

January 2018

Quarterly pharmacy formulary change notice

Effective February 1, 2018, the formulary changes outlined in the table below apply to all Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) members. These formulary changes were reviewed and approved at our third quarter Pharmacy and Therapeutics Committee meeting. Please remember to read the footnote at the end of the table.

Effective for all patients on February 1, 2018		
Therapeutic class	Drug	Revised status
ATYPICAL ANTIPSYCHOTICS ORAL AGENTS*	ARIPIPRAZOLE ODT TABLETS ARIPIPRAZOLE SOLUTION ARIPIPRAZOLE TABLETS CLOZAPINE TABLETS FANAPT TABLETS FAZACLO ODT TABLETS LATUDA TABLETS OLANZAPINE ODT TABLETS OLANZAPINE TABLETS PALIPERIDONE ER TABLETS QUETIAPINE (IR AND XR) TABLETS RISPERDAL ODT TABLETS RISPERIDONE ORAL TABLETS RISPERIDONE SOLUTION SAPHRIS SUBLINGUAL TABLETS SYMBYAX CAPSULE VERSACLOZ ORAL SUSPENSION VRAYLAR CAPSULE ZIPRASIDONE CAPSULES	Add age limit — prior authorization required for members < 18 years of age
TRADITIONAL ANTIPSYCHOTICS*	ADASUVE INHALATION POWDER FLUPHENAZINE DECANOATE INJ INJECTION HALOPERIDOL TABLETS, INJECTION LOXITANE, LOXAPINE CAPSULES NAVANE (THIOTHIXENE) CAPSULES PIMOZIDE TABLETS PROLIXIN/PERMITIL (FLUPHENAZINE HYDROCHLORIDE) TABLETS, ELIXIR, LIQUID CONCENTRATE STELAZINE (TRIFLUOPERAZINE) TABLETS THORAZINE (CHLORPROMAZINE) TABLETS TRILAFON (PERPHENAZINE) TABLETS	Add age limit — prior authorization required for members < 18 years of age

<https://mediproviders.anthem.com/nv>

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Therapeutic class	Drug	Revised status
MISCELLANEOUS ANALGESICS — CODEINE CONTAINING AGENTS*	ALL RX AND OTC PRODUCTS THAT CONTAIN CODEINE	Add age limit — prior authorization required for all members < 12 years of age
MISCELLANEOUS ANALGESICS — TRAMADOL CONTAINING AGENTS*	CONZIP 100 MG CAPSULE CONZIP 200 MG CAPSULE CONZIP 300 MG CAPSULE TRAMADOL HCL 50 MG TABLET TRAMADOL HCL ER 100 MG CAPSULE TRAMADOL HCL ER 100 MG TABLET TRAMADOL HCL ER 150 MG CAPSULE TRAMADOL HCL ER 200 MG CAPSULE TRAMADOL HCL ER 200 MG TABLET TRAMADOL HCL ER 300 MG CAPSULE TRAMADOL HCL ER 300 MG TABLET TRAMADOL-ACETAMINOPHN 37.5-325 ULTRACET TABLET ULTRAM 50 MG TABLET	Add age limit — prior authorization required for all members < 18 years of age

* No changes in preferred/nonpreferred status; revision or addition to utilization management edit only.

What action do I need to take?

Please review these changes and work with your Anthem 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 Anthem patient cannot be converted to a formulary alternative, call our Pharmacy department at **1-844-396-2330** and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://mediproviders.anthem.com/nv>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-396-2330**.