

Quarterly pharmacy formulary change notice

Effective January 1, 2019, the changes outlined below apply to all Amerigroup Washington, Inc. members.

Effective for all patients on January 1, 2019			
Therapeutic class	Drug	Revised status	Potential alternatives
ANALGESICS - OPIOID : LONG ACTING - AGONISTS	FENTANYL PATCH	PREFERRED WITH PRIOR AUTHORIZATION (PA) REQUIRED	N/A
ANALGESICS - OPIOID : SHORT ACTING - AGONISTS	CODEINE SULFATE 30 MG TABLET CODEINE SULFATE 60 MG TABLET OXYCODONE HCL 100 MG/5 ML SOLN OXYCODONE HCL 5 MG/5 ML SOLN OXYCODONE-ACETAMINOPHN 5- 325/5 VERDROCET 2.5-325 MG TABLET	NON-PREFERRED	ACETAMIN-CAFF-DIHYDROCOD 325 ACETAMIN-CODEIN 300-30 MG/12.5 ACETAMINOP-CODEINE 120-12 MG/5 ACETAMINOPHEN-COD #2 TABLET ACETAMINOPHEN-COD #3 TABLET ACETAMINOPHEN-COD #4 TABLET ASCOMP WITH CODEINE CAPSULE BUTALB-ACETAMINOPH-CAFF-CODEIN BUTALB-CAFF-ACETAMINOPH-CODEIN BUTALBITAL COMP-CODEINE #3 CAP CODEINE SULFATE 30 MG TABLET CODEINE SULFATE 60 MG TABLET ENDOCET 10-325 MG TABLET ENDOCET 2.5-325 MG TABLET ENDOCET 5-325 TABLET ENDOCET 7.5-325 MG TABLET HYDROCODONE-ACETAMIN 10-300 MG HYDROCODONE-ACETAMIN 10-325 MG HYDROCODONE-ACETAMIN 2.5-108/5 HYDROCODONE-ACETAMIN 2.5-325 HYDROCODONE-ACETAMIN 5-217/10 HYDROCODONE-ACETAMIN 5-300 MG HYDROCODONE-ACETAMIN 5-325 MG HYDROCODONE-ACETAMIN 7.5-300 HYDROCODONE-ACETAMIN 7.5-325 HYDROCODONE-ACETAMN 7.5-325/15 HYDROCODONE-IBUPROFEN 10-200 HYDROCODONE-IBUPROFEN 5-200 MG HYDROCODONE-IBUPROFEN 7.5-200 HYDROMORPHONE 2 MG TABLET HYDROMORPHONE 3 MG SUPPOS HYDROMORPHONE 4 MG TABLET HYDROMORPHONE 8 MG TABLET LORCET HD 10-325 MG TABLET MORPHINE SULF 10 MG SUPPOS MORPHINE SULF 20 MG SUPPOS

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			MORPHINE SULF 30 MG SUPPOS MORPHINE SULF 5 MG SUPPOS MORPHINE SULFATE IR 15 MG TAB MORPHINE SULFATE IR 30 MG TAB OXYCODON-ACETAMINOPHEN 2.5-325 OXYCODON-ACETAMINOPHEN 7.5-325 OXYCODONE HCL 10 MG TABLET OXYCODONE HCL 15 MG TABLET OXYCODONE HCL 20 MG TABLET OXYCODONE HCL 30 MG TABLET OXYCODONE HCL 5 MG TABLET OXYCODONE-ACETAMINOPHEN 10-325 OXYCODONE-ACETAMINOPHEN 5-325 OXYCODONE-ASPIRIN 4.8355-325 TRAMADOL HCL 50 MG TABLET TRAMADOL-ACETAMINOPHN 37.5-325 XYLON 10-200 MG TABLET
ANORECTAL AGENTS : RECTAL ANESTHETIC / STEROID COMBINATIONS	HYDROCORT-PRAMOXINE CRM LIDOCAINE-HC 3-0.5% CREAM LIDOCAINE-HC 3-0.5% CREAM KIT	PREFERRED	N/A
ANORECTAL AGENTS : RECTAL ANESTHETIC / STEROID COMBINATIONS	PROCTOFOAM-HC 1%-1% FOAM	NON-PREFERRED	PROCTO-PAK RECTAL CREAM 1% PROCTOZONE-HC RECTAL CREAM 2.5% PROCTO-MED HC CREAM 2.5% PROCTOSOL HC RECTAL CREAM 2.5%
ANORECTAL AGENTS : RECTAL STEROIDS	ANUCORT-HC 25 MG SUPPOSITORY ANUSOL-HC 25 MG SUPPOSITORY HEMMOREX-HC 25 MG SUPPOSITORY HEMMOREX-HC 30 MG SUPPOSITORY HYDROCORTISONE 1% CREAM HYDROCORTISONE AC 25 MG SUPP HYDROCORTISONE AC 30 MG SUPP PROCTO-MED HC 2.5% CREAM PROCTO-PAK 1% CREAM	PREFERRED	N/A
ANORECTAL AGENTS : VASODILATING AGENTS	RECTIV 0.4% OINTMENT	PREFERRED PA REQUIRED	N/A
ANORECTAL AGENTS : VASODILATING AGENTS	RECTIV 0.4% OINTMENT	NON-PREFERRED	N/A
ANORECTAL AGENTS : RECTAL STEROIDS	UCERIS 2 MG RECTAL FOAM	NON-PREFERRED	ANUSOL-HC 25 MG SUPPOSITORY COLOCORT 100 MG ENEMA HYDROCORTISONE AC 25 MG SUPP PROCTO-PAK 1% CREAM PROCTOSOL-HC 2.5% CREAM
ANTICOAGULANTS : FACTOR XA AND THROMBIN INHIBITORS	XARELTO 2.5 MG TABLET	PREFERRED	N/A
ANTIDEPRESSANTS : NOREPINEPHRINE-	WELLBUTRIN SR TABLET WELLBUTRIN XL TABLET	NON-PREFERRED	BUPROPION HCL TAB ER

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DOPAMINE REUPTAKE INHIBITORS			
ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)	PROZAC 10 MG PULVULE PROZAC 20 MG PULVULE PROZAC 40 MG PULVULE	NON-PREFERRED	FLUOXETINE
ANTIDEPRESSANTS : SELECTIVE SEROTONIN- NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI)	EFFEXOR XR 150 MG CAPSULE EFFEXOR XR 75 MG CAPSULE PRISTIQ ER 100 MG TABLET PRISTIQ ER 50 MG TABLET	NON-PREFERRED	VENLAFAXINE ER 37.5 MG CAPSULE VENLAFAXINE ER 75 MG CAPSULE VENLAFAXINE ER 150 MG CAPSULE
ANTIDEPRESSANTS : SELECTIVE SEROTONIN- NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI)	CYMBALTA CAPSULE	NON-PREFERRED	DULOXETINE CAPSULE
ANTIDEPRESSANTS : ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	MAPROTILINE TABLET	NON-PREFERERD	MIRTAZAPINE ODT MIRTAZAPINE TABLET
ANTIDEPRESSANTS : MONOAMINE OXIDASE INHIBITORS (MAOI)	EMSAM 12 MG/24 HOURS PATCH EMSAM 6 MG/24 HOURS PATCH EMSAM 9 MG/24 HOURS PATCH	PREFERRED	N/A
ANTIDEPRESSANTS : NOREPINEPHRINE- DOPAMINE REUPTAKE INHIBITORS	BUPROPION HCL XL 450 MG TABLET	PREFERRED	N/A
ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)	BRISDELLE CAPSULE LEXAPRO TABLET PAXIL CR TABLET CITALOPRAM HBR 10 MG/5 ML SOLN ESCITALOPRAM OXALATE 5 MG/5 ML PAROXETINE CR 12.5 MG TABLET PAROXETINE CR 25 MG TABLET PAROXETINE CR 37.5 MG TABLET PAROXETINE ER 12.5 MG TABLET PAROXETINE ER 25 MG TABLET PAROXETINE ER 37.5 MG TABLET SERTRALINE 20 MG/ML ORAL CONC SERTRALINE 20 MG/ML ORAL SOLN	NON-PREFERRED	CITALOPRAM HBR 10 MG TABLET CITALOPRAM HBR 20 MG TABLET CITALOPRAM HBR 40 MG TABLET ESCITALOPRAM 10 MG TABLET ESCITALOPRAM 20 MG TABLET ESCITALOPRAM 5 MG TABLET FLUOXETINE 20 MG/5 ML SOLUTION FLUOXETINE HCL 10 MG CAPSULE FLUOXETINE HCL 10 MG TABLET FLUOXETINE HCL 20 MG CAPSULE FLUOXETINE HCL 20 MG TABLET FLUOXETINE HCL 40 MG CAPSULE FLUOXETINE HCL 60 MG TABLET FLUVOXAMINE MALEATE 100 MG TAB FLUVOXAMINE MALEATE 25 MG TAB FLUVOXAMINE MALEATE 50 MG TAB PAROXETINE HCL TABLETS SERTRALINE HCL 100 MG TABLET SERTRALINE HCL 25 MG TABLET SERTRALINE HCL 50 MG TABLET
ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)	FLUOXETINE HCL 60 MG TABLET	PREFERRED	N/A
ANTIDEPRESSANTS : SELECTIVE SEROTONIN-	VENLAFAXINE HCL ER 150 MG TAB VENLAFAXINE HCL ER 225 MG TAB	NON-PREFERRED	DULOXETINE HCL DR 20 MG CAP DULOXETINE HCL DR 30 MG CAP

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NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI)	VENLAFAXINE HCL ER 37.5 MG TAB VENLAFAXINE HCL ER 75 MG TAB		DULOXETINE HCL DR 40 MG CAP DULOXETINE HCL DR 60 MG CAP VENLAFAXINE HCL 100 MG TABLET VENLAFAXINE HCL 25 MG TABLET VENLAFAXINE HCL 37.5 MG TABLET VENLAFAXINE HCL 50 MG TABLET VENLAFAXINE HCL 75 MG TABLET VENLAFAXINE HCL ER 150 MG CAP VENLAFAXINE HCL ER 37.5 MG CAP VENLAFAXINE HCL ER 75 MG CAP
ANTIDEPRESSANTS : SELECTIVE SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI)	DULOXETINE HCL DR 20 MG CAP DULOXETINE HCL DR 30 MG CAP DULOXETINE HCL DR 40 MG CAP DULOXETINE HCL DR 60 MG CAP	PREFERRED	N/A
ANTIDEPRESSANTS : SEROTONIN MODULATORS	NEFAZODONE HCL 100 MG TABLET NEFAZODONE HCL 150 MG TABLET NEFAZODONE HCL 200 MG TABLET NEFAZODONE HCL 250 MG TABLET NEFAZODONE HCL 50 MG TABLET	NON-PREFERRED	TRAZODONE TABLETS
ANTIDEPRESSANTS : TRICYCLIC AGENTS	CHLORDIAZEPO-AMITRIPTYL 5-12.5 CHLORDIAZEPOX-AMITRIPTYL 10-25 CLOMIPRAMINE 25 MG CAPSULE CLOMIPRAMINE 50 MG CAPSULE CLOMIPRAMINE 75 MG CAPSULE IMIPRAMINE PAMOATE 100 MG CAP IMIPRAMINE PAMOATE 125 MG CAP IMIPRAMINE PAMOATE 150 MG CAP IMIPRAMINE PAMOATE 75 MG CAP NORTRIPTYLINE 10 MG/5 ML SOLN PROTRIPTYLINE HCL 10 MG TABLET PROTRIPTYLINE HCL 5 MG TABLET TRIMIPRAMINE MALEATE 100 MG CP TRIMIPRAMINE MALEATE 25 MG CAP TRIMIPRAMINE MALEATE 50 MG CAP	NON-PREFERRED	AMITRIPTYLINE HCL TABS AMOXAPINE TABLETS DESIPRAMINE TABLETS DOXEPIN 10 MG CAPSULES DOXEPIN 10 MG/ML ORAL CONC DOXEPIN CAPSULES IMIPRAMINE TABLETS NORTRIPTYLINE HCL CAPS
ANTIFUNGALS : INJECTABLES	ABELCET 100 MG/20 ML VIAL AMBISOME 50 MG VIAL AMPHOTERICIN B 50 MG VIAL CASPOFUNGIN ACETATE 50 MG VIAL CASPOFUNGIN ACETATE 70 MG VIAL CRESEMBA 372 MG VIAL	PREFERRED PA REQUIRED	N/A

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	ERAXIS(WATER DIL) 100 MG VIAL ERAXIS(WATER DIL) 50 MG VIAL FLUCONAZOLE-DEXT 200 MG/100 ML FLUCONAZOLE-DEXT 400 MG/200 ML FLUCONAZOLE-NACL 100 MG/50 ML FLUCONAZOLE-NACL 200 MG/100 ML FLUCONAZOLE-NACL 400 MG/200 ML FLUCONAZOLE-NS 200 MG/100 ML MYCAMINE 100 MG VIAL MYCAMINE 50 MG VIAL NOXAFIL 300 MG/16.7 ML VIAL		
ANTIPARASITICS : AMEBICIDES	SOLOSEC 2 GM GRANULE PACKET	PREFERRED	N/A
ANTIPARASITICS : ANTIMALARIALS	COARTEM TABLETS QUININE SULFATE 324 MG CAPSULE	PREFERRED	N/A
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - COMBINATIONS	OLANZAPINE-FLUOXETINE CAPSULE	NON-PREFERRED	OLANZAPINE TABLET FLUOXETINE CAPSULE
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION	ABILIFY TABLET	NON-PREFERRED	ARIPIRAZOLE TABLET
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION	ARISTADA INITIO ER 675 MG/ 2.4 SYRINGE	NON-PREFERRED	ARISTADA 662 MG/2.4 ML SYRINGE
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION	RISPERDAL TABLET RISPERDAL M-TAB	NON-PREFERRED	RISPERIDONE TABLET RISPERIDONE ODT RISPERIDONE SOLUTION 1 MG/ML
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION	SEROQUEL TABLET SEROQUEL XR TABLET	NON-PREFERRED	QUETIAPINE FUMARATE TABLET QUETIAPINE FUMARATE ER TABLET
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 1ST GENERATION	HALDOL 5 MG/ML AMPUL HALDOL DECANOATE 100 AMPUL HALDOL DECANOATE 50 AMPUL	NON-PREFERRED	HALOPERIDOL DEC 100 MG/ML AMP HALOPERIDOL DEC 100 MG/ML VIAL HALOPERIDOL DEC 50 MG/ML VIAL HALOPERIDOL DEC 500 MG/5 ML VL HALOPERIDOL DECAN 50 MG/ML AMP HALOPERIDOL LAC 2 MG/ML CONC HALOPERIDOL LAC 5 MG/ML AMPUL HALOPERIDOL LAC 5 MG/ML SYRING HALOPERIDOL LAC 5 MG/ML VIAL HALOPERIDOL LAC 50 MG/10 ML VL

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ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - MISC	EQUETRO CAPSULES NUPLAZID TABLET NUPLAZID CAPSULE	PREFERRED PA REQUIRED	N/A
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - MISC	NUPLAZID TABLET	NON-PREFERRED	N/A
ANTIVIRALS : CMV AGENTS	CIDOFOVIR 375 MG/5 ML VIAL GANCICLOVIR 500 MG VIAL GANCICLOVIR 500 MG/250 ML BAG PREVYMIS 240 MG TABLET PREVYMIS 240 MG/12 ML VIAL PREVYMIS 480 MG TABLET PREVYMIS 480 MG/24 ML VIAL	PREFERRED PA REQUIRED	N/A
ANTIVIRALS : HEPATITIS B AGENTS	BARACLUDE 0.05 MG/ML SOLUTION	NON-PREFERRED	ADEFOVIR DIPIVOXIL 10 MG TAB ENTECAVIR 0.5 MG TABLET ENTECAVIR 1 MG TABLET EPIVIR HBV 25 MG/5 ML SOLN LAMIVUDINE 100 MG TABLET LAMIVUDINE HBV 100 MG TABLET
ANTIVIRALS : HERPES AGENTS	ACYCLOVIR 5% OINTMENT DENA VIR 1% CREAM VALTREX CAPLET	NON-PREFERRED	ACYCLOVIR 1,000 MG/20 ML VIAL ACYCLOVIR 200 MG CAPSULE ACYCLOVIR 200 MG/5 ML SUSP ACYCLOVIR 400 MG TABLET ACYCLOVIR 500 MG/10 ML VIAL ACYCLOVIR 800 MG TABLET ACYCLOVIR SODIUM 500 MG VIAL FAMCICLOVIR 125 MG TABLET FAMCICLOVIR 250 MG TABLET FAMCICLOVIR 500 MG TABLET VALACYCLOVIR HCL 1 GRAM TABLET VALACYCLOVIR HCL 500 MG TABLET
ANTIVIRALS : HERPES AGENTS	ACYCLOVIR 1,000 MG/20 ML VIAL ACYCLOVIR 500 MG/10 ML VIAL ACYCLOVIR SODIUM 500 MG VIAL	PREFERRED PA REQUIRED	N/A
ANTIVIRALS : INFLUENZA AGENTS	RELENZA 5 MG DISKHALER TAMIFLU 6 MG/ML SUSPENSION	NON-PREFERRED	OSELTAMIVIR 6 MG/ML SUSPENSION OSELTAMIVIR PHOS 30 MG CAPSULE OSELTAMIVIR PHOS 45 MG CAPSULE OSELTAMIVIR PHOS 75 MG CAPSULE RAPIVAB 200 MG/20 ML VIAL RIMANTADINE HCL 100 MG TABLET
ANTIVIRALS : INFLUENZA AGENTS	RAPIVAB 200 MG/20 ML VIAL	PREFERRED PA REQUIRED	N/A
ANTIVIRALS : RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS	RIBAVIRIN 6 GM INHALATION VIAL	PREFERRED PA REQUIRED	N/A
ASTHMA AND COPD AGENTS : PHOSPHODIESTERASE 4 INHIBITORS	DALIRESP 250 MCG TABLET DALIRESP 500 MCG TABLET	PREFERRED PA REQUIRED	N/A
ASTHMA AND COPD AGENTS : XANTHINES	AMINOPHYLLINE 250 MG/10 ML VL	PREFERRED PA REQUIRED	N/A

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	AMINOPHYLLINE 500 MG/20 ML VL THEOPHYLLINE 400 MG/500 ML D5W		
ASTHMA AND COPD AGENTS : XANTHINES	THEO-24 ER CAPSULE	NON-PREFERRED	THEOPHYLLINE ER TABLET
ASTHMA AND COPD AGENTS : LEUKOTRIENE MODIFIERS	SINGULAIR TABLET	NON-PREFERRED	MONTELUKAST TABLET MONTELUKAST CHEW TABLET MONTELUKAST ORAL GRANULES PACKET
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL	AUBRA EQ-28 TABLET BALCOLTRA TABLET BEYAZ 28 TABLET CHATEAL EQ-28 TABLET CYRED EQ 28 DAY TABLET DESOGEN 28 DAY TABLET DROSP-EE-LEVOMEF 3-0.03-0.451 GENERESS FE CHEWABLE TABLET LOESTRIN 21 1.5-30 TABLET LOESTRIN 21 1-20 TABLET LOESTRIN FE 1.5-30 TABLET LOESTRIN FE 1-20 TABLET MILI 0.25-0.035 MG TABLET MINASTRIN 24 FE CHEWABLE TAB ORTHO-CYCLEN 28 TABLET ORTHO-NOVUM 1-35-28 TABLET SAFYRAL TABLET TAYTULLA 1 MG-20 MCG CAPSULE YASMIN 28 TABLET YAZ 28 TABLET	PREFERRED	N/A
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, BIPHASIC	LO LOESTRIN FE 1-10 TABLET MIRCETTE 28 DAY TABLET	PREFERRED	N/A
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, EXTENDED CYCLE	LOSEASONIQUE TABLET QUARTETTE TABLET SEASONIQUE 0.15-0.03-0.01 TAB	PREFERRED	N/A
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC	ESTROSTEP FE-28 TABLET NATAZIA 28 TABLET ORTHO TRI-CYCLEN 28 TABLET ORTHO TRI-CYCLEN LO TABLET ORTHO-NOVUM 7-7-7-28 TABLET TRI-MILI 28 TABLET TRI-NORINYL 28 TABLET	PREFERRED	N/A
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - INJECTABLE	DEPO-PROVERA 150 MG/ML SYRINGE DEPO-PROVERA 150 MG/ML VIAL DEPO-SUBQ PROVERA 104 SYRINGE	PREFERRED	N/A
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IUD	KYLEENA 19.5 MG SYSTEM	PREFERRED	N/A

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CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - ORAL	INCASSIA 0.35 MG TABLET ORTHO MICRONOR 0.35 MG TABLET TULANA 0.35 MG TABLET	PREFERRED	N/A
CORTICOSTEROIDS : GLUCOCORTICOSTEROID COMBINATIONS	BETAMETHASONE AC-SP 6 MG/ML VL DERMACINRX CINLONE-I CPI KIT	PREFERRED	N/A
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS	DEXAMETHASONE INTENSOL 1MG/1ML	NON-PREFERRED	DEXAMETHASONE ELIXIR 0.5 MG/5 ML DEXAMETHASONE TABLET
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS	MEDROL 2 MG TABLET MILLIPRED TABLET	NON-PREFERRED	PREDNISOLONE SYRUP PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION PREDNISOLONE SODIUM ORALLY DISINTEGRATING TABLET
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS	BUDESONIDE ER 9 MG TABLET DECADRON 0.5 MG TABLET DECADRON 0.5 MG/5 ML ELIXIR DECADRON 0.75 MG TABLET DECADRON 4 MG TABLET DECADRON 6 MG TABLET DEXAMETHASONE 10 DAY 1.5 MG TB DEXAMETHASONE 13 DAY 1.5 MG TB DEXAMETHASONE 6 DAY 1.5 MG TAB DEXPAK 10 DAY 1.5 MG TABLET DEXPAK 13 DAY 1.5 MG TABLET DEXPAK 6 DAY 1.5 MG TABLET METHYLPREDNISOLONE SS 1 GM VL METHYLPREDNISOLONE SS 125 MG METHYLPREDNISOLONE SS 40 MG VL PREDNISOLONE 10 MG/5 ML SOLN PREDNISOLONE 20 MG/5 ML SOLN PREDNISOLONE ODT 10 MG TABLET PREDNISOLONE ODT 15 MG TABLET PREDNISOLONE ODT 30 MG TABLET PREDNISOLONE SOD PH 25 MG/5 ML TAPERDEX 12 DAY 1.5 MG TABLET TAPERDEX 6 DAY 1.5 MG TABLET TRIAMCINOLONE 200 MG/5 ML VIAL TRIAMCINOLONE 400 MG/10 ML VL TRIAMCINOLONE ACET 40 MG/ML VL	PREFERRED	N/A

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	ZODEX 12 DAY 1.5 MG TABLET ZODEX 6 DAY 1.5 MG TABLET		
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS	DEPO-MEDROL 20 MG/ML VIAL DEXAMETHASONE 10 MG/ML VIAL DEXAMETHASONE 4 MG/ML SYRINGE KENALOG-10 10 MG/ML VIAL SOLU-CORTEF 1,000 MG VIAL SOLU-CORTEF 100 MG VIAL SOLU-CORTEF 250 MG VIAL SOLU-CORTEF 500 MG VIAL ZILRETTA 32 MG VIAL	PREFERRED PA REQUIRED	N/A
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS	UCERIS 9 MG ER TABLET	NON-PREFERRED	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG BUDESONIDE TAB ER 24HR 9 MG
DERMATOLOGICS : WOUND CARE PRODUCTS - GROWTH FACTOR AGENTS	REGRANEX 0.01% GEL	PREFERRED PA REQUIRED	N/A
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES	MAKENA 275 MG/1.1 ML AUTOINJCT	NON-PREFERRED	HYDROXYPROGEST 1,250 MG/5 ML HYDROXYPROGEST 250 MG/ML VIAL HYDROXYPROGESTERONE 1.25 G/5ML MAKENA 1,250 MG/5 ML VIAL MAKENA 250 MG/ML VIAL MEDROXYPROGESTERONE 10 MG TAB MEDROXYPROGESTERONE 2.5 MG TAB MEDROXYPROGESTERONE 5 MG TAB NORETHINDRONE 5 MG TABLET PROGESTERONE 100 MG CAPSULE PROGESTERONE 200 MG CAPSULE PROGESTERONE OIL 50 MG/ML VL
GASTROINTESTINAL AGENTS - MISC : SHORT BOWEL SYNDROME	GATTEX 5 MG 30-VIAL KIT GATTEX 5 MG ONE-VIAL KIT	PREFERRED PA REQUIRED	N/A
GASTROINTESTINAL AGENTS - ULCER DRUGS : H. PYLORI ANTIBIOTICS	PYLERA CAPSULE	PREFERRED	N/A
GASTROINTESTINAL AGENTS - ULCER DRUGS : MISC	PHENOHYTRO TABLET	NON-PREFERRED	SUCRALFATE TABLET SUCRALFATE SUSPENSION
GASTROINTESTINAL AGENTS - ULCER DRUGS : MISC	METHSCOPOLAMINE BROM 2.5 MG TB METHSCOPOLAMINE BROM 5 MG TAB	PREFERRED	N/A
GASTROINTESTINAL AGENTS - MISC : GALLSTONE SOLUBILIZING AGENTS	OCALIVA TABLET	NON-PREFERRED	URSODIOL CAPSULE URSODIOL TABLET
GENITOURINARY AGENTS - MISC : PROSTATIC HYPERTROPHY AGENTS	RAPAFLO CAPSULE	NON-PREFERRED	AFLUZOSIN HCL ER TABLET TAMSULOSIN HCL CAPSULE DUTASTERIDE CAPSULE FINASTERIDE CAPSULE

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GENITOURINARY AGENTS - MISC : ACIDIFIERS	K-PHOS #2 TABLET	PREFERRED	N/A
GENITOURINARY AGENTS - MISC : CYSTINOSIS AGENTS	CYSTAGON 150 MG CAPSULE CYSTAGON 50 MG CAPSULE	PREFERRED	N/A
GENITOURINARY AGENTS - MISC : INTERSTITIAL CYSTITIS AGENTS	ELMIRON 100 MG CAPSULE RIMSO-50 SOLUTION	PREFERRED PA REQUIRED	N/A
GENITOURINARY AGENTS - MISC : PROSTATIC HYPERTROPHY AGENTS	DUTASTERIDE 0.5 MG CAPSULE	PREFERRED	N/A
GENITOURINARY AGENTS - MISC : URINARY STONE AGENTS	LITHOSTAT 250 MG TABLET THIOLA 100 MG TABLET	PREFERRED PA REQUIRED	N/A
GOUT AGENTS :	ALLOPURINOL SODIUM 500 MG VIAL ALOPRIM 500 MG VIAL	PREFERRED PA REQUIRED	N/A
GOUT AGENTS :	COLCRYS 0.6 MG TABLET MITIGARE 0.6 MG CAPSULE	NON-PREFERRED	COLCHICINE 0.6 MG CAPSULE
GOUT AGENTS :	COLCHICINE 0.6 MG CAPSULE	PREFERRED	N/A
HEMATOLOGICAL AGENTS - MISC : HEREDITARY ANGIOEDEMA AGENTS	CINRYZE 500 UNIT VIAL FIRAZYR 30 MG/3 ML SYRINGE HAEGARDA 2,000 UNIT VIAL HAEGARDA 3,000 UNIT VIAL KALBITOR 10 MG/ML VIAL RUCONEST 2,100 UNIT VIAL	PREFERRED PA REQUIRED	N/A
HEMATOLOGICAL AGENTS - MISC : OTHER	ACTIVASE 100 MG VIAL ACTIVASE 50 MG VIAL CATHFLO ACTIVASE 2 MG VIAL CEPROTIN 400-600 UNITS VIAL CEPROTIN 800-1,200 UNITS VIAL PANHEMATIN 350 MG VIAL PROTAMINE 10 MG/ML VIAL PROTAMINE 250 MG/25 ML VIAL PROTAMINE 50 MG/5 ML VIAL SOLIRIS 300 MG/30 ML VIAL TNKASE 50 MG KIT	PREFERRED PA REQUIRED	N/A
HEMATOPOIETIC AGENTS : AGENTS FOR GAUCHER DISEASE	MIGLUSTAT 100 MG CAPSULE ZAVESCA 100 MG CAPSULE	PREFERRED PA REQUIRED	N/A
HEMATOPOIETIC AGENTS : AGENTS FOR SICKLE CELL ANEMIA	SIKLOS 100 MG TABLET	PREFERRED	N/A
HEMATOPOIETIC AGENTS : HEMATOPOIETIC AGENTS : THROMBOPOIESIS (TPO) STIMULATING PROTEINS	DOPTELET 20 MG TABLET MULPLETA 3 MG TABLET NPLATE 250 MCG VIAL NPLATE 500 MCG VIAL PROMACTA 12.5 MG TABLET PROMACTA 25 MG TABLET PROMACTA 50 MG TABLET PROMACTA 75 MG TABLET TAVALISSE 100 MG TABLET TAVALISSE 150 MG TABLET	PREFERRED	N/A

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HEMOSTATICS : SYSTEMIC - INJECTABLE	AMINOCAPROIC ACID 5 G/20 ML VL CYKLOKAPRON 1,000 MG/10 ML VL CYKLOKAPRON 100 MG/ML AMPUL TRANEXAMIC ACID 1,000 MG/10 ML	PREFERRED PA REQUIRED	N/A
HEMOSTATICS : SYSTEMIC - ORAL	AMICAR 0.25 GRAM/ML ORAL SOLN AMICAR 1,000 MG TABLET AMICAR 500 MG TABLET	PREFERRED	N/A
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : TRICYCLIC AGENTS	SILENOR TABLET	NON-PREFERRED	DOXEPIN HCL CAP
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : TRICYCLIC AGENTS	BELSOMRA TABLET LUNESTA TABLET	NON-PREFERRED	ZOLPIDEM TARTRATE TABLET ZOLPIDEM TARTRATE ER TABLET
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BARBITURATE HYPNOTICS	AMYTAL SODIUM 0.5 GRAM VIAL PENTOBARBITAL 1,000 MG/20 ML PENTOBARBITAL 2,500 MG/50 ML	PREFERRED PA REQUIRED	N/A
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BARBITURATE HYPNOTICS	PHENOBARBITAL 130 MG/ML VIAL PHENOBARBITAL 65 MG/ML VIAL	PREFERRED	N/A
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS	ESTAZOLAM 1 MG TABLET ESTAZOLAM 2 MG TABLET FLURAZEPAM 15 MG CAPSULE FLURAZEPAM 30 MG CAPSULE	NON-PREFERRED	TEMAZEPAM CAPSULES TRIAZOLAM 0.125 MG TABLET TRIAZOLAM 0.25 MG TABLET
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS	MIDAZOLAM 10 MG/2 ML SYRINGE MIDAZOLAM 2 MG/2 ML CARPUJECT MIDAZOLAM 2 MG/2 ML ISECURE MIDAZOLAM 2 MG/2 ML SYRINGE MIDAZOLAM 5 MG/ML CARPUJECT MIDAZOLAM 5 MG/ML SYRINGE MIDAZOLAM HCL 1 MG/ML VIAL MIDAZOLAM HCL 10 MG/10 ML VIAL MIDAZOLAM HCL 10 MG/2 ML VIAL MIDAZOLAM HCL 2 MG/2 ML VIAL MIDAZOLAM HCL 25 MG/5 ML VIAL MIDAZOLAM HCL 5 MG/5 ML VIAL MIDAZOLAM HCL 5 MG/ML VIAL MIDAZOLAM HCL 50 MG/10 ML VIAL	PREFERRED PA REQUIRED	N/A

Effective for all patients on January 1, 2019

Therapeutic class	Drug	Revised status	Potential alternatives
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : NON-BENZODIAZEPINE	ZALEPLON 10 MG CAPSULE ZALEPLON 5 MG CAPSULE	NON-PREFERRED	ZOLPIDEM TART 1.75 MG TAB SL ZOLPIDEM TART 3.5 MG TABLET SL ZOLPIDEM TART ER 12.5 MG TAB ZOLPIDEM TART ER 6.25 MG TAB ZOLPIDEM TARTRATE 10 MG TABLET ZOLPIDEM TARTRATE 5 MG TABLET
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : NON-BENZODIAZEPINE	ZOLPIDEM TART 1.75 MG TAB SL ZOLPIDEM TART 3.5 MG TABLET SL ZOLPIDEM TART ER 12.5 MG TAB ZOLPIDEM TART ER 6.25 MG TAB	PREFERRED	N/A
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : SELECTIVE MELATONIN RECEPTOR AGONISTS	ROZEREM 8 MG TABLET	PREFERRED PA REQUIRED	N/A
MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS	BACLOFEN 5 MG TABLET CARISOPRODL-ASPIRIN 200-325 MG CARISOPRODOL 250 MG TABLET CARISOPRODOL 350 MG TABLET CARISOPRODOL COMPOUND TAB CARISOPRODOL CPD-CODEINE TAB CARISOPRODOL-ASPIRIN-CODEIN TB CHLORZOXAZONE 500 MG TABLET DANTROLENE SODIUM 100 MG CAP DANTROLENE SODIUM 25 MG CAP DANTROLENE SODIUM 50 MG CAP ORPHENADRINE ER 100 MG TABLET TIZANIDINE HCL CAPSULE METAXALONE TABLET	NON-PREFERRED	BACLOFEN 10 MG TABLET BACLOFEN 20 MG TABLET CYCLOBENZAPRINE 10 MG TABLET CYCLOBENZAPRINE 5 MG TABLET CYCLOBENZAPRINE 7.5 MG TABLET DANTRIUM 20 MG VIAL METHOCARBAMOL 500 MG TABLET METHOCARBAMOL 750 MG TABLET REVONTO 20 MG VIAL RYANODEX 250 MG VIAL TIZANIDINE HCL 2 MG TABLET TIZANIDINE HCL 4 MG TABLET
MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE 7.5 MG TABLET	PREFERRED	N/A
MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS	DANTRIUM 20 MG VIAL REVONTO 20 MG VIAL RYANODEX 250 MG VIAL NEOSTIGMINE 10 MG/10 ML VIAL NEOSTIGMINE 5 MG/10 ML VIAL REGONOL 10 MG/2 ML AMPUL	PREFERRED PA REQUIRED	N/A
NEUROMUSCULAR AGENTS : ANTIMYASTHENIC/CHOLINERGIC AGENTS	MESTINON 60 MG/5 ML SYRUP	NON-PREFERRED	ENLON 10 MG/ML VIAL NEOSTIGMINE 10 MG/10 ML VIAL NEOSTIGMINE 5 MG/10 ML VIAL PYRIDOSTIGMINE BR 60 MG TABLET PYRIDOSTIGMINE ER 180 MG TAB REGONOL 10 MG/2 ML AMPUL
NEUROMUSCULAR AGENTS : ANTIMYASTHENIC/CHOLINERGIC AGENTS	ENLON 10 MG/ML VIAL	PREFERRED PA REQUIRED	N/A

Effective for all patients on January 1, 2019

Therapeutic class	Drug	Revised status	Potential alternatives
OPHTHALMIC AGENTS : OPHTHALMIC STEROIDS - TOPICAL	FLAREX 0.1% EYE DROPS FML EYE DROPS LOTEMAX 0.5% EYE DROPS PREDNISOLONE SOD 1% EYE DROP S.O.P. 0.1% OINTMENT	NON-PREFERRED	FLUOROMETHOLONE OPHTH SUSP 0.1% PREDNISOLONE ACETATE OPHTH SUSP 1% DUREZOL OPHTH EMULSION 0.05% DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1%
OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTIC-STERIOD COMBINATIONS	NEO-BACIT-POLY-HC EYE OINTMENT NEOMYCIN-POLY-HC EYE DROPS NEO-POLYCIN HC EYE OINTMENT	NON-PREFERRED	NEOMYC-POLYM-DEXAMET EYE OINTM NEOMYC-POLYM-DEXAMETH EYE DROP SULF-PRED 10-0.23% EYE DROPS SULF-PRED 10-0.25% EYE DROPS TOBRADEX EYE OINTMENT TOBRAMYCIN-DEXAMETH OPHTH SUSP
OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTIC-STERIOD COMBINATIONS	TOBRADEX EYE OINTMENT	PREFERRED	N/A
OPHTHALMIC AGENTS : OPHTHALMIC ANTIFUNGALS	NATACYN EYE DROPS	PREFERRED	N/A
OPHTHALMIC AGENTS : OPHTHALMIC ANTIVIRALS	ZIRGAN 0.15% OPHTHALMIC GEL	NON-PREFERRED	TRIFLURIDINE OPHTH SOLN 1%
OTIC AGENTS : OTIC STERIODS	FLAC OTIC OIL 0.01% EAR DROP	PREFERRED	N/A
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MOVEMENT DISORDERS	TETRABENAZINE 12.5 MG TABLET TETRABENAZINE 25 MG TABLET	PREFERRED PA REQUIRED	N/A
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : OTHER	ERGOLOID MESYLATES 1 MG TAB	PREFERRED	N/A
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENDS - OTHER	CHANTIX 0.5 MG TABLET CHANTIX 1 MG CONT MONTH BOX CHANTIX 1 MG TABLET CHANTIX STARTING MONTH BOX	PREFERRED	N/A
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : OTHER	XYREM 500 MG/ML ORAL SOLUTION NUEDEXTA CAPSULE	NON-PREFERRED	N/A
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : OTHER	SAVELLA TABLET SAVELLA TITRATION PACK	NON-PREFERRED	N/A
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : OTHER	HORIZANT ER TABLET	NON-PREFERRED	GABAPENTIN CAPSULE GABAPENTIN TABLET GABAPENTIN ORAL SOLUTION
RESPIRATORY AGENTS - MISC : CYSTIC FIBROSIS AGENTS	KALYDECO 150 MG TABLET KALYDECO 50 MG GRANULES PACK KALYDECO 75 MG GRANULES PACK ORKAMBI 100 MG-125 MG TABLET	PREFERRED PA REQUIRED	N/A

Effective for all patients on January 1, 2019			
Therapeutic class	Drug	Revised status	Potential alternatives
	ORKAMBI 100-125 MG GRAN PKT ORKAMBI 150-188 MG GRAN PKT ORKAMBI 200 MG-125 MG TABLET SYMDEKO 100/150 MG-150 MG TABS		

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/WA>.

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