

## Quarterly pharmacy formulary change notice

**Summary:** Effective April 1, 2019, the changes outlined below apply to all Amerigroup Washington, Inc. members. **Please remember to read the footnotes at the end of the table.**

Effective for all patients on April 1, 2019			
Therapeutic class	Drug	Revised status	Potential alternatives
IMMUNOLOGICAL AGENTS	XGEVA INJECTION	PREFERRED	N/A
	PROLIA INJECTION	PREFERRED	N/A
ANDROGENS	DANAZOL CAPSULES	PREFERRED	N/A
ANTIFUNGALS	VORICONAZOLE TABLETS	NON-PREFERRED	CLOTRIMAZOLE TABLETS FLUCONAZOLE TABLETS GRISEOFULVIN TABLETS KETOCONAZOLE TABLETS
	VORICONAZOLE 200 MG/5 ML SUSP	NON-PREFERRED	ITRACONAZOLE ORAL SUSPENSION
	ITRACONAZOLE 100 MG CAPSULE	NON-PREFERRED	CLOTRIMAZOLE TABLETS FLUCONAZOLE TABLETS GRISEOFULVIN TABLETS KETOCONAZOLE TABLETS
	ITRACONAZOLE 10 MG/ML ORAL SOLN	PREFERRED	N/A
	FLUCYTOSINE 250 MG, 500MG CAPSULES	NON-PREFERRED	NYSTATIN TABLETS TERBINAFINE TABLETS
	GRISEOFULVIN 500 MG TABLETS	PREFERRED	N/A
ANTIMYCOBACTERIAL AGENTS	RIFATER TABLETS	NON-PREFERRED	RIFAMPIN CAPSULES ISONIAZID TABLETS PYRAZINAMIDE TABLETS ETHAMBUTOL TABLETS TRECATOR TABLETS SIRTURO TABLETS CYCLOSERINE CAPSULES
	TRECATOR TABLETS	PREFERRED	N/A
	SIRTURO TABLETS	PREFERRED	N/A
	CYCLOSERINE 250 MG CAPSULES	PREFERRED	N/A
ANTI-INFECTIVE AGENTS	METRONIDAZOLE 375 MG CAPSULES	NON-PREFERRED	METRONIDAZOLE TABLETS TINDAZOLE TABLETS XIFAXAN TABLETS
ANTIPROTOZOAL AGENTS	ATOVAQUONE 750 MG/5 ML ORAL SUSP	PREFERRED	N/A
	ALINIA 100 MG/5 ML ORAL SUSPENSION	PREFERRED	N/A
HIGH POTENCY TOPICAL STEROIDS	CALCIPOTRIENE-BETAMETHASONE DP OINTMENT	PREFERRED	N/A

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ANTIPSORIATIC AGENTS	ACITRETIN CAPSULES	PREFERRED	N/A
ANTIBIOTICS- FLUOROQUINOLONES	OFLOXACIN 300 & 400 MG TABLETS	NON-PREFERRED	CIPROFLOXACIN TABLETS LEVOFLOXACIN TABLETS
	LEVOFLOXACIN HEMIHYDRATE 250 MG/10 ML ORAL SOLUTION	NON-PREFERRED	CIPROFLOXACIN SUSPENSION
	CIPROFLOXACIN ER TABLETS	NON-PREFERRED	CIPROFLOXACIN TABLETS LEVOFLOXACIN TABLETS
	CIPROFLOXACIN 500 MG/5 ML SUSPENSION	PREFERRED	N/A
ANTIBIOTICS- MACROLIDES	ERYTHROMYCIN 250 MG, 500 MG TABLETS	NON-PREFERRED	AZITHROMYCIN CLARITHROMYCIN ERY-TAB
	ERYTHROMYCIN STEARATE 250 MG TABLETS	NON-PREFERRED	AZITHROMYCIN CLARITHROMYCIN ERY-TAB
	ERYTHROCIN STEARATE TABLETS	NON-PREFERRED	AZITHROMYCIN CLARITHROMYCIN ERY-TAB
	E.E.S. 400 MG TABLETS	NON-PREFERRED	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG
	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML ORAL SUSPENSION	PREFERRED	N/A
	ERY-TAB 500 MG	PREFERRED	N/A
	CLARITHROMYCIN ER TABLETS	NON-PREFERRED	ERY-TAB
ESTROGEN / ANDROGEN COMBINATIONS	ESTROGEN & METHYLTESTOSTERONE TABLETS	PREFERRED	N/A
ESTROGEN/ SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS	DUAVEE 0.45-20 MG TABLETS	PREFERRED	N/A
ESTROGEN / PROGESTIN COMBINATIONS	COMBIPATCH	PREFERRED	N/A
	ANGELIQ TABLETS	PREFERRED	N/A
ESTROGENS - TOPICAL	CLIMARA PRO TRANSDERMAL PATCH	PREFERRED	N/A
	ESTRADIOL TRANSDERMAL PATCH	PREFERRED	N/A
ESTROGENS - ORAL	PREMARIN TABLETS	PREFERRED	N/A
	MENEST	PREFERRED	N/A
ESTROGENS - VAGINAL	PREMARIN CREAM WITH APPLICATOR	PREFERRED	N/A
	ESTRING VAGINAL RING	PREFERRED	N/A
ESTROGENS - INJECTABLE	ESTRADIOL VALERATE 40 MG/ML & 20 MG/ML VIALS	PREFERRED	N/A
	DEPO-ESTRADIOL 5 MG/ML VIAL	PREFERRED	N/A

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HEMOSTATICS	AMINOCAPROIC ACID 1000 MG TABLET	PREFERRED	N/A
POTASSIUM REMOVING AGENTS	VELTASSA PACKETS	PREFERRED	N/A
	SODIUM POLYSTYRENE SULFONATE 50 G/200 ML ENEMA	PREFERRED	N/A
	KIONEX 15 G/60 ML ORAL SUSPENSION	PREFERRED	N/A
CHELATING AGENTS	JADENU SPRINKLE	PREFERRED	N/A
	JADENU TABLETS	PREFERRED	N/A
	FERRIPROX	PREFERRED	N/A
	EXJADE TABLETS	PREFERRED	N/A
	CUPRIMINE CAPSULES	PREFERRED	N/A
ANTI-INFECTIVE AGENTS - MISC	XIFAXAN TABLETS	PREFERRED	N/A
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	TARGRETIN 1% GEL	PREFERRED	N/A
	VALCHLOR GEL	PREFERRED	N/A
	TOLAK CREAM	PREFERRED	N/A
	PICATO 0.05% GEL	PREFERRED	N/A
	PANRETIN GEL	PREFERRED	N/A
	LEVULAN SOLUTION WITH APPLICATOR	PREFERRED	N/A
	DICLOFENAC SODIUM 3% GEL	PREFERRED	N/A
	AMELUZ 10% GEL	PREFERRED	N/A
ROSACEA AGENTS	FINACEA GEL	PREFERRED	N/A
	AZELAIC ACID 15% GEL	PREFERRED	N/A
ACNE PRODUCTS - ORAL	ISOTRETINOIN CAPSULES	PREFERRED	N/A
	AMNESTEEM CAPSULES	PREFERRED	N/A
THYROID AGENTS	LEVO-T TABLETS	PREFERRED	N/A
	ARMOUR THYROID TABLETS	PREFERRED	N/A
HIGH POTENCY TOPICAL STEROIDS	FLUOCINONIDE-E CREAM	NON-PREFERRED	TRIDERM CREAM BETAMETHASONE VALERATE CREAM TRIAMCINOLONE CREAM
	CALCIPOTRIENE-BETAMETHASONE DP OINTMENT	PREFERRED	N/A
	DIFLORASONE DIACETATE 0.05% CREAM	NON-PREFERRED	TRIDERM CREAM BETAMETHASONE VALERATE CREAM TRIAMCINOLONE CREAM
	AMCINONIDE LOTION	NON-PREFERRED	TRIAMCINOLONE ACETONIDE LOTION
	AMCINONIDE OINTMENT	NON-PREFERRED	CALCIPOTRIENE-BETAMETHASONE DP OINTMENT TRIAMCINOLONE ACET OINTMENT
	TRIDERM 0.5% CREAM	PREFERRED	N/A
	TRIANEX OINTMENT	NON-PREFERRED	TRIDERM CREAM BETAMETHASONE VALERATE CREAM TRIAMCINOLONE CREAM

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	TRIAMCINOLONE ACETONIDE 0.1% & 0.025% LOTION	PREFERRED	N/A
MEDIUM POTENCY TOPICAL STEROIDS	PREDNICARBATE OINTMENT	NON-PREFERRED	MOMETASONE FUROATE OINTMENT FLUTICASONE PROP OINTMENT
VERY HIGH POTENCY TOPICAL STEROIDS	CLOBETASOL E CREAM	NON-PREFERRED	CLOBETASOL PROP CREAM HALOBETASOL PROP CREAM
GLYCOPEPTIDES - ORAL	FIRVANQ ORAL SOLUTION	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 (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.