

## Quarterly pharmacy formulary change notice

The formulary changes listed in the table below apply to all Anthem HealthKeepers Plus members. These changes were reviewed and approved at the third quarter Pharmacy and Therapeutics Committee meeting.

Effective February 1, 2018, formulary changes, non-formulary changes and prior authorization requirements will apply.

Effective for all Anthem HealthKeepers Plus members on February 1, 2018			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ANTIPSYCHOTICS	PIMOZIDE 1 MG TABLET PIMOZIDE 2 MG TABLET	PREFERRED	N/A
ESTROGEN COMBINATIONS	EEMT DS 1.25-2.5 MG TABLET EEMT HS 0.625-1.25 MG TABLET COVARYX TABLET COVARYX H.S. TABLET	NON-PREFERRED	PREMPHASE TABLET PREMPRO TABLET MIMVEY LO TABLET LOPREEZA TABLET
ESTROGEN COMBINATIONS	MIMVEY LO 0.5-0.1 MG TABLET LOPREEZA 1 MG-0.5 MG TABLET	PREFERRED	N/A
HEPATITIS C	EPCLUSA 400 MG-100 MG TABLET	NON-PREFERRED WITH PA	ZEPATIER MAVYRET WITH PA REQUIRED
	MAVYRET 100-40 MG TABLET	PREFERRED WITH PA AS OF 11/1/17	N/A
MISCELLANEOUS AGENTS	HEMORRHOIDAL SUPPOSITORIES (OTC)	PREFERRED	N/A
MISCELLANEOUS AGENTS — IRON REPLACEMENT	SOD FER GLUC CPLX 62.5 MG/5 ML	PREFERRED	N/A
MISCELLANEOUS AGENTS — CAFFEINE	CAFFEINE CIT 60 MG/3 ML VIAL	PREFERRED	N/A
MISCELLANEOUS AGENTS — SODIUM POLYSTYRENE SULFONATE	SPS 50 GM/200 ML ENEMA KIONEX 15 GM/60 ML SUSPENSION	NON-PREFERRED	SPS 15 GM/60 ML SUSPENSION SPS 30 GM/120 ML ENEMA
MISCELLANEOUS AGENTS	AZO TEST STRIP	PREFERRED	N/A
MISCELLANEOUS AGENTS — SEVELAMER CARBONATE	SEVELAMER CARBONATE 800 MG TAB	NON-PREFERRED	VELPHORO 500 MG CHEWABLE TAB
MISCELLANEOUS OPHTHALMOLOGICS (OTC)	PROPARACAINE 0.5% EYE DROPS	NON-PREFERRED	N/A
	ARTIFICIALS TEARS DROPS	PREFERRED	N/A
OPHTHALMIC ANTI-INFECTIVES	GATIFLOXACIN 0.5% EYE DROPS MOXIFLOXACIN 0.5% EYE DROPS (GENERIC VIGAMOX)	PREFERRED	N/A

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

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

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Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
<b>OXYTOCICS</b>	METHYLERGONOVINE 0.2 MG/ML AMP METHYLERGONOVINE 0.2 MG/ML VL	PREFERRED	N/A
<b>URINARY ANESTHETICS</b>	AZO-TABS 95 MG TABLET	PREFERRED	N/A
<b>MISCELLANEOUS UROLOGICALS</b>	URETRON D-S TABLET URIN D.S. TABLET	NON-PREFERRED	N/A
<b>VAGINAL CLEANSER /ANTIINFECTIVES</b>	FEM PH VAGINAL JELLY	NON-PREFERRED	N/A
<b>VAGINAL ANTIFUNGALS</b>	MICONAZOLE 1 COMBINATION PACK TIOCONAZOLE 1 6.5% OINTMENT	PREFERRED	N/A
<b>VASOCONSTRICTOR DECONGESTANTS</b>	EYE ALLERGY RELIEF DROP VISINE-A EYE DROPS EYE DROPS ADVANCED RELIEF	PREFERRED	N/A
	NAPHAZOLINE 0.1% EYE DROPS	PREFERRED	N/A

<b>EDITS</b> NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
<b>BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG</b>	AVODART DUTASTERIDE DUTASTERIDE-TAMSULOSIN FINASTERIDE JALYN PROSCAR	AL REMOVED	N/A
<b>ADHD</b>	MYDAYIS ER 12.5 MG CAPSULE MYDAYIS ER 25 MG CAPSULE MYDAYIS ER 37.5 MG CAPSULE MYDAYIS ER 50 MG CAPSULE	ADD QL 2 PER DAY	N/A
<b>ANTI-INFECTIVES</b>	DAXBIA 333 MG CAPSULE	ADD QL 168 PER 30 DAYS	N/A
<b>ANTIMETABOLITES</b>	XATMEP 2.5 MG/ML ORAL SOLUTION	ADD PA	N/A
<b>ANTICOAGULANTS</b>	BEVYXXA 40 MG CAPSULE BEVYXXA 80 MG CAPSULE	ADD QL 31 PER 30 DAYS LIMIT OF 42 DAYS SUPPLY IN 60 DAYS	N/A
<b>ANTINEOPLASTICS</b>	KISQALI FEMARA 200 MG CO-PACK KISQALI FEMARA 400 MG CO-PACK KISQALI FEMARA 600 MG CO-PACK	ADD QL 1 CARTON PER 30 DAYS	N/A
	RUBRACA 250 MG TABLET	ADD QL 4 PER DAY	N/A
	ZYTIGA 500 MG TABLET	ADD QL 2 PER DAY	N/A

Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ANTIPARKINSONISM AGENTS	XADAGO 50 MG TABLET	ADD PA AND QL 2 PER DAY	N/A
	XADAGO 100 MG TABLET	ADD PA AND QL 1 PER DAY	N/A
	ZELAPAR 1.25 MG ODT TABLET	ADD PA AND QL 2 PER DAY	N/A
ANTIPSORIATIC AGENTS	TREMFYA 100 MG/ML SYRINGE	ADD QL 1 PER 56 DAYS	N/A
ANTIPSYCHOTICS	FAZACLO 200 MG ODT CLOZAPINE ODT 200 MG TABLET CLOZAPINE 200 MG TABLET	QL REVISION 4 PER DAY	N/A
ANTISPASMODICS	GELNIQUE 10% GEL PUMP	ADD QL 1 PUMP PER 30 DAYS	N/A
ANTIVIRALS	FAMCICLOVIR 125 MG TABLET FAMCICLOVIR 250 MG TABLET VALTREX 500 MG CAPLET VALACYCLOVIR HCL 500 MG TABLET	ADD QL 60 PER 30 DAYS	N/A
CODEINE CONTAINING AGENTS	ALL RX AND OTC PRODUCTS	ADD AL <12 YEARS OLD PA REQUIRED	N/A
HEPATITIS C	RIBAVIRIN 200 MG CAPSULE RIBAVIRIN 200 MG TABLET	PA REMOVED	N/A
GROWTH HORMONES	SAIZEN 8.8 MG CLICK.EASY CARTG SAIZEN 8.8 MG SAIZENPREP CART	ADD QL 1 CARTRIDGE PER DAY	N/A
MISCELLANEOUS GASTROINTESTINAL AGENTS	RENFLXIS 100 MG VIAL	PA REQUIRED ADD QL 2 PER 28 DAYS	N/A
HYPERPARATHYROIDISM	RAYALDEE 30MCG SENSIPAR 30MG & 60MG	ADD QL 2 PER DAY	N/A
	SENSIPAR 90MG	ADD QL 4 PER DAY	N/A
HYPNOTIC AGENTS	BUTISOL SODIUM 30 MG/5 ML ELX BUTISOL SODIUM 30 MG TABLET	NEW: 14 DAY TREATMENT PERIOD	N/A
INTRANASAL STEROIDS	FLUTICASONE 50 MCG SPRAY (OTC) NASACORT ALLERGY 24 HR (OTC) FLONASE SENSIMIST 27.5 MCG SPR	ADD QL 1 PER 30 DAYS	N/A
LIPID/CHOLESTEROL LOWERING AGENTS	VASCEPA 0.5 MG	ADD QL 8 PER DAY	N/A
AGENTS TO TREAT MULTIPLE SCLEROSIS	ZINBRYTA 150 MG/ML SYRINGE	ADD QL 1 PER 28 DAYS	N/A

<b>Therapeutic class</b>	<b>Medication</b>	<b>Formulary status change</b>	<b>Potential alternatives (preferred products)</b>
<b>NARCOTICS</b>	LAZANDA 300 MCG NASAL SPRAY	ADD QL 1 BOTTLE PER DAY	N/A
<b>NARCOTIC ANTAGONISTS</b>	EVZIO 0.4 MG AUTO-INJECTOR EVZIO 2 MG AUTO-INJECTOR	ADD QL 6 INJ PER 90 DAYS	N/A
	NARCAN 2MG NASAL SPRAY	ADD QL 3 CARTONS PER 90 DAYS	N/A
<b>OSTEOPOROSIS THERAPY</b>	TYMLOS 80 MCG DOSE PEN INJECTR	ADD QL 1 PEN PER 30 DAYS	N/A
<b>PROTON-PUMP INHIBITORS</b>	ZEGERID OTC 20-1;100 MG CAP	QL REVISION 1 PER DAY	N/A
<b>MISCELLANEOUS PULMONARY AGENTS</b>	HAEGARDA 3;000 UNIT VIAL	ADD QL 16 VIALS PER 28 DAYS	N/A
	HAEGARDA 2;000 UNIT VIAL	ADD QL 24 VIALS PER 28 DAYS	N/A
<b>MISCELLANEOUS RHEUMATOLOGICAL AGENTS</b>	KEVZARA 150 MG/1.14 ML SYRINGE KEVZARA 200 MG/1.14 ML SYRINGE	PA REQUIRED ADD QL 2 PER 28 DAYS	N/A
	ORENCIA 50 MG/0.4 ML SYRINGE ORENCIA 87.5 MG/0.7 ML SYRINGE	ADD QL 4 PER 28 DAYS	N/A
<b>MISCELLANEOUS AGENTS — SODIUM HENYL BUTYRATE</b>	BUPHENYL 500MG	ADD QL 40 PER DAY	N/A
	BUPHENYL 250GM POWDER	ADD QL 250GM POWDER PER 12 DAYS	N/A
<b>CHOLESTEROL LOWERING AGENTS</b>	NIKITA 1MG, 2MG, 4MG ZYPITAMAG 1MG, 2MG, 4MG FENOFIBRATE 43 MG CAPSULE FENOFIBRATE 130 MG CAPSULE	ADD QL 1 PER DAY	N/A
<b>VACCINES</b>	FLU VACCINATIONS	ADD QL 0.5 ML PER FILL 2 FILLS PER 180 DAYS	N/A

**What action do I need to take?**

Please review these changes and work with your Anthem HealthKeepers Plus members 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 a Anthem HealthKeepers Plus member cannot be converted to a formulary alternative, call our Pharmacy department at **1-800-901-0020** 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>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-901-0020**.