

Quarterly pharmacy formulary change notice

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

Effective February 1, 2018, the changes outlined below apply to all Amerigroup Washington, Inc. patients.

Effective for all patients on February 1, 2018			
Therapeutic class	Drug	Revised status	Potential alternatives
Estrogens	ALORA 0.05 MG PATCH ALORA 0.1 MG PATCH MINIVELLE 0.05 MG PATCH MINIVELLE 0.1 MG PATCH	Nonpreferred	Estradiol TDS patches Estradiol 0.06 mg/day patch Estradiol 0.0375 mg/day patch Estradiol 0.05 mg/day patch Estradiol 0.1 mg/day patch
Estrogen combinations	ESTRADIOL-NORETH 1-0.5 MG TAB MIMVEY 1-0.5 MG TABLET	Preferred	N/A
Estrogen combinations	MIMVEY LO 0.5-0.1 MG TABLET LOPREEZA 1 MG-0.5 MG TABLET	Preferred	N/A
Miscellaneous agents: levocarnitine	CARNITOR SF 100 MG/ML ORAL SOL LEVOCARNITINE 1 G/10 ML SOLN	Nonpreferred	Levocarnitine 330 mg tablet
Miscellaneous agents: bone resorption inhibitors	ETIDRONATE DISODIUM 200 MG TAB ETIDRONATE DISODIUM 400 MG TAB	Nonpreferred	N/A
Miscellaneous agents: bulk chemicals	BENZYL ALCOHOL LIQUID COTTONSEED OIL BENZYL BENZOATE LIQUID PHENOL LIQUID DMSA POWDER SUCCIMER DMSA POWDER PEG 3350-GRX POWDER SULFADIAZINE SODIUM POWDER	Nonpreferred	N/A
Alpha-1-proteinase inhibitor	ZEMAIRA 1,000 MG VIAL ARALAST NP 500 MG VIAL ARALAST NP 1,000 MG VIAL GLASSIA 1 GM/50 ML VIAL	Nonpreferred with prior authorization (PA)	N/A
Miscellaneous agents: sodium chloride	SODIUM CHLORIDE 0.9% VIAL	Nonpreferred	N/A
Miscellaneous agents: succimer	CHEMET 100 MG CAPSULE	Nonpreferred with PA	N/A
Miscellaneous agents: skin tissue replacement	APLIGRAF DISK	Nonpreferred	N/A
Miscellaneous agents: glycerol phenylbutyrate	RAVICTI 1.1 GRAM/ML LIQUID	Nonpreferred With PA and QL 17.5ml per day	N/A
Miscellaneous agents: sodium polystyrene sulfonate	SPS 50 GM/200 ML ENEMA KIONEX 15 GM/60 ML SUSPENSION	Nonpreferred	SPS 15 gm/60 ml suspension SPS 30 gm/120 ml enema

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com>.

Miscellaneous agents: hydrophilic ointment	DERMAFIX OINTMENT	Nonpreferred	N/A
Miscellaneous ophthalmologics	REFRESH 0.5% EYE DROPS LUBRICANT 0.5% EYE DROPS ZADITOR DROPS ARTIFICIAL TEARS (SINGLE USE DROP DISPENSER)	Nonpreferred	N/A
Neutraceuticals	ECHINACEA CAPSULE (OTC)	Nonpreferred	N/A
Ophthalmic anti-infectives	GATIFLOXACIN 0.5% EYE DROPS MOXIFLOXACIN 0.5% EYE DROPS (GENERIC VIGAMOX)	Preferred	N/A
Ophthalmic anti-infectives	LEVOFLOXACIN 0.5% EYE DROPS	Preferred	N/A
Smoking deterrents (brand only)	NICOTINE 2 MG & 4MG LOZENGE NICODERM CQ 7 MG/24HR PATCH NICODERM CQ 14 MG/24HR PATCH NICODERM CQ 21 MG/24HR PATCH NICOTINE 21-14-7MG TRANSDERMAL SYSTEM	Nonpreferred	Generic OTC nicotine lozenge and patch
Miscellaneous urologicals	CYTRA-K ORAL SOLUTION POTASSIUM CIT-CITRIC ACID SOLN	Preferred	N/A
Vasoconstrictor decongestants	PHENYLEPHRINE 2.5% EYE DROP	Preferred	N/A
Vasoconstrictor decongestants	NAPHCN-A EYE DROPS VISINE LONG LASTING EYE DROPS	Nonpreferred	Visine a-eye drops generic OTC eye allergy relief drops
Edits			
No changes in preferred/nonpreferred status — revision or addition to Utilization Management edit only.			
BPH 5-alpha-reductase inhib- alpha1-adrenocep antag	AVODART DUTASTERIDE DUTASTERIDE-TAMSULOSIN FINASTERIDE JALYN PROSCAR	AL removed	N/A
ADHD applies to members 18 years of age and older	COTEMPLA XR-ODT 8.6 MG TABLET COTEMPLA XR-ODT 17.3 MG TABLET COTEMPLA XR-ODT 25.9 MG TABLET	Add QL 2 per day	N/A
ADHD applies to members 18 years of age and older	VYVANSE 10 MG CHEWABLE TABLET VYVANSE 20 MG CHEWABLE TABLET VYVANSE 30 MG CHEWABLE TABLET VYVANSE 40 MG CHEWABLE TABLET VYVANSE 50 MG CHEWABLE TABLET VYVANSE 60 MG CHEWABLE TABLET	Add QL 1 per day	N/A
ADHD	METADATE ER METHYLPHENIDATE HCL METHYLPHENIDATE ER, CD, LA DEXMETHYLPHENIDATE HCL IR & ER ATOMOXETINE HCL CLONIDINE HCL ER DEXTROAMPHETAMINE SULFATE IR & ER DEXTROAMPHETAMINE-AMPHETAMINE IR & ER	Revised age limit 19 years and older require PA	N/A
Anti-infectives	DAXBIA 333 MG CAPSULE	Add QL 168 per 30 days	N/A
Antimetabolites	XATMEP 2.5 MG/ML ORAL SOLUTION	Add PA	N/A

Antineoplastics	KISQALI FEMARA 200 MG CO-PACK KISQALI FEMARA 400 MG CO-PACK KISQALI FEMARA 600 MG CO-PACK	Add QL 1 carton per 30 days	N/A
Antineoplastics	RUBRACA 250 MG TABLET	Add QL 4 per day	N/A
Antineoplastics	ZYTIGA 500 MG TABLET	Add QL 2 per day	N/A
Antiparkinsonism agents	XADAGO 50 MG TABLET	Add PA and QL 2 per day	N/A
Antiparkinsonism agents	XADAGO 100 MG TABLET	Add PA and QL 1 per day	N/A
Antiparkinsonism agents	ZELAPAR 1.25 MG ODT TABLET	Add PA and QL 2 per day	N/A
Antipsoriatic agents	TREMFYA 100 MG/ML SYRINGE	Add QL 1 per 56 days	N/A
Antispasmodics	GELNIQUE 10% GEL PUMP	Add QL 1 pump per 30 days	N/A
Antivirals	FAMCICLOVIR 125 MG TABLET FAMCICLOVIR 250 MG TABLET VALTREX 500 MG CAPLET VALACYCLOVIR HCL 500 MG TABLET	Add QL 60 per 30 days	N/A
Growth hormones	SAIZEN 8.8 MG CLICK.EASY CARTG SAIZEN 8.8 MG SAIZENPREP CART	Add QL 1 cartridge per day	N/A
Miscellaneous gastrointestinal agents	RENFLXIS 100 MG VIAL	PA required add QL 2 per 28 days	N/A
Hyperparathyroidism	RAYALDEE 30MCG SENSIPAR 30MG & 60MG	Add QL 2 per day	N/A
Hyperparathyroidism	SENSIPAR 90MG	Add QL 4 per day	N/A
Hypnotic agents	BUTISOL SODIUM 30 MG/5 ML ELX BUTISOL SODIUM 30 MG TABLET	New: 14 day treatment period	N/A
Intranasal steroids	FLUTICASONE 50 MCG SPRAY (OTC) NASACORT ALLERGY 24 HR (OTC) FLONASE SENSIMIST 27.5 MCG SPR	Add QL 1 per 30 days	N/A
Lipid/cholesterol lowering agents	VASCEPA 0.5 MG	Add QL 8 per day	N/A
Miscellaneous agents: sodium phenylbutyrate	BUPHENYL 500MG	Add QL 40 per day	N/A
Miscellaneous agents: sodium phenylbutyrate	BUPHENYL 250GM POWDER	Add QL 250gm powder per 12 days	N/A
Agents to treat multiple sclerosis	ZINBRYTA 150 MG/ML SYRINGE	Add QL 1 per 28 days	N/A
Osteoporosis therapy	TYMLOS 80 MCG DOSE PEN INJECTR	Add QL 1 pen per 30 days	N/A
Proton-pump inhibitors	ZEGERID OTC 20-1;100 MG CAP	QL revision 1 per day	N/A

Miscellaneous pulmonary agents	HAEGARDA 3;000 UNIT VIAL	Add QL 16 vials per 28 days	N/A
Miscellaneous pulmonary agents	HAEGARDA 2;000 UNIT VIAL	Add QL 24 vials per 28 days	N/A
Miscellaneous rheumatological agents	KEVZARA 150 MG/1.14 ML SYRINGE KEVZARA 200 MG/1.14 ML SYRINGE	PA required Add QL 2 per 28 days	N/A
Miscellaneous rheumatological agents	ORENCIA 50 MG/0.4 ML SYRINGE ORENCIA 87.5 MG/0.7 ML SYRINGE	Add QL 4 per 28 days	N/A
Cholesterol lowering agents	NIKITA 1MG, 2MG, 4MG ZYPITAMAG 1MG, 2MG, 4MG FENOFIBRATE 43 MG CAPSULE FENOFIBRATE 130 MG CAPSULE	Add QL 1 per day	N/A
Topical anti-inflammatory: NSAIDS	VOLTAREN 1% GEL PENNSAID 2% PUMP VOPAC MDS 1.5% SPRAY KIT DICLOZOR KIT DICLOFENAC SODIUM 1% GEL FLECTOR 1.3% PATCH FROTEK 10% CREAM DERMACINRX LEXITRAL PHARMAPAK SURE RESULT DSS PREMIUM PACK DICLOTRAL PAK XELITRAL PACK DS PREP PAK XRYLIX 1.5% KIT DICLO GEL 1%-XRYLIX SHEET KIT INFLAMMA-K KIT NUDICLO SOLUPAK	Add step therapy through diclofenac 1.5% topical solution	N/A
Vaccines	FLU VACCINATIONS	Add QL 0.5 ml per fill 2 fills per 180 days	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 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/WA>.

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