

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below apply to all Anthem HealthKeepers Plus and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) members. These changes were reviewed and approved at the first quarter Pharmacy and Therapeutics Committee meeting.

Effective August 1, 2019, formulary changes, nonformulary changes and prior authorization requirements will apply. Remember to read the footnotes at the end of the table.

Effective for all members on August 1, 2019			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
DERMATOLOGICALS – MISCELLANEOUS	CETAPHIL MOISTURIZING CREAM	NON-PREFERRED	AMLACTIN 12% LOTION CERAVE MOISTURIZING CREAM
OTHER ELECTROLYTES	K-PHOS NEUTRAL TABLET	NON-PREFERRED	PHOSPHA 250 NEUTRAL TABLET 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 FIBER THERAPY 500 MG CAPLET
VITAMINS & HEMATINICS	D-VI-SOL 400 UNITS/ML DROP FLINTSTONES TAB CHEW FLINTSTONES MULTI-VIT GUMMIES POLY-VI-SOL DROPS POLY-VI-SOL DROPS WITH IRON	NON-PREFERRED	PEDIATRIC VITAMINS: TRI-VIT-FLUOR 0.25 MG/ML DROP CHILDREN'S CHEWABLES
VITAMINS & HEMATINICS	FEOSOL 200MG TABLET	NON-PREFERRED	FERROUS GLUCONATE 324 MG TAB SLOW RELEASE IRON 45 MG TAB EZFE 200 CAPSULE
VITAMINS & HEMATINICS	NEPHRO-VITE RX TABLET	NON-PREFERRED	RENA-VITE RX TABLET VP-VITE RX TABLET

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

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Edits effective August 1, 2019		
No changes in preferred/nonpreferred status. Revision or addition to UM edit only		
Therapeutic class	Medication	Formulary status change
MISCELLANEOUS ANTINEOPLASTIC DRUGS	DAURISMO 25 MG TABLET	PA REQUIRED ADD QL 2 TABLETS PER DAY
MISCELLANEOUS ANTINEOPLASTIC DRUGS	DAURISMO 100 MG TABLET	PA REQUIRED ADD QL 1 TABLET PER DAY
MISCELLANEOUS ANTINEOPLASTIC DRUGS	XOSPATA 40 MG TABLET	PA REQUIRED ADD QL 3 TABLETS PER DAY
MISCELLANEOUS ANTINEOPLASTIC DRUGS	LORBRENA 25 MG TABLET	PA REQUIRED ADD QL 3 TABLETS
MISCELLANEOUS ANTINEOPLASTIC DRUGS	LORBRENA 100 MG TABLET	PA REQUIRED ADD QL 1 TABLET PER DAY
MISCELLANEOUS ANTINEOPLASTIC DRUGS	TALZENNA 0.25 MG CAPSULE	PA REQUIRED ADD QL 3 CAPSULES PER DAY
MISCELLANEOUS ANTINEOPLASTIC DRUGS	TALZENNA 1 MG CAPSULE	PA REQUIRED ADD QL 1 CAPSULE PER DAY
MISCELLANEOUS ANTINEOPLASTIC DRUGS	VITRAKVI 25 MG CAPSULE	PA REQUIRED ADD QL 6 TABLETS PER DAY
MISCELLANEOUS ANTINEOPLASTIC DRUGS	VITRAKVI 100 MG CAPSULE	PA REQUIRED ADD QL 2 TABLETS PER DAY
MISCELLANEOUS ANTINEOPLASTIC DRUGS	LUTRATE DEPOT 22.5MG	ADD QL 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 6 TABLETS PER DAY
ANTICONVULSANTS	ELEPSIA XR*	PA REQUIRED ADD QL 2 TABLETS PER DAY
ANTIDEPRESSANTS – MISCELLANEOUS	SPRAVATO 56 MG DOSE PACK SPRAVATO 84 MG DOSE PACK	ADD QL 4 KITS PER 28 DAYS
ANTIDIURETIC AND VASOPRESSOR HORMONES	NOCDURNA 27.7 MCG TABLET SL NOCDURNA 55.3 MCG TABLET SL	PA REQUIRED ADD QL 1 TABLET PER DAY
ANTIINFECTIVES - MISCELLANEOUS	ARIKAYCE 590 MG/8.4 ML VIAL	PA REQUIRED ADD QL 1 KIT (28 VIALS) PER 28 DAYS

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ANTIINFECTIVES - MISCELLANEOUS	AEMCOLO DR 194 MG TABLET	PA REQUIRED ADD QL 12 TABLETS PER FILL
BETA AGONISTS INHALERS	PROAIR DIGIHALER	ADD QL 2 INHALERS PER 30 DAYS
GASTROINTESTINAL AGENTS – MISCELLANEOUS	MOTEGRITY 1 MG TABLET MOTEGRITY 2 MG TABLET	PA REQUIRED ADD QL 1 TABLET PER DAY
IMMUNO-SUPPRESSANT DRUGS	GAMIFANT 10 MG/2 ML VIAL GAMIFANT 50 MG/10 ML VIAL	PA REQUIRED
MISCELLANEOUS AGENTS	REVCovi 2.4 MG/1.5 ML VIAL	PA REQUIRED
MISCELLANEOUS AGENTS	ULTOMIRIS 300 MG/30 ML VIAL	PA REQUIRED ADD QL 12 VIALS PER 56 DAYS
NEUROLOGICAL THERAPY- MISCELLANEOUS	FIRDAPSE 10 MG TABLET	PA REQUIRED ADD QL 8 TABLETS PER DAY
OPHTHALMOLOGICS – MISCELLANEOUS	OXERVATE 0.002% EYE DROP	PA REQUIRED ADD QL 2 VIALS PER DAY
OPHTHALMOLOGICS – MISCELLANEOUS	CEQUA 0.09% SOLUTION	ADD ST ADD QL 2 VIALS PER DAY
PULMONARY AGENTS - MISCELLANEOUS	YUPELRI 175 MCG/3 ML SOLUTION	ADD QL 1 CARTON (30 VIALS) PER 30 DAYS
TETRACYCLINES	SEYSARA 60 MG TABLET SEYSARA 100 MG TABLET SEYSARA 150 MG TABLET	ADD ST ADD QL 1 TABLET PER DAY
TETRACYCLINES	NUZYRA 150 MG TABLET NUZYRA 150 MG TABLET-7 DAY NUZYRA 150 MG-7 DAY WITH LOAD	PA REQUIRED ADD QL 30 TABLETS PER FILL 1 FILL PER 30 DAYS
TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	CORDRAN 0.025% CREAM	ADD QL 120 GMS PER 30 DAYS
TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY	BRYHALI 0.01% LOTION	ADD QL 100 GMS PER 30 DAYS

**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 Anthem HealthKeepers Plus and/or Anthem CCC Plus patients to transition them to formulary alternatives. If you determine 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 your patients cannot be converted to a formulary alternative, call our Pharmacy department at **1-800-901-0020** (Anthem HealthKeepers Plus members) or **1-855-323-4687** (Anthem CCC Plus members) and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* (formulary) on our provider website at <https://mediproviders.anthem.com/va> > Pharmacy > Medicaid Common Core Formulary > Common Core Preferred Drug List.

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.