

Quarterly pharmacy formulary change notice

Effective October 1, 2018, the changes outlined below apply to all Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) members.

Effective for all patients on October 1, 2018, the below list of medications will no longer be covered. Anthem will follow OTC benefits covered by Fee-for-Service.		
Medication		
8 HOUR ER 650 MG CAPLET	FISH OIL 1,000 MG CAPSULE	POLYETHYLENE GLYCOL 3350 POWD
AHIST 25 MG TABLET	FLONASE SENSIMIST 27.5 MCG SPR	QC ARTHRITIS PAIN ER 650 MG
ALL DAY ALLERGY-D TABLET	FLORANEX GRANULES PACKET	Q-DRYL 12.5 MG/5 ML LIQUID
AMMONIUM LACTATE 12% CREAM	FOLIC ACID 400 MCG TABLET	REFRESH CLASSIC EYE DROPS
ANTI-FUNGAL 1% POWDER	GAS RELIEF 125 MG CHEW TABLET	REFRESH OPTIVE MEGA-3 DROPS
ANTISEPTIC SKIN CLEANSER 4%	GAS RELIEF 125 MG SOFTGEL	REGULOID CAPSULE
APRODINE TABLET	GAS RELIEF 180 MG SOFTGEL	SEBEX SHAMPOO
ARTHRITIS PAIN ER 650 MG CAPLT	GAS RELIEF 80 MG TABLET CHEW	SENEXON-S TABLET
ASPIRIN 300 MG SUPPOSITORY	GAS RELIEF 80 TABLET CHEW	SENNA PLUS TABLET
BALANCED B-100 TABLET	GS ARTHRITIS PAIN ER 650 MG	SENNA-S TABLET
BENZOYL PEROXIDE 2.5% GEL	GUAIFENESIN 200 MG TABLET	SIMETHICONE 125 MG TAB CHEW
BENZOYL PEROXIDE 9.8% FOAM	HEALTHYLAX POWDER PACKET	SIMETHICONE 180 MG SOFTGEL
BETASEPT 4% SURGICAL SCRUB	HM ANTI-NAUSEA LIQUID	SIMETHICONE 80 MG TAB CHEW
BION TEARS EYE DROPS	HM ANTISEPTIC SKIN CLEANSER 4%	SM ARTHRITIS PAIN ER 650 MG
BIOTIN 300 MCG TABLET	HM ARTHRITIS PAIN ER 650 MG	SM ATHLETE'S 1% FOOT CREAM
BISMATROL 525 MG/15 ML SUSP	HM CALAMINE LOTION	SM CALAMINE LOTION
BLUE 2% GEL	HM CHEST CONGEST RLF 400 MG TB	SM CHEST CONGESTION RELIEF CAP
BUDESONIDE 32 MCG NASAL SPRAY	HM CHILD'S COLD-COUGH ELIXIR	SM FIBER 625 MG CAPLET
CALAMINE LOTION	HM FIBER 500 MG CAPLET	SM FIBER LAXATIVE 500 MG CPLT
CALAMINE SUSPENSION	HM GLYCERIN 99.5% LIQUID	SM GAS RELIEF 125 MG SOFTGEL
CALCITRATE 200 MG (950 MG) TAB	HM SENNA-S TABLET	SM GAS RELIEF 80 MG TAB CHEW
CALCIUM CARBONATE 648 MG TAB	IBUPROFEN 200 MG SOFTGEL	SM PEDIATRIC ELECTROLYTE SOLN
CERAVE FOAMING FACIAL CLEANSER	IBUPROFEN JR STR 100 MG TB CHW	SM SENNA-S TABLET
CERAVE MOISTURIZING CREAM	IRON 100 PLUS TABLET	SM STOOL SOFTENER-LAXATIVE TAB
CERAVE SUNSCREEN LOTION	IRON 100-VITAMIN C TABLET	SM URINARY PAIN RLF 95 MG TAB
CETAPHIL MOISTURIZING CREAM	IRON CHEWS 15 MG TABLET CHEW	SODIUM CHLORIDE 5% EYE OINT
CETIRIZINE HCL 5 MG CHEW TAB	KIDKARE COUGH & COLD LIQUID	STAHIST AD TABLET
CHEST CONGEST RLF 400 MG TAB	LACTASE 3,000 UNIT CAPLET	STOOL SOFTENER 250 MG SOFTGEL
CHEST CONGESTION RELIEF TABLET	LAMISIL AT 1% CREAM	STOOL SOFTENER-STIM LAX TABLET
CHILD CETIRIZINE 10 MG CHEW TB	LAMISIL AT 1% GEL	SUDOGEST COLD AND ALLERGY TAB
CHILD CETIRIZINE 5 MG CHEW TAB	LECITHIN 19GR CAPSULE	SUDOGEST PE 10 MG TABLET
CHILDREN'S COLD-COUGH LIQUID	LIDOCAINE 4% CREAM	TERBINAFINE 1% CREAM
CITRUCEL 500 MG CAPLET	LIDOCAINE ANORECTAL 5% CREAM	TOLNAFTATE 1% CREAM
CLOTRIMAZOLE 1% SOLUTION	LIQUID WART REMOVER 17% LIQUID	TOLNAFTATE 1% POWDER
COLD-ALLERGY ELIXIR	MAPAP 500 MG/15 ML LIQUID	TRIPLE ANTIBIOTIC PLUS OINTMNT

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

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CRITIC-AID CLEAR AF 2% OINT	MAPAP ARTHRITIS ER 650 MG CPLT	TRIPLE ANTIBIOTIC PLUS OINTMNT
DESENEX 2% POWDER	MECLIZINE 12.5 MG CAPLET	TRIPLE ANTIBIOTIC XTRA OINT
DIALYVITE 800 TABLET	MEDIPLAST CORN-CALLUS-WART PAD	TUSSIN DM LIQUID
DIMENHYDRINATE 50 MG TABLET	MI-ACID GAS 80 MG TAB CHEW	TUSSIN DM MAX LIQUID
DOCUSATE SODIUM-SENNA TABLET	MICONAZOLE 2% SPRAY POWDER	UREA 20% CREAM
DOK 250 MG SOFTGEL	MICRO-GUARD 2% POWDER	VITAMIN C-500 MG TR CAPSULE
DOK PLUS TABLET	MINERAL OIL LAXATIVE	ZEASORB 2% POWDER
DRIMINATE 50 MG TABLET	MUCINEX DM ER 600-30 MG TABLET	ZINC 50 MG TABLET
ENEMEEZ MINI ENEMA	MUCINEX ER 600 MG TABLET	ZINC 50 MG TABLET
ENEMEEZ MINI ENEMA	MUCOSA 400 MG TABLET	ZINC GLUCONATE 50 MG TABLET
ENFAMIL A.R. POWDER	MUCUS RELIEF 400 MG TABLET	ZINC OXIDE 20% OINTMENT
EYE DROPS 0.05%	NIACIN SA 250 MG CAPSULE	
FERATE 27 MG TABLET	NIACIN TR 500 MG CAPSULE	
FERROUS FUMARATE 324 MG TAB	NIFEREX TABLET	
FERROUS GLUCONATE 324 MG TAB	OMEGA-3 2100 SOFTGEL	
FERROUS SULFATE ER 140 MG TAB	PAIN RELIEF ER 650 MG CAPLET	
FIBER LAXATIVE CAPSULE	PAIN RELIEVER PLUS TABLET	
FIBER TABLET	PEDIALYTE SOLUTION	
FIBER THERAPY POWDER	PERI-COLACE TABLET	
FIBER-LAX CAPTABS		

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 (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 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**.