Amerigroup
District of Columbia

**Provider update**

# Quarterly pharmacy formulary change notice

**Summary**: Effective August 1, 2019, the preferred formulary changes detailed in the table below will apply to Amerigroup District of Columbia, Inc. members enrolled in District of Columbia Healthy Families Program, Alliance and the Immigrant Children's Program. Additionally, effective August 1, 2019, there will be changes to the nonpreferred and prior authorization requirements of these formulary items. These formulary changes were reviewed and approved at the first quarter Pharmacy and Therapeutics Committee meeting.

| Formulary changes effective August 1,2019 | | | |
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| **Therapeutic class** | **Medication** | **Formulary status change** | **Potential alternatives (preferred products)** |
| **THERAPY FOR ACNE** | PANOXYL-4 ACNE CREAMY WASH | NON-PREFERRED | OTC<br>BENZOYL PEROXIDE (BP) 10% AND 5% WASH<br>BP 5% AND 10% GEL |
| **ANTIHISTAMINES** | CHILD ALLEGRA ALLERGY 30 MG/5 ML | NON-PREFERRED | CHILD LORATADINE 5 MG/5 ML SOL<br>ALLER-EASE 30 MG/5 ML SUSP |
| **DERMATOLOGICALS – MISCELLANEOUS** | CETAPHIL MOISTURIZING CREAM | NON-PREFERRED | AMLACTIN 12% LOTION<br>CERAVE MOISTURIZING CREAM |
| **OTHER ELECTROLYTES** | K-PHOS NEUTRAL TABLET | NON-PREFERRED | PHOSPHA 250 NEUTRAL TABLET<br>POTASSIUM CITRATE ER 5, 10 OR 15 MEQ TAB |
| **OTHER ELECTROLYTES** | PEDIALYTE SOLUTION (BRAND) | NON-PREFERRED | PEDIATRIC ELECTROLYTE SOLUTION |
| **GASTROINTESTINAL AGENTS – MISCELLANEOUS** | FLEET GLYCERIN ADULT SUPPOSITORY | NON-PREFERRED | GENERIC ADULT GLYCERIN SUPPOSITORY |
| **GASTROINTESTINAL AGENTS – MISCELLANEOUS** | CITRUCEL 500 MG CAPLET | NON-PREFERRED | OTC GENERIC<br>FIBER THERAPY 500 MG CAPLET |
| **VITAMINS & HEMATINICS** | D-VI-SOL 400 UNITS/ML DROP<br>FLINTSTONES TAB CHEW<br>FLINTSTONES MULTI-VIT GUMMIES<br>POLY-VI-SOL DROPS<br>POLY-VI-SOL WITH IRON DROPS | NON-PREFERRED | PEDIATRIC VITAMINS:<br>TRI-VIT-FLUOR 0.25 MG/ML DROP<br>CHILDREN'S CHEWABLES |
| **VITAMINS & HEMATINICS** | FEOSOL 200MG TABLET | NON-PREFERRED | FERROUS GLUCONATE 324 MG TAB<br>SLOW RELEASE IRON 45 MG TAB<br>EZFE 200 CAPSULE |
| **VITAMINS & HEMATINICS** | NEPHRO-VITE RX TABLET | NON-PREFERRED | RENA-VITE RX TABLET<br>VP-VITE RX TABLET |

| EDITS<br>*NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY* | | |
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| **TOPICAL AGENTS FOR ACNE AND ROSACEA** | ALTRENO 0.05% LOTION | PA REQUIRED<br>ADD QL<br>45 GRAMS PER 30 DAYS |
| **TOPICAL AGENTS FOR ACNE AND ROSACEA** | PLIXDA 0.1% SWAB | PA REQUIRED<br>ADD QL<br>1 SWAB PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | DAURISMO 25 MG TABLET | PA REQUIRED<br>ADD QL<br>2 TABLETS PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | DAURISMO 100 MG TABLET | PA REQUIRED<br>ADD QL<br>1 TABLET PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | XOSPATA 40 MG TABLET | PA REQUIRED<br>ADD QL<br>3 TABLETS PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | LORBRENA 25 MG TABLET | PA REQUIRED<br>ADD QL<br>3 TABLETS |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | LORBRENA 100 MG TABLET | PA REQUIRED<br>ADD QL<br>1 TABLET PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | TALZENNA 0.25 MG CAPSULE | PA REQUIRED<br>ADD QL<br>3 CAPSULES PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | TALZENNA 1 MG CAPSULE | PA REQUIRED<br>ADD QL<br>1 CAPSULE PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | VITRAKVI 25 MG CAPSULE | PA REQUIRED<br>ADD QL<br>6 TABLETS PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | VITRAKVI 100 MG CAPSULE | PA REQUIRED<br>ADD QL<br>2 TABLETS PER DAY |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | LUTRATE DEPOT 22.5MG | ADD QL<br>1 KIT PER 12 WEEKS |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | ELZONRIS 1;000 MCG/ML VIAL | PA REQUIRED |
| **MISCELLANEOUS ANTINEOPLASTIC DRUGS** | VENCLEXTA 100 MG TABLET | REVISE QL<br>6 TABLETS PER DAY |
| **ANTICOAGULANT – ORAL AGENTS** | XARELTO 2.5MG | REVISE QL<br>2 TABLETS PER DAY |
| **ANTICONVULSANTS** | SYMPAZAN 5 MG FILM | PA REQUIRED<br>ADD QL<br>1 FILM PER DAY |

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| **ANTICONVULSANTS** | SYMPAZAN 10 MG FILM<br>SYMPAZAN 20 MG FILM | PA REQUIRED<br>ADD QL<br>2 FILMS PER DAY |
| **ANTICONVULSANTS** | OXTELLAR XR TABLET | PA REQUIRED |
| **ANTICONVULSANTS** | DIACOMIT | ADD STEP THERAPY (ST) |
| **ANTICONVULSANTS** | ELEPSIA XR* | PA REQUIRED<br>ADD QL<br>2 TABLETS PER DAY |
| **ANTIDEPRESSANTS – MISCELLANEOUS** | SPRAVATO 56 MG DOSE PACK<br>SPRAVATO 84 MG DOSE PACK | ADD QL<br>4 KITS PER 28 DAYS |
| **ANTIDIURETIC AND VASOPRESSOR HORMONES** | NOCDURNA 27.7 MCG TABLET SL<br>NOCDURNA 55.3 MCG TABLET SL | PA REQUIRED<br>ADD QL<br>1 TABLET PER DAY |
| **ANTIINFECTIVES - MISCELLANEOUS** | ARIKAYCE 590 MG/8.4 ML VIAL | PA REQUIRED<br>ADD QL<br>1 KIT (28 VIALS) PER 28 DAYS |
| **ANTIINFECTIVES - MISCELLANEOUS** | AEMCOLO DR 194 MG TABLET | PA REQUIRED<br>ADD QL<br>12 TABLETS PER FILL |
| **BETA AGONISTS INHALERS** | PROAIR DIGIHALER* | ADD QL<br>2 INHALERS PER 30 DAYS |
| **ESTROGEN COMBINATIONS** | BIJUVA 1 MG-100 MG CAPSULE | ADD ST<br>ADD QL<br>1 CAPSULE PER DAY |
| **GASTROINTESTINAL AGENTS – MISCELLANEOUS** | MOTEGRITY 1 MG TABLET<br>MOTEGRITY 2 MG TABLET | PA REQUIRED<br>ADD QL<br>1 TABLET PER DAY |
| **MISCELLANEOUS IMMUNOLOGICALS** | ORALAIR | ADD QL<br>3 TABLETS PER GRASS POLLEN SEASON FOR DOSE TITRATION FOR INDIVIDUALS AGES 5 -17 YEARS |
| **IMMUNO-SUPPRESSANT DRUGS** | GAMIFANT 10 MG/2 ML VIAL<br>GAMIFANT 50 MG/10 ML VIAL | PA REQUIRED |
| **INHALED CORTICOSTEROIDS** | ARNUITY ELLIPTA INH | ADD QL<br>1 INHALER (30 BLISTERS) PER 30 DAYS |
| **MISCELLANEOUS AGENTS** | REVCOVI 2.4 MG/1.5 ML VIAL | PA REQUIRED |
| **MISCELLANEOUS AGENTS** | ULTOMIRIS 300 MG/30 ML VIAL | PA REQUIRED<br>ADD QL<br>12 VIALS PER 56 DAYS |

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| **NEUROLOGICAL THERAPY-MISCELLANEOUS** | FIRDAPSE 10 MG TABLET | PA REQUIRED<br>ADD QL<br>8 TABLETS PER DAY |
| **OPIOID WITHDRAWAL THERAPY AGENTS** | CASSIPA 16MG 4MG SL FILM* | ADD QL<br>1 SUBLINGUAL FILM PER DAY |
| **OPHTHALMOLOGICS – MISCELLANEOUS** | OXERVATE 0.002% EYE DROP | PA REQUIRED<br>ADD QL<br>2 VIALS PER DAY |
| **OPHTHALMOLOGICS – MISCELLANEOUS** | CEQUA 0.09% SOLUTION | ADD ST<br>ADD QL<br>2 VIALS PER DAY |
| **PULMONARY AGENTS – MISCELLANEOUS** | DALIRESP 250 MCG TABLET<br>DALIRESP 500 MCG TABLET | ADD QL<br>1 TABLET PER DAY |
| **PULMONARY AGENTS - MISCELLANEOUS** | YUPELRI 175 MCG/3 ML SOLUTION | ADD QL<br>1 CARTON (30 VIALS) PER 30 DAYS |
| **RHEUMATOLOGICAL AGENTS – MISCELLANEOUS** | ACTEMRA ACTPEN 162 MG/0.9 ML | ADD QL<br>4 PER 28 DAYS |
| **TETRACYCLINES** | SEYSARA 60 MG TABLET<br>SEYSARA 100 MG TABLET<br>SEYSARA 150 MG TABLET | ADD ST<br>ADD QL<br>1 TABLET PER DAY |
| **TETRACYCLINES** | NUZYRA 150 MG TABLET<br>NUZYRA 150 MG TABLET-7 DAY<br>NUZYRA 150 MG-7 DAY WITH LOAD | PA REQUIRED<br>ADD QL<br>30 TABLETS PER FILL<br>1 FILL PER 30 DAYS |
| **TOPICAL CORTICOSTEROIDS MEDIUM POTENCY** | CORDRAN 0.025% CREAM | ADD QL<br>120 GMS PER 30 DAYS |
| **TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY** | BRYHALI 0.01% LOTION | ADD QL<br>100 GMS PER 30 DAYS |
| **TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY** | HALOBETASOL PROP 0.05% FOAM | NON-PREFERRED |
| **SELECTED AGENTS FOR INTRAOCULAR PRESSURE** | XELPROS 0.005% EYE DROP | ADD QL<br>5 MLS PER 30 DAYS |
| **SINGLE AGENT SHORT-ACTING OPIOID ANALGESICS** | MITIGO 200 MG/20 ML VIAL<br>MITIGO 500 MG/20 ML VIAL | ADD QL<br>2 VIALS PER MONTH |

** As these new drugs come to market clinical edits will be put in place.*

**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 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 prior authorization.

You can find the *Preferred Drug List* on our provider website at https://providers.amerigroup.com/DC > Pharmacy.

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