

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) patients. These changes were reviewed and approved at the third quarter Pharmacy and Therapeutics Committee meeting. **Effective February 1, 2019, formulary changes, nonformulary changes and prior authorization requirements will apply.**

EDITS – EFFECTIVE FOR ALL MEMBERS ON FEBRUARY 1, 2019		
<i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
AMYLOIDOSIS	ONPATTRO 10 MG/5 ML VIAL	ADD PA
ANTICONVULSANT	EPIDIOLEX	ADD PA
CANCER DRUGS	BRAFTOVI 50 MG CAPSULE	ADD QL — 4 CAPSULES PER DAY
CANCER DRUGS	BRAFTOVI 75 MG CAPSULE	ADD QL — 6 CAPSULES PER DAY
CANCER DRUGS	MEKTOVI 15 MG TABLET	ADD QL — 6 TABLETS PER DAY
FABRY DISEASE	GALAFOLD 123 MG CAPSULE	ADD PA ADD QL 14 CAPSULES PER 28 DAYS
GNRH	ORLISSA 150 MG TABLET	ADD PA ADD QL 1 TABLET PER DAY
GNRH	ORLISSA 200 MG TABLET	ADD PA ADD QL 2 TABLETS PER DAY
HEREDITARY HYPOPHOSPHATEMIA	CRYSVITA 10 MG/ML VIAL CRYSVITA 20 MG/ML VIAL CRYSVITA 30 MG/ML VIAL	ADD PA
MIGRAINE AGENTS	AJOVY 225 MG/1.5 ML SYRINGE	ADD PA ADD ST ADD QL 3 SYRINGES PER 90 DAYS
MOVEMENT DISORDERS	OSMOLEX ER 129 MG TABLET OSMOLEX ER 193 MG TABLET OSMOLEX ER 258 MG TABLET	ADD PA ADD ST ADD QL 1 TABLET PER DAY
MULTIPLE SCLEROSIS	OCREVUS 300 MG/10 ML VIAL	REVISE QL — 2 VIALS PER 6 MONTHS
OPIOID & OPIOID COMBINATIONS	APADAZ ROXYBOND 5 MG TABLET ROXYBOND 15 MG TABLET ROXYBOND 30 MG TABLET	REVISE QL 6 TABLETS PER DAY
POLYCYSTIC KIDNEY DISEASE	JYNARQUE 45 MG-15 MG TABLET JYNARQUE 90 MG-30 MG TABLET JYNARQUE 60 MG-30 MG TABLET	ADD PA ADD QL 1 CARTON PER 28 DAYS
PHENYLKETONURIA	PALYNZIQ 10 MG/0.5 ML SYRINGE PALYNZIQ 20 MG/ML SYRINGE PALYNZIQ 2.5 MG/0.5 ML SYRINGE	ADD PA ADD QL 2 SYRINGES PER DAY
SUBSTANCE USE DISORDER	LUCEMYRA 0.18 MG TABLET	ADD QL 16 TABLETS PER DAY 14 DAY SUPPLY PER FILL
VACCINES	INFLUENZA VIRUS VACCINE	REVISE QL 1 FILL PER 180 DAYS EXCEPT FOR INDIVIDUALS UNDER 9 YEARS OF AGE DURING THEIR FIRST VACCINATION SEASON

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 (Medallion and FAMIS 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>. If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-901-0020 (Medallion and FAMIS members)** or **1-855-323-4687 (Anthem CCC Plus members)**.

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

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