

Quarterly pharmacy formulary change notice

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

Effective for all patients on July 1, 2019			
Therapeutic class	Drug	Revised status	Potential alternatives
ANTIFUNGALS : TOPICAL	CICLOPIROX SOLUTION 8%	NON-PREFERRED	GRISEOFULVIN MICROSIZE TAB 500 MG GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG TERBINAFINE HCL TAB 250 MG
ANTIFUNGALS : VAGINAL	TERCONAZOLE SUPPOSITORIES 80MG	NON-PREFERRED	MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG
ANTIPARASITICS : ANTHELMINTICS	PRAZIQUANTEL 600 MG TABLET	NON-PREFERRED	IVERMECTIN TAB 3 MG
OPHTHALMIC AGENTS : ANTIALLERGIC	AZELASTINE DROP 0.05%	NON-PREFERRED	ALAWAY DROPS KETOTIFEN FUMARATE OPHTH SOLN 0.025% EYE ITCH RELIEF DROPS
	EPINASTINE HCL 0.05% EYE DROPS	NON-PREFERRED	ALAWAY DROPS KETOTIFEN FUMARATE OPHTH SOLN 0.025% EYE ITCH RELIEF DROPS

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 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> > Provider Resources & Documents > Pharmacy.

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