Provider Update

Quarterly pharmacy formulary change notice

Summary of change: The formulary changes listed in the table below were reviewed and approved at our December 14, 2015, Pharmacy and Therapeutic Committee (P&T) meeting.

✦ **What this means to you:** Effective May 1, 2016, the changes outlined below apply to all Amerigroup Washington, Inc. patients.

What is the impact of this change?

Effective for all patients on May 1, 2016			
Therapeutic class	**Drug**	**Revised status**	**Potential alternatives**
ACNE THERAPY	DERMAPAK PLUS KIT MYORISAN 30 MG ZENATANE 30 MG	ADD QUANTITY LIMIT (QL)	N/A
ADHD	APTENSIO XR METHYLPHENIDATE HCL DEXMETHYLPHENIDATE HCL STRATTERA KAPVAY CLONIDINE HCL ER INTUNIV GUANFACINE HCL ER AMPHETAMINE SULFATE DEXTROAMPHETAMINE SULFATE METHAMPHETAMINE HCL DEXTROAMPHETAMINE/AMPHETAMINE VYVANSE	ADD MAXIMUM AGE LIMIT-18 YEARS OF AGE (NEW STARTS ONLY)	N/A
ANAPHYLAXIS THERAPY	EPINEPHRINE INJ 0.3MG	NON-PREFERRED	EPIPEN 2-PAK 0.3MG AUTO-INJECT EPIPEN JR 2-PAK 0.15MG INJCTR
ANTIDIARRHEALS	LOPERAMIDE LIQ IMODIUM A-D LIQUID LOPERAMIDE SUSP	NON-PREFERRED	LOPERAMIDE 1MG/5ML LIQUID
ANTIDIARRHEALS	SOOTHE 262 MG CHEWABLE TABLET	PREFERRED	N/A
ANTIDIURETIC AND VASOPRESSOR HORMONES	DDAVP 10 MCG/0.1 ML SOLUTION	NON-PREFERRED	DESMOPRESSIN 0.01% SOLUTION
ANTIEMETIC/ANTIVERTIGO AGENTS	COMPRO 25 MG SUPPOSITORY PROCHLORPERAZINE 25 MG SUPP	PREFERRED	N/A
ANTIFLATULENTS	BICARSIM FORTE 125 MG TABLET EQUALIZER GAS RELIEF DROPS	PREFERRED	N/A

ANTIIFECTIVES	AUGMENTIN 125-31.25 MG/5 ML SUSPENSION	NON-PREFERRED	AMOX-CLAV 200-28.5 MG/5 ML SUS AMOX-CLAV 250-62.5 MG/5 ML SUS AMOX-CLAV 400-57 MG/5 ML SUSP AMOX-CLAV 600-42.9 MG/5 ML SUS
ANTIHYPERTENSIVE AGENTS	TARKA DILTIAZEM ER NORVASC 5 MG VERAPAMIL ER 200 MG	REVISED QL	N/A
ANTIHYPERTENSIVE AGENTS	PRESTALIA	ADD QL	N/A
ANTIIFECTIVES	CIPRO 10% ORAL CIPRO 5% ORAL LEVAQUIN ORAL CIPRO IR ZITHROMAX	REVISED QL	N/A
ANTIMALARIALS	QUALAQUIN	REVISED QL	N/A
ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN NASAL SUMATRIPTAN INJECTABLE	PREFERRED WITH STEP THERAPY	N/A
ANTIPSORIATIC/ ANTISEBORRHEIC	COSENTYX 150 MG/ML	ADD QL	N/A
ANTISPASMODICS	HYOMAX-SL 0.125 MG TABLET SL HYOSCYAMINE 0.125 MG ODT HYOSCYAMINE 0.125 MG TAB SL OSCIMIN 0.125 MG ODT OSCIMIN SL 0.125 MG TABLET SYMAX FASTABS 0.125 MG TABLET ANTISPASMODIC ELIXIR QUADRAPAX ELIXIR SE-DONNA PB HYOS ELIXIR	PREFERRED	N/A
ANTIVERTIGO & ANTIEMETIC AGENTS	VARUBI	ADD QL	N/A
ANTIVIRALS	RELENZA DISKHALER TAMIFLU	REVISED QL	N/A
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES	ALCOH-GLOVE CONTOURED WIPE	NON-PREFERRED	ISOPROPYL ALCHOHOL 70% WIPES
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES	RA ISOPROPYL ALCOHOL 70% WIPES ALCOH-WIPE 12''X12'' FLAT WIPE	PREFERRED	N/A
CONTRACEPTIVES	ORTHO ALL-FLEX DIAPHRAGM 65MM ORTHO ALL-FLEX DIAPHRAGM 70MM ORTHO ALL-FLEX DIAPHRAGM 75MM ORTHO ALL-FLEX DIAPHRAGM 80MM FC2 FEMALE CONDOM	PREFERRED	N/A
DIABETIC AGENTS	GLUMETZA ER 500 MG TABLET GLUMETZA ER 1;000 MG TABLET	NON-PREFERRED WITH STEP THERAPY REQUIRED	METFORMIN IR METFORMIN ER
DIABETIC AGENTS	TRESIBA SYNJARDY	ADD QL	N/A
HIV THERAPY	GENVOYA	PREFERRED	N/A

HIV THERAPY	VIREAD	PA REQUIRED	N/A
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	DOXERCALCIFEROL 4 MCG/2 ML VL	NON-PREFERRED	N/A
IMMUNOMODULATORS	ACTIMMUNE	REMOVE QL	N/A
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	NOVOTWIST NEEDLE 30G 8MM NOVOTWIST NEEDLE 32G 5MM VANISHPOINT 0.5 ML 30GX1/2'' SY VANISHPOINT U-100 29X1/2 SYR CAREONE SYR 0.3 ML 29GX0.5'' CAREONE SYR 0.3 ML 30GX5/16'' CAREONE SYR 0.5 ML 29GX0.5'' CAREONE SYR 0.5 ML 30GX5/16'' CAREONE SYR 1 ML 29GX0.5'' CAREONE SYR 1 ML 30GX5/16'' NOVOFINE AUTOCOVER 30G NEEDLE SAFESNAP INSUL SYRINGE 0.5 ML SAFESNAP INSUL SYRINGE 0.3 ML SAFESNAP INSULIN SYRINGE 1 ML MAGELLAN INSUL SYRINGE 0.3 ML MAGELLAN INSULIN SYR 0.3 ML MAGELLAN INSULIN SYRINGE 1 ML MAGELLAN INSUL SYRINGE 0.5 ML MAGELLAN INSULIN SYR 0.5 ML CAREONE SYR 0.3 ML 30GX5/16'' CAREONE SYR 0.3 ML 29GX0.5'' CAREONE SYR 0.5 ML 30GX5/16'' CAREONE SYR 0.5 ML 29GX0.5'' CAREONE SYR 1 ML 30GX5/16'' CAREONE SYR 1 ML 29GX0.5'' NOVOTWIST NEEDLE 30G 8MM NOVOTWIST NEEDLE 32G 5MM NOVOFINE AUTOCOVER 30G NEEDLE SAFESNAP INSUL SYRINGE 0.5 ML SAFESNAP INSUL SYRINGE 0.3 ML SAFESNAP INSULIN SYRINGE 1 ML MAGELLAN INSULIN SYR 0.3 ML MAGELLAN INSUL SYRINGE 0.3 ML MAGELLAN INSULIN SYRINGE 1 ML MAGELLAN INSULIN SYR 0.5 ML MAGELLAN INSUL SYRINGE 0.5 ML	NON-PREFERRED	VARIOUS – SEE PREFERRED PRODUCTS BELOW
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	MONOJECT SAFETY SYRINGE EASY COMFORT PEN NDL 31GX1/4'' EASY COMFORT PEN NDL 32GX5/32'' UNIFINE PENTIP NEEDLES BD LUER-LOK SYRINGE 1 ML BD LUER-LOK SYRINGE 1ML 20GX1'' BD ECLIPSE 30GX1/2'' SYRINGE BD SAFETYGLIDE SYRINGE 27GX5/8 PRODIGY SYRNG 1 ML 29GX1/2'' BD LUER-LOK SYRINGE 1 ML MONOJECT SAFETY SYRINGE UNIFINE PENTIP NEEDLES INSUPEN 33G 4MM PEN NEEDLE COMFORT EZ PEN NEEDLES 6MM 33G COMFORT EZ PEN NEEDLES 4MM 33G COMFORT EZ PEN NEEDLES 5MM 33G	PREFERRED	N/A

	COMFORT EZ PEN NEEDLES 5MM 32G COMFORT EZ PEN NEEDLES 8MM 33G COMFORT EZ PEN NEEDLES 6MM 32G COMFORT EZ PEN NEEDLES 8MM 32G BD ECLIPSE 30GX1/2'' SYRINGE PRODIGY SYRNG 1 ML 29GX1/2'' WM UNIFINE PENTIP PLUS 4MM 32G UNIFINE PENTIPS PLUS 32GX5/32'' EASY COMFORT PEN NDL 31GX1/4'' CAREFINE PEN NEEDLE 4MM 32G CAREFINE PEN NEEDLES 8MM 31G CAREFINE PEN NEEDLE 12.7MM 29G CAREFINE PEN NEEDLE 6MM 31G SURE COMFORT PEN NDL 32GX5/32'' ULTILET PEN NEEDLE 4MM 32G COMFORT POINT PEN NDL 31GX1/6'' EASY TOUCH PEN NEEDLE 32GX5/32 1ST TIER UNIFINE PENTP 5MM 31G 1ST TIER UNIFINE PNTP 31GX3/16 1ST TIER UNIFINE PNTIP 4MM 32G 1ST TIER UNIFINE PNTP 32GX5/32 1ST TIER UNIFINE PNTP 12MM 29G 1ST TIER UNIFINE PNTP 29GX1/2'' 1ST TIER UNIFINE PNTIP 6MM 31G 1ST TIER UNIFINE PNTP 31GX1/4'' ADVOCATE PEN NDL 12.7MM 29G CAREONE UNIFINE PNTP 32GX5/32''		
KIDNEY STONE AGENTS	THIOLA	ADD QL	N/A
LANCING DEVICES	ALL PRODUCTS	PREFERRED	N/A
MISCELLANEOUS AGENTS	CEREDASE 80 UNITS/ML VIAL ALDURAZYME 2.9 MG/5 ML VIAL	NON-PREFERRED	N/A
MISCELLANEOUS ANTIBIOTICS	DARAPRIM	NON-PREFERRED ADD QL	N/A
MISCELLANEOUS ANTIINFECTIVES	XIFAXIN 550MG SIVEXTRO TINDAMAX	REVISED QL	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	IRESSA	PA REQUIRED ADD QL	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	ARIMIDEX AROMASIN FEMARA	REMOVE PA	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	AFINITOR XELODA VIDAZA TARGRETIN (ORAL)	REMOVE QL	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	ODOMZO	ADD QL	N/A
MISCELLANEOUS DERMATOLOGICAL AGENTS	CONSTANT CARE CONDITION CRM CONSTANT CARE MOIST BARRIER	NON-PREFERRED	BETA CARE CREAM
MISCELLANEOUS NEUROLOGICAL THERAPY	KEVEYIS	ADD QL	N/A
MISCELLANEOUS RHEUMATOLOGICAL AGENTS	OTEZLA 28 DAY STARTER PACK	ADD QL	N/A

MISCELLANEOUS RHEUMATOLOGICAL AGENTS	HUMIRA	REVISED QL	N/A
MYELOID STIMULANTS	NEULASTA ON-BODY INJ.	ADD QL	N/A
OTIC ANTIBIOTICS	CIPROFLOXACIN 0.2% OTIC SOLN	PREFERRED	N/A
PCSK-P INHIBITORS	REPATHA 140 MG/ML SYRINGE REPATHA 140 MG/ML SURECLICK	PREFERRED WITH PA	N/A
PEAK FLOW METERS	IN-CHECK NASAL WITH MASK IN-CHECK ORAL FLOW METER MICROLIFE PEAK FLOW METER ONE FLOW FVC SCREEN SPIROMETER	PREFERRED	N/A
TOPICAL ANTIFUNGALS	NYSTATIN-TRIAMCINOLONE CREAM NYSTATIN-TRIAMCINOLONE OINTM MENTAX 1% CREAM ECONAZOLE NITRATE 1% CREAM	NON-PREFERRED	NYSTATIN 100;000UNITS/GM CREAM/OINT TRIAMCINOLONE CRM/OINT
TOPICAL ANTIFUNGALS	KETOCONAZOLE 2% FOAM KETODAN 2% FOAM	PREFERRED	N/A
TOPICAL TESTOSTERONE	ANDRODERM 4 MG/24HR PATCH ANDRODERM 2 MG/24HR PATCH ANDROGEL 1% GEL PUMP TESTIM 1% (50MG) GEL	N0N-PREFERRED	TESTOSTERONE 25 MG/2.5 GM PKT TESTOSTERONE 50 MG/5 GRAM PKT TESTOSTERONE 12.5 MG/1.25 GRAM (PA REQUIRED)
TOPICAL TESTOSTERONE	TESTOSTERONE 50 MG/5 GRAM GEL TESTOSTERONE 25 MG/2.5 GM PKT TESTOSTERONE 50 MG/5 GRAM PKT TESTOSTERONE 12.5 MG/1.25 GRAM	PREFERRED	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 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 prior authorization. You can find the preferred drug list on our provider website at 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.