

March 2018

## Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at our fourth Pharmacy and Therapeutics Committee meeting.

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

### Effective for all members on May 1, 2018

Therapeutic class	Drug	Revised status	Potential alternatives
<b>INHALED CORTICOSTEROIDS</b>	FLOVENT HFA INHALER FLOVENT DISKUS	PREFERRED FOR ALL AGES EFFECTIVE 04/15/18	N/A
<b>INHALED CORTICOSTEROIDS</b>	AEROSPAN 80 MCG INHALER	NON-PREFERRED	N/A
<b>PROTON PUMP INHIBITORS</b>	ZEGERID 20MG OTC ACID REDUCER DR 20 MG CAP	PREFERRED	N/A
<b>PROTON PUMP INHIBITORS</b>	OMEPRAZOLE DR 20 MG CAPSULE	PREFERRED FOR MEMBERS < 6 YEARS OF AGE	N/A
<b>ANTICOAGULANTS</b>	XARELTO	COVERED	N/A
<b>ANTICOAGULANTS</b>	SAVAYSA	COVERED	N/A
<b>MISC ANTINEOPLASTIC</b>	KADCYLA	ADD PA	N/A
<b>BULK CHEMICALS</b>	CALCIUM CARBONATE POWDER	NON-PREFERRED	N/A
<b>COUGH AND COLD PREPARATIONS</b>	MULTI-SYMPTOM COLD LIQUID (OTC) MULTI-SYMPTOM COLD CAPLET/ SOFTGEL COLD & ALLERGY ELIXIR (OTC) HYDROXYZINE 50 MG/25 ML SYRUP CYPROHEPTADINE 4 MG/10 ML SYRP	NON-PREFERRED	N/A
<b>COUGH AND COLD PREPARATIONS</b>	OTC GENERIC 12-HR DECONGEST 120 MG CAPLET	PREFERRED	N/A
<b>GLP-1 RECEPTOR AGONIST</b>	OZEMPIC	PREFERRED WITH ST AND QL 0.25MG DOSE; 1 PEN/28 DAYS 1MG DOSE; 2 PENS/28 DAYS EFFECTIVE 04/01/18	N/A

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<b>HEPATITIS C</b>	<b>SOVALDI</b>	<b>NON-PREFERRED WITH PA</b>	<b>EPCLUSA ZEPATIER PA REQUIRED</b>
<b>HYPERAMMONEMIA</b>	SODIUM PHENYLBUTYRATE POWDER SODIUM PHENYLBUTYRATE 500MG TB	<b>PREFERRED WITH PA</b>	N/A
<b>IRON REPLACEMENT</b>	ICAR 15 MG/1.25 ML SUSPENSION VENOFER 200 MG/10 ML VIAL VENOFER 100 MG/5 ML VIAL FERROUS FUMARATE 29 MG TAB PARVLEX TABLET FERRO-SEQUELS 65-25 MG CAPLET DIALYVITE 800 WITH IRON TAB IRONUP 15 MG/0.5 ML DROPS FERROUS SULFATE ER 140MG TAB	<b>NON-PREFERRED</b>	N/A
<b>IRON REPLACEMENT</b>	DEXFERRUM 50 MG/ML VIAL DEXFERRUM 100 MG/2 ML VIAL FERRIC X-150 CAPSULE DUOFER 28 MG TABLET FOCALGIN DSS TABLET CHEWABLE IRON 30 MG TABLET	<b>PREFERRED</b>	N/A
<b>MISCELLANEOUS ANTI-ASTHMATICS</b>	THEOCHRON ER 100 MG TABLET ACETYLCYSTEINE 10% VIAL	<b>PREFERRED</b>	N/A
<b>MISCELLANEOUS ANTI-ASTHMATICS</b>	XOLAIR 150 MG VIAL	<b>PREFERRED WITH PA</b>	N/A
<b>NUTRITIONAL SUPPLEMENT</b>	VP-ZEL TABLET	<b>NON-PREFERRED</b>	N/A
<b>OMEGA-3 FATTY ACIDS FISH OIL</b>	OTC FISH OIL SOFTGEL	<b>NON-PREFERRED</b>	N/A
<b>POTASSIUM REPLACEMENT</b>	POTASSIUM CL ER 8 MEQ CAPSULE POTASSIUM CL ER 20 MEQ TABLET K-SOL 20% (40 MEQ/15 ML) LIQ K-TAB ER 8 MEQ TABLET	<b>PREFERRED</b>	N/A
<b>SALINE PREPARATION</b>	SODIUM CHLORIDE 0.45% SOLUTION	<b>NON-PREFERRED</b>	N/A
<b>URINARY PH MODIFIERS</b>	K-PHOS NEUTRAL TABLET PHOSPHA 250 NEUTRAL TABLET VIRT-PHOS 250 NEUTRAL TABLET	<b>PREFERRED</b>	N/A
<b>VITAMINS &amp; HEMATINICS</b>	COD LIVER OIL	<b>NON-PREFERRED</b>	N/A
<b>VITAMINS &amp; HEMATINICS</b>	BETA-CAROTENE 25,000 UNITS CAP OTC BETA CAROTENE 10,000 UNITS CAP OTC	<b>NON-PREFERRED</b>	N/A
<b>VITAMINS &amp; HEMATINICS</b>	BRAND OTC PREPARATIONS VITAMIN A VITAMIN B VITAMIN C VITAMIN D	<b>NON-PREFERRED</b>	N/A

	VITAMIN D COMBO VITAMIN E MISCELLANEOUS VITAMINS		
<b>VITAMINS &amp; HEMATINICS</b>	GENERIC OTC PREPARATIONS VITAMIN A VITAMIN B VITAMIN C VITAMIN D VITAMIN D COMBO VITAMIN E MISCELLANEOUS VITAMINS	PREFERRED	N/A
<b>EDITS</b> <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS. REVISION OR ADDITION TO UM EDIT ONLY.</i>			
<b>ACNE AND ROSACEA AGENTS</b>	MINOLIRA		ADD ST
<b>ACNE AND ROSACEA AGENTS</b>	AKTIPAK		ADD ST
<b>ACNE AND ROSACEA AGENTS</b>	DIFFERIN GEL 0.1% GEL, OTC		ADD QL 45GMS PER DAY
<b>ACNE THERAPY</b>	ADAPALENE 0.1% LOTION		QL REVISED 59ML PER 30 DAYS
<b>ALZHEIMER'S THERAPY; NMDA RECEPTOR ANTAGONISTS</b>	MEMANTINE HCL 10 MG TABLET		ADD QL 2 TABLETS PER DAY
<b>ANGIOTENSIN II RECEPTOR BLOCKERS &amp; RENIN INHIBITOR</b>	TEKTURNA 150 MG TABLET TEKTURNA 300 MG TABLET TEKTURNA HCT 150-12.5MG TABLET TEKTURNA HCT 150MG-25MG TABLET TEKTURNA HCT 300-12.5MG TABLET TEKTURNA HCT 300MG-25MG TABLET TEKAMLO 150 MG-5MG TABLET TEKAMLO 150MG-10MG TABLET TEKAMLO 300MG-5MG TABLET TEKAMLO 300MG-10MG TABLET		ADD QL 1 TABLET PER DAY
<b>ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB</b>	DIOVAN HCT 80-12.5MG TABLET DIOVAN HCT 160-12.5MG TABLET DIOVAN HCT 160-25MG TABLET DIOVAN HCT 320-12.5MG TABLET DIOVAN HCT 320MG-25MG TABLET		ADD QL 1 TABLET PER DAY
<b>ANTICONVULSANTS</b>	APTIOM 200MG APTIOM 400MG		ADD QL 1 TABLET PER DAY
<b>ANTICONVULSANTS</b>	APTIOM 600MG APTIOM 800MG		ADD QL 2 TABLETS PER DAY
<b>ANTICONVULSANTS</b>	GABAPENTIN 250 MG/5ML SOLUTION, ORAL GABAPENTIN 250 MG/5ML SOLUTION, ORAL GABAPENTIN 300 MG/6ML SOLUTION, ORAL		ADD QL 72ML PER DAY
<b>ANTICONVULSANTS</b>	LAMICTAL 100 MG ODT		ADD QL 2 TABLETS PER DAY

<b>ANTIEMETICS AND ANTIVERTIGO</b>	CINVANTI INFUSION	ADD QL 5 VIALS PER 30 DAYS
<b>ANTIEMETICS AND ANTIVERTIGO</b>	VARUBI INJECTION	ADD QL 2 VIALS PER 28 DAYS
<b>ANTIHISTAMINES</b>	CLARINEX 5 MG TABLET	ADD QL 1 TABLET PER DAY
<b>ANTIHISTAMINES</b>	ALLEGRA ALLERGY 60 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>ANTIMIGRAINE PREPARATIONS</b>	IMITREX 6 MG/0.5ML VIAL (ML)	QL REVISION 4 SYRINGES PER 30 DAYS
<b>ANTIPARASITICS</b>	SOLOSEC	ADD QL 2G PER FILL; 1 FILL PER 30 DAYS
<b>ATYPICAL ANTIPSYCHOTIC</b>	RISPERDAL 0.5 MG TABLET QUETIAPINE FUMARATE 300 MG TABLET QUETIAPINE FUMARATE 400 MG TABLET SAPHRIS 5 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>ATYPICAL ANTIPSYCHOTIC</b>	OLANZAPINE 2.5 MG TABLET OLANZAPINE 5 MG TABLET OLANZAPINE 7.5 MG TABLET OLANZAPINE 15 MG TABLET OLANZAPINE 20 MG TABLET OLANZAPINE ODT 5 MG OLANZAPINE ODT 15 MG OLANZAPINE ODT 20 MG	ADD QL 1 TABLET PER DAY
<b>ANTIPSYCHOTIC – MISC</b>	VYVANSE 70 MG CAPSULE	ADD QL 1 CAPSULE PER DAY
<b>CANCER</b>	COMETRIQ 80MG	ADD QL 1 CAPSULE PER DAY
<b>CANCER</b>	VENCLEXTA STARTING PACK	ADD QL 1 PACK PER 365 DAYS
<b>CANCER</b>	VERZENIO	ADD QL 2 TABLETS PER DAY
<b>CHOLINESTERASE INHIBITORS</b>	GALANTAMINE 4 MG TABLET GALANTAMINE 8 MG TABLET GALANTAMINE 12 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>DECONGESTANT/ ANTIHISTAMINES</b>	ALLEGRA-D OTC 60MG-120MG ER TABLET	ADD QL 2 TABLETS PER DAY
<b>DECONGESTANT/ ANTIHISTAMINES</b>	ALLEGRA-D OTC 180-240MG ER TABLET	ADD QL 1 TABLET PER DAY
<b>DIABETES</b>	BYDUREON BCISE	ADD QL 4 AUTOINJECTORS PER 28 DAYS
<b>ELECTROLYTE DEPLETERS</b>	REVELA 800 MG TABLET	ADD QL 9 TABLETS PER DAY
<b>EPINEPHRINE</b>	SYMJEPI	ADD QL 2 BOXES (2 PREFILLED SYRINGES) PER FILL

<b>ERYTHROPOIESIS STIMULATING AGENTS</b>	MIRCERA 30 MCG/0.3ML 150 MCG/0.3 ML	ADD QL 2 SYRINGES (0.6ML) PER 28 DAYS
<b>ESTROGENS TRANSDERMAL</b>	ESTRADIOL TDS PATCH ESTRADIOL PATCH MENOSTAR PATCH VIVELLE-DOT PATCH MINIVELLE PATCH CLIMARA PATCH ALORA PATCH	REMOVE ST FOR T/F OF AN ORAL AGENT
<b>ESTROGENS TRANSDERMAL</b>	MENOSTAR PATCH VIVELLE-DOT PATCH MINIVELLE PATCH CLIMARA PATCH ALORA PATCH	ADD ST FOR A PREFERRED TD ESTROGEN
<b>EYE MAST CELL STABILIZERS</b>	CROMOLYN 4% EYE DROPS	ADD QL 10ML (1 BOTTLE) PER 30 DAYS
<b>FLUOROQUINOLONES</b>	LEVAQUIN 250 MG TABLET LEVAQUIN 500 MG TABLET LEVAQUIN 750 MG TABLET	ADD QL 14 TABS PER FILL; 1 FILL PER 30 DAYS
<b>GNRH ANALOG</b>	TRIPTODUR	ADD QL 1 KIT EVERY 24 WEEKS
<b>HIV ANTIRETROVIRALS</b>	ISENTRESS HD	ADD QL 2 TABLETS PER DAY
<b>HYPERAMMONEMIA</b>	RAVICTI	ADD STEP THERAPY
<b>HYPNOTIC AGENTS</b>	FLURAZEPAM HCL 15 MG CAPSULE FLURAZEPAM HCL 30 MG CAPSULE RESTORIL 7.5 MG CAPSULE RESTORIL 22.5 MG CAPSULE AMBIEN CR 6.25 MG TABLET AMBIEN CR 12.5 MG TABLET	ADD QL 1 TABLET/ CAPSULE PER DAY
<b>(NON-INSULIN) HYPOGLYCEMIC AGENTS</b>	ONGLYZA 2.5 MG TABLET JANUVIA 25 MG TABLET JANUVIA 50 MG TABLET JANUVIA 100 MG TABLET ACTOS 15 MG TABLET ACTOS 30 MG TABLET ACTOS 45 MG TABLET KOMBIGLYZE XR 5 MG-500MG TABLET KOMBIGLYZE XR 5MG-1000MG TABLET	ADD QL 1 TABLET PER DAY
<b>(NON-INSULIN) HYPOGLYCEMIC AGENTS</b>	AVANDIA 2 MG TABLET AVANDIA 4 MG TABLET KOMBIGLYZE XR 2.5-1000MG TABLET JANUMET 50MG-500MG TABLET JANUMET 50-1000 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>IDIOPATHIC PULMONARY FIBROSIS</b>	ESBRIET 267 MG TABLET	ADD QL 9 TABLETS PER DAY

<b>IDIOPATHIC PULMONARY FIBROSIS</b>	ESBRIET 801 MG	ADD QL 3 TABLETS PER DAY
<b>INHALED CORTICOSTEROIDS</b>	ALVESCO 80 MCG HFA ASMANEX 110MCG INHALER ASMANEX 220MCG INHALER	ADD QL 1 INH PER 30 DAYS
<b>INHALED CORTICOSTEROIDS</b>	ALVESCO 160 MCG HFA	ADD QL 2 INH PER 30 DAYS
<b>INHERITED DISORDERS OF METABOLISM</b>	BUPHENYL 250 GM POWDER	QL REVISED 750GM PER 30 DAYS
<b>INSULIN</b>	AFREZZA 90 CARTRIDGES (12 UNIT)	REVISED QL 3 BOXES PER 30 DAYS
<b>INSULIN</b>	AFREZZA 180 CARTRIDGES (60X4 UNIT AND 60X8 UNIT AND 60X12 UNIT)	REVISED QL 2 BOXES PER 30 DAYS
<b>INSULIN</b>	FIASP, FIASP FLEXTOUCH	REVISED QL 2 BOXES PER 30 DAYS
<b>INTRANASAL STEROIDS</b>	BUDESONIDE 32MCG AEROSOL, SPRAY WITH PUMP (ML)	ADD QL 2 INH PER 30 DAYS
<b>INSULIN</b>	HUMALOG JUNIOR KWIKPEN	REVISED QL 2 BOXES PER 30 DAYS
<b>IRON REPLACEMENT</b>	FE C 100-250-1 TABLET	ADD QL 1 TABLET PER DAY
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>	CRESTOR 5 MG TABLET CRESTOR 10 MG TABLET CRESTOR 20 MG TABLET CRESTOR 40 MG TABLET PRAVASTATIN SODIUM 10 MG TABLET PRAVACHOL 20 MG TABLET PRAVACHOL 40 MG TABLET PRAVACHOL 80 MG TABLET	ADD QL 1 TABLET PER DAY
<b>MOVEMENT DISORDER</b>	GOCOVRI ER 68.5MG	ADD QL 1 PER DAY
<b>MOVEMENT DISORDER</b>	GOCOVRI ER 137 MG	ADD QL 2 PER DAY
<b>OPIOIDS</b>	APAP/CAF/DIHYDROCODEINE 320.5/30/16 APAP/CAF/DIHYDROCODEINE 356.4/30/16 MG APAP/CAF/DIHYDROCODEINE 325/30/16 MG APAP/CODEINE 300/15 MG APAP/CODEINE 300/30 MG DIHYDROCODEINE/ASA/CAF 16/356/30 MG (SYNALGOS-DC) HYDROCODONE/APAP 10/500 MG, 7.5/500MG HYDROCODONE/APAP 2.5/325 MG, 5/325 MG, 7.5/325 MG, 10/325 MG HYDROCODONE/APAP 5/300 MG, 7.5/300 MG, 10/300 MG HYDROCODONE/APAP 5/400 MG, 7.5/400 MG, 10/400 MG HYDROCODONE/APAP 5/500 MG TABLETS OXYCODONE 7.5/500 MG (PERCOCET) OXYCODONE/APAP 10/500 MG TABLET	REVISED QL 6 CAPSULES OR TABLETS PER DAY

	<p>OXYCODONE/APAP 2.5/325 MG, 5/325 MG,                  7.5/325 MG, 10/325 MG                  OXYCODONE/APAP 5/300 MG, 7.5/300 MG,                  10/300 MG                  OXYCODONE/APAP 5/500 MG CAPSULE                  OXYCODONE/ASPIRIN 5/325 MG                  PENTAZOCINE/NALOXONE 50 MG/0.5 MG                  CODEINE SULFATE 15 MG                  CODEINE SULFATE 30 MG                  DILAUDID 2 MG                  DILAUDID 4 MG                  DEMEROL 50 MG                  MS IR 15 MG                  OXYCODONE 10 MG                  OXAYDO 7.5 MG                  OXYIR 5 MG                  ROXICODONE 5 MG                  OXAYDO 5 MG                  OPANA 5 MG                  DOLOPHINE 5 MG</p>	
<b>OPIOIDS</b>	<p>APAP/CODEINE SUSP OR ELIXIR 120MG-                  12MG/5ML; 300 MG-30 MG/12.5 ML                  (CAPITAL WITH CODEINE)                  HYDROCODONE/APAP 2.5-108 MG/5 ML                  SOLUTION                  HYDROCODONE/APAP 2.5-167 MG/5 ML                  SOLUTION                  OXYCODONE/APAP 5-325 MG/5 ML SOLUTION                  DEMEROL 50 MG/5 ML (ORAL)                  MORPHINE SULFATE SOLUTION 10 MG/5 ML                  MORPHINE SULFATE SOLUTION 20 MG/5 ML                  OXYCODONE SOLUTION 5 MG/5ML                  METHADONE SOLUTION 5 MG/5 ML</p>	<p>REVISED QL                  30 ML PER DAY</p>
<b>OPIOIDS</b>	<p>HYDROCODONE/APAP 5-163 MG/7.5 ML</p>	<p>REVISED QL                  45 ML PER DAY</p>
<b>OPIOIDS</b>	<p>HYDROCODONE/APAP 5-215 MG/10 ML                  HYDROCODONE/APAP 5-217 MG/10 ML                  SOLUTION                  HYDROCODONE/APAP 5-334 MG/10 ML</p>	<p>REVISED QL                  60 ML PER DAY</p>
<b>OPIOIDS</b>	<p>MORPHINE SULFATE 20 MG/ML ORAL                  SYRINGE, 100 MG/5 ML SOLUTION</p>	<p>REVISED QL                  6 ML PER DAY</p>
<b>OPIOIDS</b>	<p>NUCYNTA 50 MG</p>	<p>REVISED QL                  181 PER 30 DAYS</p>
<b>OPIOIDS</b>	<p>HYSINGLA ER 80 MG, 100 MG                  EXALGO 12 MG, 16 MG, 32 MG</p>	<p>REVISED QL                  1 TABLET PER DAY</p>
<b>OPIOIDS</b>	<p>ZOHYDRO ER 30 MG, 40 MG, 50 MG                  XTAMPZA ER 27 MG, 36 MG</p>	<p>REVISED QL                  2 CAPSULES PER DAY</p>
<b>OPIOIDS</b>	<p>AVINZA 75 MG, 90 MG, 120 MG</p>	<p>REVISED QL                  1 CAPSULE PER DAY</p>

<b>OPIOIDS</b>	OXYCONTIN 60 MG, 80 MG OPANA ER 30MG	REVISED QL 2 TABLETS PER DAY
<b>OSTEOPOROSIS THERAPY</b>	ALENDRONATE SODIUM 35 MG TABLET ACTONEL 35 MG TABLET	ADD QL 4 TABLETS PER DAY
<b>OSTEOPOROSIS THERAPY</b>	ACTONEL 5 MG TABLET	ADD QL 4 TABLETS PER 28 DAYS
<b>PROTON PUMP INHIBITORS</b>	DEXILANT 30MG CAPSULE DR DEXILANT 60MG CAPSULE DR LANSOPRAZOLE 30MG CAP, DR EC PREVACID RX 30MG TAB DISINTEGRATING DR ACIPHEX 20MG TABLET EC	ADD QL 1 PER DAY
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>	CELEXA 20MG	ADD QL 1.5 TABLETS PER DAY
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>	FLUOXETINE HCL 20MG	ADD QL 4 PER DAY
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>	PAROXETINE HCL 30MG SERTRALINE HCL 100MG	ADD QL 2 TABS PER DAY
<b>SNRI</b>	VENLAFAXINE HCL 25MG VENLAFAXINE HCL 37.5MG VENLAFAXINE HCL 50MG VENLAFAXINE HCL 75MG VENLAFAXINE HCL 100MG	ADD QL 3 TABLETS PER DAY
<b>SUBLINGUAL IMMUNOTHERAPY</b>	ODACTRA	ADD PA AND QL 1 TABLET PER DAY
<b>TARGETED IMMUNE MODIFIERS</b>	ENBREL MINI WITH AUTOTOUCH	ADD QL 4 CARTRIDGES PER 28 DAYS

**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**.