

Quarterly pharmacy formulary change notice

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

Effective August 1, 2018, the changes outlined below apply to all Apple Health members.

Effective for all patients on August 1, 2018		
EDITS		
<i>No changes in preferred/nonpreferred status revision or addition to UM edit only.</i>		
Therapeutic class	Drug	Revised status
ANTICONVULSANTS	ZONEGRAN 100 MG CAPSULE	ADD QL 1 CAPSULE PER DAY
ANTIBIOTICS	BAXDELA 450 MG TABLET	ADD QL 28 TABLETS PER FILL; 1 FILL PER 30 DAYS
COUGH AND COLD	COUGH AND COLD PRODUCTS CONTAINING HYDROCODONE	ADD AL MEMBERS EQUAL TO OR LESS THAN 18 REQUIRE PA
COUGH AND COLD	COUGH AND COLD PRODUCTS CONTAINING CODEINE	ADD AL MEMBERS EQUAL TO OR LESS THAN 18 REQUIRE PA
ANTIVIRALS	PREVMIS 240 MG/12 ML VIAL PREVMIS 480 MG/24 ML VIAL	ADD QL 1 VIAL PER DAY 100 DAYS OF TREATMENT
ANTIVIRALS	PREVMIS 240 MG TABLET PREVMIS 480 MG TABLET	ADD QL 1 TABLET PER DAY 100 DAYS OF TREATMENT
ASTHMA	XOPENEX 30 VIALS	90 VIALS PER 30 DAYS
BILE ACIDS	CHENODAL 250 MG TABLET	ADD QL 7 TABLETS PER DAY
CANCER AGENTS	ALUNBRIG 180 MG TABLET	ADD QL 1 TABLET PER DAY
CANCER AGENTS	ALUNBRIG 90 MG-180 MG TAB PACK	ADD QL 1 PACK IN 30 DAYS
CANCER AGENTS	ALUNBRIG 90 MG TABLET	REVISED QL 2 TABLETS DAILY
CONSTIPATION AGENTS	SYMPROIC 0.2 MG TABLET	ADD QL 1 TABLET PER DAY
COPD	BROVANA 15 MCG/2 ML SOLUTION	ADD QL 2 VIALS (4ML) PER DAY

COPD	PERFOROMIST 20 MCG/2 ML SOLN	ADD QL 2 VIALS (4ML) PER DAY
COPD	LONHALA MAGNAIR 25 MCG STARTER	ADD QL 1 KIT PER 30 DAYS
COPD	LONHALA MAGNAIR 25 MCG REFILL	ADD QL 1 PER 30 DAYS
GLP-1 RECEPTOR AGONIST	OZEMPIC 0.25-0.5 MG DOSE PEN	ADD QL 1 PEN PER 28 DAYS
GLP-1 RECEPTOR AGONIST	OZEMPIC 1 MG DOSE PEN	ADD QL 2 PENS PER 28 DAYS
ICS	QVAR REDIHALER 40 MCG	ADD QL 1 INHALER PER 30 DAYS
ICS	QVAR REDIHALER 80 MCG	ADD QL 2 INHALERS PER 30 DAYS
LIPID/CHOLESTEROL LOWERING AGENTS	FLOLIPID	ADD QL 5MLS PER DAY
NEUROLOGICAL THERAPY	NUDEXTA 20-10 MG CAPSULE	ADD QL 2 CAPSULES PER DAY
NEUROLOGICAL THERAPY	INGREZZA 40 MG CAPSULE	REVISED QL 1 CAPSULE PER DAY
NEUROLOGICAL THERAPY	INGREZZA 80 MG CAPSULE	ADD QL 1 CAPSULE PER DAY
NEUROPATHIC PAIN	LYRICA 82.5	ADD QL 1 TABLET PER DAY
NEUROPATHIC PAIN	LYRICA 165	ADD QL 1 TABLET PER DAY
NEUROPATHIC PAIN	LYRICA 330	ADD QL 1 TABLET PER DAY
PANCREATIC ENZYMES	PERTZYE DR 24,000 UNIT CAPSULE	ADD QL 25 CAPSULES PER DAY
PANCREATIC ENZYMES	VIOKASE	ADD QL 25 TABLETS PER DAY
POTASSIUM SPARING DIURETICS	CAROSPIR 25 MG/5 ML SUSPENSION	AND QL 20ML PER DAY
PROGESTINS	CRINONE 4% GEL CRINONE 8% GEL	ADD QL 1 APPLICATORFUL PER DAY
PSYCHOTHERAPEUTIC AGENTS	ADZENYS ER 1.25 MG/ML SUSP	ADD QL 15ML PER DAY FOR MEMBERS 18 YEARS OF AGE AND OLDER
PULMONARY ARTERIAL HYPERTENSION	TRACLEER 32 MG TABLET FOR SUSP	ADD QL 32 MG TABS FOR SUSP — 4 TABLETS PER DAY
SGLT2	XIGDUO XR 2.5 MG-1,000 MG TAB	ADD QL 2 TABLETS PER DAY
SGLT2	STEGLATRO 5 MG TABLET STEGLATRO 15 MG TABLET	ADD QL 1 TABLET PER DAY

SGLT2	SEGLUROMET 7.5-1,000 MG TABLET SEGLUROMET 2.5-500 MG TABLET SEGLUROMET 7.5-500 MG TABLET SEGLUROMET 2.5-1,000 MG TABLET	ADD QL 2 TABLETS PER DAY
SGLT2/DPP-4 INHIBITOR	STEGLUJAN 5-100 MG TABLET STEGLUJAN 15-100 MG TABLET	ADD QL 1 TABLET PER DAY
SUBSTANCE USE DISORDERS	SUBLOCADE 300 MG/1.5 ML SYRING SUBLOCADE 100 MG/0.5 ML SYRING	ADD QL 1 SYRINGE EVERY 28 DAYS
TOPICAL ANTIFUNGALS	LOPROX 0.77% CREAM	ADD QL 90 GMS PER 30 DAYS
TOPICAL ANTIFUNGALS	LOTRIMIN ULTRA 1% CREAM	ADD QL 30 GMS PER 30 DAYS
TOPICAL ANTIFUNGALS	NYSTATIN 100,000 UNIT/GM CREAM NYSTATIN 100,000 UNITS/GM OINT KETOCONAZOLE 2% CREAM	ADD QL 120 GMS PER 30 DAYS
TOPICAL ANTIFUNGALS	OXISTAT 1% CREAM	ADD QL 60 GMS PER 30 DAYS

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 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.