

Provider Update

Quarterly pharmacy formulary change notice

Summary: The formulary changes listed in the table below were reviewed and approved at our September 14, 2015, Pharmacy and Therapeutic Committee meeting and are effective February 1, 2016.

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

Effective February 1, 2016, for all patients			
Therapeutic class	Drug	Revised status	Potential alternatives
SHORT-ACTING BETA AGONISTS (SABAs)	PROAIR HFA 90 MCG INHALER PROVENTIL HFA 90MCG INHALER	NONPREFERRED STEP THERAPY REQUIRED	VENTOLIN HFA 90 MCG INHALER
ANDROGENS	NATESTO	QUANTITY LIMIT REVISION	N/A
ANTIFUNGAL AGENT	CRESEMBA	QUANTITY LIMIT REVISION	N/A
ANTIHISTAMINES	CLARITIN 5MG REDITABS CHILD'S CLARITIN 5MG CHEW TAB	NONPREFERRED	LORATADINE 10 MG ODT LORATADINE 5 MG/5 ML SYRUP CHILD ALLEGRA ALLERGY 30 MG ODT
ANTIMALARIALS	DARAPRIM 25MG TABLET	PREFERRED PRIOR AUTHORIZATION (PA) REQUIRED	HYDROXYCHLOROQUINE 200 MG MEFLOQUINE HCL 250 MG ATOVAQUONE-PROGUANIL CHLOROQUINE PHOSPHATE
ANTINEOPLASTICS	LUPRON PED 7.5MG LUPRON 3.75MG	QUANTITY LIMIT REVISION	N/A
BILE SALTS	CHOLBAM	QUANTITY LIMIT REVISION	N/A
BONE DENSITY REGULATORY AGENTS	ZOLEDRONIC ACID 4MG VIAL	NONPREFERRED	N/A
COUGH AND COLD PRODUCTS	SORE THROAT LOZENGE CHLORASEPTIC MAX LOZENGE CEPACOL SORE THROAT LOZENGE ANTISEPTIC SORE THROAT SPRAY CEPASTAT 14.5MG LOZENGE	NONPREFERRED	CHLORASEPTIC SORE THROAT SPRAY
DENTAL AIDS AND PREPARATIONS	NEUTRAL SODIUM FLUORIDE SF 1.1% GEL DENTAGEL 1.1% GEL FLUORIDEX DEFENSE 1.1% GEL	PREFERRED	N/A
GROWTH HORMONES	NODRITROPIN OMNITROPE	NONPREFERRED	ZOMACTON
GROWTH HORMONES	ZOMACTON	PREFERRED (PA REQUIRED)	N/A

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HEPARINS FOR IV LINE MAINTENANCE AGENTS	HEPARIN LOCK FLUSH PRODUCTS	NONPREFERRED	N/A
HEREDITARY ANGIOEDEMA AGENTS	BERINERT 500 UNIT KIT	NONPREFERRED	N/A
KERATOLYTICS	X-SEB T PEARL SHAMPOO SEBEX SHAMPOO	PREFERRED	N/A
KERATOLYTICS	CARB-O-LAC5 CREAM CARB-O-LAC HP CREAM CVS FOOT SOFTENER OINTMENT RA EXFOLIATING MOISTURIZER CARB-O-SALS CREAM CORN & CALLUS REMOVER SALKERA 6% FOAM	NONPREFERRED	MEDIPLAST CORN-CALLUS-WART PAD AMMONIUM LACTATE 12% CREAM
MISC NEUROLOGICAL THERAPY	NAMZARIC	QUANTITY LIMIT REVISION	N/A
MISC PULMONARY AGENT	KALYDECO GRANULES STIOLTO RESPIMAT BREQ ELLIPTA	QUANTITY LIMIT REVISION	N/A
MISC DERMATOLOGICALS	DERMADROX 1.2% OLIVE OIL SWEET OIL PRETTY FEETS & HANDS CREAM BODI LOTION CETAPHIL CLEANSER CETAPHIL CLEANSING LOTION CVS GENTLE SKIN CLEANSER LOTION GENTLE SKIN CLEANSER SM SKIN CLEANSER PUB CALAMINE LOTION CALAMINE POWDER DESITIN DIAPER RASH 40% PASTE DIAPER RASH 40% PASTE PETERSON'S OINTMENT FLANDERS BUTTOCKS OINTMENT AMERIGEL PREMIUM CARE LOTION BOUDREAU'S BUTT PASTE DELAZINC 25% OINTMENT TRIPLE PASTE MEDICATED OINT ZINC OXIDE PASTE, POWDER SECURA EXTRA PROTECTIVE CREAM	NONPREFERRED	NUTRADERM LOTION DIAPER RASH 40% OINTMENT TRIPLE ANTIBIOTIC OINTMENT (GENERIC)
MISC DERMATOLOGICALS	GORDOFILM SOLUTION CALICYLIC CRÈME BENSAL HP 3% OINTMENT BETASAL SHAMPOO DHS SAL 3% SHAMPOO KERALYT 3% GEL OIL-FREE 2% ACNE WASH PSORIASIN 3% MEDICATED WASH SALICYLIC ACID CRYSTALS/POWDER SALICYLIC ACID ER 28.5% SOLUTION TRANS-VER-SAL PATCH AVEENO CLEAR COMPLEXION BAR CVS FAST CLEARING SPOT 2% GEL VIRASAL ANTIVIRAL WART REMOVER CVS ACNE SPOT TRTMNT 2% CREAM ULTRASAL-ER 28.5% SOLUTION	NONPREFERRED	SEE FORMULARY

	<p> PODOCON-25 LIQUID SALVAX DUO PLUS COMBO PACK NOBLE FORMULA S SPRAY LIQUID CORN & CALLUS REMOVER </p>		
MISC DERMATOLOGICALS	<p> BENGAY GEL ICY HOT BIOFREEZE 4% GEL BERRI-FREEZ GEL, SPRAY SOMBRA COOL THERAPY GEL ZIM'S MAX-FREEZE 3.7% GEL Z-CLINZ CLEANSER SEPTI-SOFT CONC LIQUID SOAP LANAPHILIC WITH UREA 20% OINT HYDRISINOL CREME SARATOGA 1% OINTMENT </p>	NONPREFERRED	SEE FORMULARY
MISC DERMATOLOGICALS	<p> SPECTRO-JEL JELLY ALOE VESTA 43% PROTECTIVE OINT AQUAPHOR OINT DERMAPHOR OINT PETROLEUM JELLY AQUAPHILIC OINT KERODEX 71 (WET) CREAM OINTMENT BASE FLUOROPLEX 1% CREAM CASTELLANI PAINT PHENOLL CRYSTALS/LIQUID AMERIGEL BARRIER LOTION SWEEN 24 CREAM BAZA PROTECT CREAM CONDYLOX 0.5% GEL CVS FIRST AID OINTMENT PELEVERUS 0.9% OINTMENT GERI PROTECT BARRIER OINT ZYCLARA 2.5% CREAM PUMP DANDRUFF 1% SHAMPOO SELSUN BLUE 1% SHAMPOO </p>	NONPREFERRED	SEE FORMULARY
MISC DERMATOLOGICALS	<p> SORBOLENE CREAM PERISHIELD OINTMENT PERIGUARD OINTMENT CRITIC-AID CLEAR OINTMENT RESINOL OINTMENT FLEXALL GEL POLAR FROST GEL A&D ZINC OXIDE CREAM RADIGEL ACEMANNAN HYDROGEL EUCERIN CALM ITCH-RELIEF LOT GOLDBOND ULTIMATE CR/OINT PENTRAVAN PLUS CREAM </p>	NONPREFERRED	SEE FORMULARY
MISC PREPARATIONS	<p> ACETIC ACID 2% EAR SOLUTION CORTANE-B OTIC DROPS EXOTIC-HC EAR DROPS AERO OTIC EAR DROPS OTOMAX-HC EAR DROPS OTO-END 10 EAR DROPS PRAMOXINE-HC OTIC DROPS TREAGAN OTIC DROPS ANTIPYRINE-BENZOCAINE OTIC SOL </p>	PREFERRED	N/A

OPIOID DEPENDENCE	SUBOXONE 12MG-3MG SL FILM SUBOXONE 2MG- 0.5MG SL FILM SUBOXONE 4MG-1MG SL FILM SUBOXONE 8MG-2MG SL FILM	PREFERRED PA REQUIRED	N/A
PARATHYROID HORMONES	NATPARA	QUANTITY LIMIT REVISION	N/A
PHOSPHATE BINDERS	VELPHORO 500MG CHEW TAB	PREFERRED PA REQUIRED	N/A
PHOSPHATE BINDERS	FOSRENOL CHEW TAB RENAGEL 400MG & 800MG TAB	NONPREFERRED	CALCIUM ACETATE 668MG VELPHORO 500MG CHEW TAB (PA REQUIRED)
PROTON PUMP INHIBITORS	NEXIUM 24 HR OTC NEXIUM PACKETS PRILOSEC PACKETS ZEGERID OTC/RX	QUANTITY LIMIT REVISION	N/A
SELECT ANTIBIOTIC AGENTS	VANCOMYCIN VIAL	NONPREFERRED CURRENT UTILIZERS GRANDFATHERED FOR SIX MONTHS	N/A
SELECT ANTIBIOTIC AGENTS	KETEK TABLET	NONPREFERRED	LEVOFLOXACIN TABLET AZITHROMYCIN TAB OR SUSP
SELECT ANTIBIOTIC AGENTS	ZYVOX IV SOLN	NONPREFERRED	ZYVOX 100MG/5ML SUSP LINEZOLID 600MG TAB
SELECT ANTI-EMETIC AGENTS	ONDANSETRON 40MG/20ML VIAL ONDANSETRON 4MG/5ML SOLUTION ONDANSETRON HCL 4MG TABLET ONDANSETRON HCL 8MG TABLET ONDANSETRON 4MG/2ML AMPULE ONDANSETRON 4MG/2ML ISECURE ONDANSETRON HCL 4MG/2ML SYR ONDANSETRON HCL 4MG/2ML VIAL GRANISETRON VIAL DROPERIDOL 2.5MG/ML AMP/VIAL	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	ONDANSETRON ODT
SELECT ANTIFUNGAL	AMPHOTERICIN B 50MG VIAL	NONPREFERRED	N/A
SELECT ANTIFUNGAL	GRISEOFULVIN MICRO 500MG TAB	NONPREFERRED	GRISEOFULVIN 125MG/5ML SUSP GRISEOFULVIN ULTRA 125/250
SELECT ANTIHYPERGLYCEMIC AGENTS	GLUMETZA ER 1,000 MG TAB	NONPREFERRED	METFORMIN ER (GENERIC)
SELECT ANTIHYPERGLYCEMIC AGENTS	KYNAMRO 200MG/ML SYR	NONPREFERRED QUANTITY LIMIT	N/A
SELECT ANTIPARKINSONISM	APOKYN 30MG/3ML CARTRIDGE	NONPREFERRED	ROPINIROLE, PRAMIPEXOLE, CARBIDOPA-LEVODOPA, CARBIDOPA- LEVODOPA-ENTACAPONE, ENTACAPONE, TRIHEXYPHENIDYL
SELECT ANTITUBERCULOSIS	RIFATER TABLET	NONPREFERRED	RIFAMPIN, ISONIAZID, ETHAMBUTOL, RIFABUTIN, PYRAZINAMIDE
SELECT ANTIVIRAL AGENTS	VIRAZOLE 6GM VIAL CIDOFOVIR 375MG/5ML	NONPREFERRED	N/A
SELECT ELECTROGLYTE	GALZIN 25MG & 50MG CAPSULE	NONPREFERRED	N/A
SELECT GASTROINTESTINAL	IPECAC SYRUP	NONPREFERRED	N/A
SELECT HISTAMINE H2-RECEPTOR FOR INHIBITORS	FAMOTIDINE 20MG/2ML VIAL RANITIDINE 150MG CAPSULE	PREFERRED	N/A

	ZANTAC 150MG TABLET		
SELECT THIRD GENERATION CEPHALOSPORIN AGENTS	SPECTRACEF 200MG DOSE PACK TB	NONPREFERRED	CEFDINIR 300MG CAPSULE
SELECT TOPICAL LOCAL ANESTHETICS	LIDOCAINE 5% PATCH	PREFERRED	N/A
SELECT TOPICAL STEROIDS (SUPER POTENCY)	HALOBETASOL PROP 0.05% CREAM AND OINTMENT	PREFERRED	N/A
SELECT VASOPRESSOR	DESMOPRESSIN AC 4MCG/ML AMP DESMOPRESSIN 40 MCG/10ML VIAL	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	DESMOPRESSIN NASAL SOLUTION/SPRAY, DESMOPRESSIN TABLET
SPACER DEVICES	MICROCHAMBER AEROTRACH HOLDING CHAMBER ACE AEROSOL CLOUD ENHANCER PRIMEAIRE CHAMBER VORTEX MASK INSPIRACHAMBER FLEXICHAMBER	PREFERRED	N/A
TESTOSTERONE REPLACEMENT	TESTOSTERONE CYP INJ TESTOSTERONE ENAN INJ	PREFERRED	N/A
THERAPY FOR ACNE	BP WASH 10% LIQ SOD SULFACETAMIDE - SULFUR CREAM VIRTI-SULF EMOLLIENT CREAM SSS 10-5 CREAM PERNOX SCRUB CLEANSER BENZAC AC WASH 10% LIQUID BENZOYL PEROXIDE 9.8% FOAM BENZOYL PEROXIDE POWDER PR BENZOYL PEROXIDE 7% WASH ON-THE-SPOT 2.5% ACNE CREAM PANOXYL 10% ACNE CLEANSING BAR BPO FOAMING CLOTHS CLINDAREACH 1% KIT SEBASORB LOTION PACNEX CLEANSER/PAD DUAL ACTION 3.5% CLEANSER-MASK TL 4.25% BPO MX CLEANSER BENZEFOAM ULTRA 9.8% FOAM DELOS 3.5% LOTION	NONPREFERRED	ADAPALENE GEL ,BENZOYL PEROXIDE 10% WASH , BENZOYL PEROXIDE 5% WASH ,BENZOYL PEROXIDE 2.5% GEL BENZOYL PEROXIDE 5% GEL
THERAPY FOR ACNE	CVS ACNE SPOT TREATMENT 2.5% CR BENZEPRO 9.8% FOAM OC8 GEL SOD SULF-SULFUR CLNSR/LOT/SUSP AVAR CLEANSER PRASCION CLEANSER NORITATE 1% CREAM ADAPALENE 0.3% GEL PUMP BENZAACLIN GEL PUMP SE BPO 7% WASH	NONPREFERRED	ADAPALENE GEL ,BENZOYL PEROXIDE 10% WASH , BENZOYL PEROXIDE 5% WASH ,BENZOYL PEROXIDE 2.5% GEL BENZOYL PEROXIDE 5% GEL
TOPICAL ANESTHETICS	LIDOCAINE HCL 2% JELLY/GEL LIDOCAINE HCL 4% SOLUTION	PREFERRED	N/A
TOPICAL ANESTHETICS	LIDOCAINE-PRILOCAINE CREAM	NONPREFERRED	LIDOCAINE-HYDROCORTISONE CR
TOPICAL ANTIBACTERIALS	CENTANY 2% OINTMENT	NONPREFERRED	MUPIROCIIN 2% OINTMENT

TOPICAL ANTIBACTERIALS	PERI-WASH 10% CONCENTRATE ANTISEPTIC SOLUTION POVIDONE-IODINE 10% PAD/SOL EQ FIRST AID ANTISEPTIC SOL GRX DYNE 10% SOL PROCOMYCIN CREAM	NONPREFERRED	N/A
TOPICAL ANTIBACTERIALS	BACTROBAN NASAL 2% OINTMENT	PREFERRED	N/A
TOPICAL ANTIBACTERIALS	TRIPLE ANTIBIOTIC OINTMENT	PREFERRED	N/A
TOPICAL ANTIFUNGALS	ALOE VESTA 2% ANTIFUNGAL OINT CRITIC-AID CLEAR AF 2% OINT DESENEK 2% SPRAY LIQUID FUNGOID 2% TINCTURE DERMAFUNGAL 2% OINTMENT TRIPLE PASTE AF 2% OINTMENT AZOLEN 2% TINCTURE FUNGI-NAIL TOE AND FOOT OINTMENT TINACTIN 1% LIQUID SPRAY FUNGI CURE INTENSIVE 1% SPRAY UNDECYLENIC ACID LIQUID UNDELENIC TINCTURE DESENEK MAX 1% CREAM EQ TERBINAFINE HCL 1% CREAM MENTAX 1% CREAM TERBINAFINE HCL 1% CREAM	NONPREFERRED	TINACTIN 1% POWDER TOLNAFTATE 1% CREAM TOLNAFTATE 1% SPRAY POWDER CLOTRIMAZOLE AF 1% CR CLOTRIMAZOLE 1% SOL
TOPICAL ANTI-FLAMMATORY STEROID COMBINATION PRODUCT	HYDROCORTISONE-PRAMOXINE CREAM	PREFERRED	N/A
TOPICAL ANTIPARASITICS	MALATHION 0.5% LOTION	PREFERRED	N/A
TOPICAL IMMUNOMODULATORS	ELIDEL 1% CREAM	NONPREFERRED STEP THERAPY REQUIRED	TACROLIMUS 0.03% OINT TACROLIMUS 0.1% OINT (PA REQUIRED)
TOPICAL SCABICIDES/PEDICULICIDES	DANDRUFF SHAMPOO 2 IN 1 DANDRUFF SHAMPOO	NONPREFERRED	X-SEB T PEARL SHAMPOO SEBEX SHAMPOO
VISCOSUPPLEMENT AGENTS	HYALGAN 20MG/2ML SYR & VIAL ORTHOVISC 15MG/ML SYRINGE EUFLEXXA 20MG/2ML SYR SYNVISC	NONPREFERRED	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/WA. If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.