITH ST	FENOFIBRATE 134MG, 160MG, 200MG, 43 MG, 48MG, 54 MG, 67 MG FENOFIBRIC ACID 45 MG
<b>ALCOHOL SWABS (MANUFACTURERS)</b>	GLOBAL DIABETIC RITE AID	NON-PREFERRED	MANUFACTURERS BD DIABETES DYNAREX HEALTH MART ULTIMED
<b>ALCOHOL SWABS (MANUFACTURERS)</b>	BD DIABETES DYNAREX HEALTH MART ULTIMED	PREFERRED	N/A
<b>IRON SUPPLEMENTS (GENERIC OTC)</b>	IRON 45MG TABLET SLOW-RELEASE FE 45MG TABLET HEMAX TABLET GENTLE IRON 28MG CAPSULE HIGH POTENCY FE 27MG TABLET NU-IRON 150 150MG CAPSULE ABATRON AF TABLET SLOW IRON 50MG TABLET FERGON 27MG TABLET	PREFERRED	N/A
<b>IRON SUPPLEMENTS (BRAND OTC)</b>	FOLITAB 500 TABLET IRON 28MG TABLET FERROUS GLUC 324MG TABLET EZFE 200MG CAPSULE FERROUS GLUC TAB 324MG	NON-PREFERRED	OTC GENERIC IRON SUPPLEMENTS  RX PRODUCTS: HEMATOGEN FA CAPSULE

	<p>FERROUS SULF 324MG EC TABLET  FERRETTTS 325MG TABLET  FERREX 150MG CAPSULE  FERREX 28 MIS  FERREX 150 PLUS CAPSULE  FERREX 150 FORTE PL CAPSULE  CHEWABLE IRON  PEDIATRIC IRON CHEWABLE  FERROUS SUL 220/5ML LIQUID  FERROUS SULF 300/5ML SYRUP  FEOSOL 200MG TABLET  SLOW RELEASE FE 143MG CR TABLET</p>		<p>HEMETAB TABLET  MULTIGEN TABLET  MULTIGEN PLS TABLET  MULTIGEN FOLIC TABLET  FERRAPLUS 90 TABLET  TARON FORTE CAPSULE  FOLIVANE-F CAPSULE  FOLIVANE-PLS CAPSULE  CENTRATX CAPSULE</p>
<b>IRON SUPPLEMENTS (PRESCRIPTION STRENGTH)</b>	<p>IFEREX 150 FORTE CAPSULE  HEMATOGEN CAPSULE  HEMATOGEN FORTE CAPSULE  TRICON CAPSULE  MYFERON 150 FORTE CAPSULE  FERROCITE PLUS TABLET  FEROCON CAPSULE  PUREVIT DUA FE PLUS CAPSULE  HEMATINIC PL VIT/MIN TABLET  HEMATINIC/FA TABLET  POLY-IRON 150 FORT CAPSULE  CORVITA 150 TABLET  TRIGELS-F FORTE CAPSULE  TL ICON CAPSULE  SE-TAN PLUS CAPSULE</p>	NON-PREFERRED	<p>OTC GENERIC IRON SUPPLEMENTS</p> <p>RX PRODUCTS:  HEMATOGEN FA CAPSULE  HEMETAB TABLET  MULTIGEN TABLET  MULTIGEN PLS TABLET  MULTIGEN FOLIC TABLET  FERRAPLUS 90 TABLET  TARON FORTE CAPSULE  FOLIVANE-F CAPSULE  FOLIVANE-PLS CAPSULE  CENTRATX CAPSULE</p>
<p><b>UM EDITS — EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2020</b>  NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</p>			
<b>ANDROGENS*</b>	JATENZO CAPSULE	ADD ST WITH QUANTITY LIMITS (QL) 58 MG AND 198 MG QL: 4 PER DAY 237 MG QL: 2 PER DAY	
<b>ANTICONVULSANTS</b>	NAYZILAM SPRAY 5MG	ADD PA WITH QL QL: 50 MG PER 30 DAYS	
<b>ANTICONVULSANTS</b>	OXTELLAR XR 150 MG OXTELLAR XR 600 MG	REVISED QL LIMIT: 150 MG: 3 TABLETS PER DAY 600 MG: 4 TABLETS PER DAY	
<b>ANTINEOPLASTIC AGENTS</b>	PIQRAY 200 MG TABLETS PIQRAY 250 MG TABLETS PIQRAY 300 MG TABLETS	ADD PA WITH QL QL: 1 CARTON PER 28 DAYS	
<b>ANTINEOPLASTIC AGENTS</b>	POLIVY 140MG INJECTION	ADD PA	
<b>ANTINEOPLASTIC AGENTS</b>	LIBTAYO 350/7ML INJECTION	ADD PA	
<b>ANTINEOPLASTIC AGENTS*</b>	ZIRABEV	ADD PA	
<b>ANTINEOPLASTIC AGENTS</b>	TECENTRIQ 840/14 INJECTION TECENTRIQ 1200/200 INJECTION	ADD QL 840/14 INJ: 2 VIALS PER 29 DAYS 1200/200 INJ: 1 VIAL PER 21 DAYS	

<b>ANTINEOPLASTIC AGENTS</b>	XPOVIO PAK 60MG XPOVIO PAK 80MG XPOVIO PAK 100MG	ADD QL 1 CARTON PER 28 DAYS
<b>ANTINEOPLASTIC AGENTS</b>	NUBEQA 300MG TABLET	ADD QL 4 TABLETS PER DAY
<b>ANTINEOPLASTIC AGENTS</b>	TURALIO CAP 200MG	ADD QL 4 TABLETS PER DAY
<b>ANTINEOPLASTIC AGENTS</b>	PIQRAY 200MG TAB DOSE PIQRAY 300MG TAB DOSE PIQRAY 250MG TAB DOSE	REVISE QL 1 CARTON PER 28 DAYS
<b>CHOLESTEROL AGENTS</b>	EZALLOR SPRINKLE 5 MG CAP EZALLOR SPRINKLE 10 MG CAP EZALLOR SPRINKLE 20 MG CAP EZALLOR SPRINKLE 40 MG CAP	ADD PA AND QL  QL: 1 TABLET PER DAY
<b>COPD AGENTS</b>	DUAKLIR 400/12 INHALER	ADD ST AND QL QL: 1 INHALER PER 30 DAYS
<b>CYSTIC FIBROSIS AGENTS</b>	KALYDECO PAK 25MG	ADD QL 2 PACKETS PER DAY
<b>CYSTIC FIBROSIS AGENTS</b>	ORKAMBI GRANULES	ADD QL 2 PACKETS PER DAY
<b>HIV</b>	DOVATO TABLET EDURANT 25 MG TABLET DELSTRIGO TABLET COMPLERA TABLET ODEFSEY TABLET JULUCA TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 1 PER DAY
<b>HIV</b>	INTELENCE TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 200 MG-2 TABLETS PER DAY 100 MG-4 TABLETS PER DAY 25 MG-16 TABLETS PER DAY
<b>HIV</b>	ATRIPLA TABLET BIKTARVY TABLET CIMDUO TABLET DESCOVY TABLET EMTRIVA 200 MG CAPSULE EPIVIR 300 MG TABLET EPZICOM TABLET EVOTAZ TABLET GENVOYA TABLET PIFELTRO 100 MG TABLET PREZCOBIX TABLET PREZISTA 800 MG TABLET REYATAZ 300 MG CAPSULE STRIBILD TABLET SUSTIVA 600 MG TABLET SYMFI TABLET SYMFI LO TABLET SYM TUZA TABLET	ADD QL 1 PER DAY

	<p>TRIUMEQ TABLET  TRUVADA TABLET  TYBOST 150 MG TABLET  VIDEX EC 400 MG CAPSULE  VIDEX EC 250 MG CAPSULE  VIRAMUNE XR 400 MG TABLET  TEMIXYS TABLET</p>	
<b>HIV</b>	<p>REYATAZ 200 MG CAPSULE  REYATAZ 150 MG CAPSULE  VIDEX EC 200 MG CAPSULE  ZERIT 40 MG CAPSULE  ZERIT 30 MG CAPSULE  COMBIVIR TABLET  DUTREBIS TABLET  EPIVIR 150 MG TABLET  ISENTRESS HD 600 MG TABLET  PREZISTA 600 MG TABLET  RETROVIR 300 MG TABLET  SELZENTRY 75 MG TABLET  TIVICAY 10 MG, 25 MG AND 50 MG TABLET  TRIZIVIR TABLET  VIRAMUNE 200 MG TABLET  ZIAGEN 300 MG TABLET</p>	<p>ADD QL  2 PER DAY</p>
<b>HIV</b>	<p>ISENTRESS 100 MG GRANULE PACKET FOR  SUSPENSION</p>	<p>ADD QL  2 PACKETS PER DAY</p>
<b>HIV</b>	<p>VIDEX EC 125 MG CAPSULE  VIRAMUNE XR 100MG TABLET</p>	<p>ADD QL  3 PER DAY</p>
<b>HIV</b>	<p>APTIVUS 250 MG CAPSULE  INVIRASE 500 MG TABLET  ISENTRESS 400 MG TABLET  KALETRA 200 MG-50 MG TABLET  LEXIVA 700 MG TABLET  SELZENTRY 300 MG TABLET  SELZENTRY 150 MG TABLET  SUSTIVA 200 MG CAPSULE  VIRACEPT 625 MG TABLET  ZERIT 20 MG CAPSULE  ZERIT 15 MG CAPSULE</p>	<p>ADD QL  4 PER DAY</p>
<b>HIV</b>	<p>REYATAZ 50 MG POWDER FOR  SUSPENSION</p>	<p>ADD QL  5 PACKETS PER DAY</p>
<b>HIV</b>	<p>CRIVAN 400 MG CAPSULE  PREZISTA 150 MG TABLET  RESCRIPTOR 200 MG TABLET  RETROVIR 100 MG CAPSULE  ISENTRESS 100 MG CHEWABLE</p>	<p>ADD QL  6 PER DAY</p>
<b>HIV</b>	<p>SELZENTRY 25 MG TABLET</p>	<p>ADD QL  8 PER DAY</p>
<b>HIV</b>	<p>TROGARZO 150MG/ML VIAL</p>	<p>ADD QL  8 VIALS PER 28 DAYS</p>

<b>HIV</b>	INVIRASE 200 MG CAPSULE KALETRA 100 MG-25 MG TABLET PREZISTA 75 MG TABLET VIRACEPT 250 MG TABLET	ADD QL 10 PER DAY
<b>HIV</b>	CRIXIVAN 200 MG CAPSULE NORVIR 100 MG TABLET NORVIR 100 MG CAPSULE NORVIR 100 MG ORAL POWDER PACKET RESCRIPTOR 100 MG TABLET SUSTIVA 50 MG CAPSULE	ADD QL 12 PER DAY
<b>HIV</b>	APTIVUS 100 MG/ML SOLUTION	ADD QL 13 ML PER DAY
<b>HIV</b>	PREZISTA 100 MG/ML SUSPENSION	ADD QL 14 ML PER DAY
<b>HIV</b>	KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION NORVIR 80 MG/ML ORAL SOLUTION	ADD QL 16 ML PER DAY
<b>HIV</b>	ISENTRESS 25 MG CHEWABLE	ADD QL 24 TABLETS PER DAY
<b>HIV</b>	EMTRIVA 10 MG/ML SOLUTION	ADD QL 29 ML PER DAY
<b>HIV</b>	EPIVIR 10 MG/ML ORAL SOLUTION ZIAGEN 20 MG/ML SOLUTION	ADD QL 32 ML PER DAY
<b>HIV</b>	VIDEX 4 GM PEDIATRIC ORAL SOLUTION VIDEX 2 GM PEDIATRIC ORAL SOLUTION VIRAMUNE 50 MG/5 ML SUSPENSION	ADD QL 40 ML PER DAY
<b>HIV</b>	VIRACEPT 50 MG/G POWDER	ADD QL 53 GM PER DAY
<b>HIV</b>	FUZEON 90 MG VIAL	ADD QL 60 VIALS PER 30 DAYS
<b>HIV</b>	LEXIVA 50 MG/ML SUSPENSION	ADD QL 60 ML PER DAY
<b>HIV</b>	SELZENTRY 20 MG/ML ORAL SOLUTION	ADD QL 62 ML PER DAY
<b>HIV</b>	RETROVIR 10 MG/ML SYRUP	ADD QL 64 ML PER DAY
<b>HIV</b>	ZERIT 1 MG/ML SOLUTION	ADD QL 80 ML PER DAY
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>	ZELNORM 6MG TABLET	ADD PA AND QL QL 2 TABLETS PER DAY
<b>LAMBERT-EATON MYASTHENIC SYNDROME AGENTS</b>	RUZURGI 10MG TABLET	ADD PA AND QL QL 10 TABLETS PER DAY
<b>ORAL DIABETIC AGENTS*</b>	QTERNMET XR TABLET	ADD ST AND QL QL: 5 MG/5 MG/1000 MG, 10 MG/5 MG/1000 MG:

		1 TABLET PER DAY 2.5 MG/2.5 MG/1000 MG, 5 MG/2.5 MG/10000 MG: 2 TABLETS PER DAY
<b>ORAL DIABETIC AGENTS</b>	QTERN 5-5MG TABLET	ADD QL 1 TABLET 28 DAYS
<b>INJECTABLE DIABETIC AGENTS</b>	OZEMPIC 2/1.5ML INJECTION	ADD QL 1 PER 28 DAYS
<b>PRENATAL VITAMINS</b>	DUET DHA DUET DHA BALANCED NESTABS ABC NESTABS DHA OBTREX DHA SELECT-OB+DHA THERANATAL COMPLETE VITAFOL FE+ VITAFOL-OB+DHA BAL-CARE DHA ESSENTIAL	ADD QL 2 PER DAY
<b>PRENATAL VITAMINS</b>	CITRANATAL B-CALM	ADD QL 3 PER DAY
<b>TOPICAL ANTIPRURITICS</b>	DOXEPIN HCL 5% CREAM ZONALON 5% CREAM PRUDOXIN 5% CREAM	ADD PA AND QL QL 1 TUBE PER FILL; 1 FILL PER 3 MONTHS
<b>TOPICAL ANESTHETIC COMBINATIONS</b>	LIDOCAINE/PRILOCAINE CREAM	REVISE QL 30 GM PER 30 DAYS
<b>VACCINES</b>	INFUENZA VACCINES	REVISE QL 1 INJECTION PER 180 DAYS

\* Medication will be added to the formulary when it is available on the market.

**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.