

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 formulary changes, nonformulary changes and prior authorization requirements will be effective January 1, 2019.

Effective for all patients on January 1, 2019			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
5-HT3 RECEPTOR ANTAGONISTS	ALOXI 0.25 MG/5 ML VIAL PALONOSETRON 0.25 MG/5 ML VIAL PALONOSETRON 0.25 MG/2 ML VIAL	NON-PREFERRED	CINVANTI 130 MG/18 ML VIAL PROCHLORPERAZINE 10 MG/2 ML VL SUSTOL 10 MG/0.4 ML SYRINGE VARUBI 166.5 MG/92.5 ML VIAL
ANTICONVULSANTS - MISC	DIASTAT ACUDIAL 5-7.5-10 MG KT DIASTAT ACUDIAL 12.5-15-20 MG MYSOLINE 50 MG TABLET MYSOLINE 250 MG TABLET TEGRETOL XR 200 MG TABLET TEGRETOL XR 400 MG TABLET	NON-PREFERRED	CARBAMAZEPINE ER 200 MG TABLET CARBAMAZEPINE ER 400 MG TABLET DIAZEPAM 10 MG RECTAL GEL SYST DIAZEPAM 20 MG RECTAL GEL SYST PRIMIDONE 50 MG TABLET PRIMIDONE 250 MG TABLET
	CARBAMAZEPINE ER 200 MG TABLET CARBAMAZEPINE ER 400 MG TABLET DIAZEPAM 10 MG RECTAL GEL SYST DIAZEPAM 20 MG RECTAL GEL SYST PRIMIDONE 50 MG TABLET PRIMIDONE 250 MG TABLET	PREFERRED	N/A
ANTIDEMENTIA AGENTS	MEMANTINE HCL 2 MG/ML SOLUTION MEMANTINE HCL ER 7 MG CAPSULE MEMANTINE HCL ER 14 MG CAPSULE MEMANTINE HCL ER 21 MG CAPSULE NAMENDA XR 7 MG CAPSULE NAMENDA XR 14 MG CAPSULE NAMENDA XR 21 MG CAPSULE	NON-PREFERRED	GALANTAMINE 4 MG/ML ORAL SOLN GALANTAMINE ER 8 MG CAPSULE GALANTAMINE ER 16 MG CAPSULE GALANTAMINE ER 24 MG CAPSULE
ANTIEMETICS - MISCELLANEOUS	BONJESTA ER 20-20 MG TABLET	NON-PREFERRED	DICLEGIS DR 10-10 MG TABLET
ANTIRHEUMATIC - ENZYME INHIBITORS	OLUMIANT 2 MG TABLET	NON-PREFERRED	XELJANZ 5 MG TABLET XELJANZ XR 11 MG TABLET
*ANTIPSYCHOTICS - MISC.	ARIPRAZOLE 1 MG/ML SOLUTION GEODON 20 MG/ML VIAL NUPLAZID 34 MG CAPSULE ZYPREXA 10 MG VIAL	NON-PREFERRED	OLANZAPINE 10 MG VIAL RISPERIDONE 1 MG/ML SOLUTION

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

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	ARISTADA INITIO OLANZAPINE 10 MG VIAL	PREFERRED	N/A
BETA BLOCKERS CARDIO-SELECTIVE	KAPSPARGO SPRINKLE 25 MG CAP KAPSPARGO SPRINKLE 50 MG CAP KAPSPARGO SPRINKLE 100 MG CAP KAPSPARGO SPRINKLE 200 MG CAP ZEBETA 5 MG TABLET	NON-PREFERRED	BISOPROLOL FUMARATE 5 MG TAB BISOPROLOL FUMARATE 10 MG TAB
	BISOPROLOL FUMARATE 5 MG TAB BISOPROLOL FUMARATE 10 MG TAB	PREFERRED	N/A
BETA BLOCKERS NON-SELECTIVE	INDERAL LA 60 MG CAPSULE INDERAL LA 80 MG CAPSULE INDERAL LA 120 MG CAPSULE INDERAL LA 160 MG CAPSULE	NON-PREFERRED	PROPRANOLOL ER 60 MG CAPSULE PROPRANOLOL ER 80 MG CAPSULE PROPRANOLOL ER 120 MG CAPSULE PROPRANOLOL ER 160 MG CAPSULE
	PROPRANOLOL ER 60 MG CAPSULE PROPRANOLOL ER 80 MG CAPSULE PROPRANOLOL ER 120 MG CAPSULE PROPRANOLOL ER 160 MG CAPSULE	PREFERRED	N/A
BETA-BLOCKERS - OPTHALMIC	BETOPTIC S 0.25% EYE DROPS	NON-PREFERRED	TIMOLOL MALEATE 0.25% EYE DROP
CALCIUM CHANNEL BLOCKERS	CARDIZEM LA 120 MG TABLET CARDIZEM LA 180 MG TABLET CARDIZEM LA 240 MG TABLET CARDIZEM LA 300 MG TABLET CARDIZEM LA 360 MG TABLET DILTIAZEM 24HR ER 180 MG TAB DILTIAZEM 24HR ER 240 MG TAB DILTIAZEM 24HR ER 300 MG TAB DILTIAZEM 24HR ER 360 MG TAB MATZIM LA 180 MG TABLET MATZIM LA 240 MG TABLET MATZIM LA 300 MG TABLET MATZIM LA 360 MG TABLET VERAPAMIL 360 MG CAP PELLETT VERELAN 360 MG CAP PELLETT	NON-PREFERRED	DILTIAZEM 24HR ER 120 MG CAP DILTIAZEM 24HR ER 180 MG CAP DILTIAZEM 24HR ER 240 MG CAP DILTIAZEM 24HR ER 300 MG CAP DILTIAZEM 24HR ER 360 MG CAP
COPD AGENTS	TRELEGY ELLIPTA 100-62.5-25	NON-PREFERRED	ANORO ELLIPTA 62.5-25 MCG INH STIOLTO RESPIMAT INHAL SPRAY
	ANORO ELLIPTA 62.5-25 MCG INH STIOLTO RESPIMAT INHAL SPRAY	PREFERRED	N/A
COMBINATION PSYCHOTHERAPEUTICS	OLANZAPINE-FLUOXETINE 12-25 MG OLANZAPINE-FLUOXETINE 12-50 MG OLANZAPINE-FLUOXETINE 3-25 MG OLANZAPINE-FLUOXETINE 6-25 MG OLANZAPINE-FLUOXETINE 6-50 MG SYMBYAX 12-25 MG CAPSULE	NON-PREFERRED	OLANZAPINE TABLET FLUOXETINE CAPSULES

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	SYMBYAX 12-50MG CAPSULE SYMBYAX 3-25 MG CAPSULE SYMBYAX 6-25 MG CAPSULE SYMBYAX 6-50 MG CAPSULE		
GLUCOCORTICOSTEROIDS	DEXAMETHASONE 6 DAY 1.5 MG TAB DEXPAK 6 DAY 1.5 MG TABLET TAPERDEX 6 DAY 1.5 MG TABLET TAPERDEX 12 DAY 1.5 MG TABLET	NON-PREFERRED	DEXAMETHASONE 1.5 MG TABLET
GLUCOCORTICOIDS-INHALED	QVAR 40 MCG ORAL INHALER QVAR 80 MCG ORAL INHALER	NON-PREFERRED	FLOVENT HFA 44 MCG INHALER FLOVENT HFA 110 MCG INHALER FLOVENT HFA 220 MCG INHALER
HMG COA REDUCTASE INHIBITORS	ZYPITAMAG 1 MG TABLET ZYPITAMAG 2 MG TABLET ZYPITAMAG 4 MG TABLET	NON-PREFERRED	ATORVASTATIN TABLETS LIPITOR TABLETS SIMVASTATIN TABLETS ZOCOR TABLETS
HYDANTOINS	DILANTIN 50 MG INFATAB PHENYTEK 200 MG CAPSULE PHENYTEK 300 MG CAPSULE	NON-PREFERRED	PHENYTOIN 50 MG INFATAB PHENYTOIN 50 MG TABLET CHEW PHENYTOIN SOD EXT 200 MG CAP PHENYTOIN SOD EXT 300 MG CAP
	PHENYTOIN 50 MG INFATAB PHENYTOIN 50 MG TABLET CHEW PHENYTOIN SOD EXT 200 MG CAP PHENYTOIN SOD EXT 300 MG CAP	PREFERRED	N/A
INTESTINAL CHOLESTEROL ABSORPTION INHIBITOR	ZETIA 10 MG TABLET	NON-PREFERRED	EZETIMIBE 10 MG TABLET
	EZETIMIBE 10 MG TABLET	PREFERRED	N/A
INTERLEUKIN-6 RECEPTOR INHIBITORS	KEVZARA 150 MG/1.14 ML SYRINGE KEVZARA 200 MG/1.14 ML SYRINGE	NON-PREFERRED	ACTEMRA 162 MG/0.9 ML SYRINGE
MIGRAINE COMBINATIONS	SUMATRIPTAN-NAPROXEN 85-500 MG TREXIMET 85-500 MG TABLET	NON-PREFERRED	NAPROXEN TABLETS SUMATRIPTAN TABLETS
NASAL ANTIALLERGY	OLOPATADINE 665 MCG NASAL SPRY PATANASE 665 MCG NASAL SPRAY	NON-PREFERRED	AZELASTINE 0.1% (137 MCG) SPRY AZELASTINE 0.15% NASAL SPRAY
NASAL STEROIDS	XHANCE 93 MCG NASAL SPRAY	NON-PREFERRED	FLUTICASONE PROP 50 MCG SPRAY
OPHTHALMIC ANTI-INFECTIVES	BLEPH-10 10% EYE DROPS NEOMYC-POLYM-GRAMICID EYE DROP SULFACETAMIDE 10% EYE DROPS	NON-PREFERRED	BACITRACIN-POLYMYXIN EYE OINT GENTAMICIN 0.3% EYE DROP

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			TOBRAMYCIN 0.3% EYE DROP
	BACITRACIN-POLYMYXIN EYE OINT	PREFERRED	N/A
OPHTHALMIC KINASE INHIBITORS	RHOPRESSA 0.02% OPHTH SOLUTION	NON-PREFERRED	BIMATOPROST 0.03% EYE DROPS LATANOPROST 0.005% EYE DROPS
OPIOID AGONISTS	OXAYDO 5 MG TABLET ROXYBOND 5 MG TABLET ROXYBOND 15 MG TABLET ROXYBOND 30 MG TABLET	NON-PREFERRED	OXYCODONE HCL 5 MG TABLET OXYCODONE HCL 15 MG TABLET OXYCODONE HCL 30 MG TABLET
PROGESTINS	HYDROXYPROGEST 1,250 MG/5 ML MAKENA 1,250 MG/5 ML VIAL	NON-PREFERRED	MAKENA 275 MG/1.1 ML AUTOINJCT
PROTON PUMP INHIBITORS	GENERIC OTC OMEPRAZOLE 20 MG GENERIC OTC OMEPRAZOLE 20.6 MG	NON-PREFERRED	LANSOPRAZOLE DR 15 MG CAPSULE
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	TADALAFIL 20 MG TABLET TRACLEER 32 MG SUSP	NON-PREFERRED	ADCIRCA 20 MG TABLET
	ADCIRCA 20 MG TABLET	PREFERRED	N/A
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	DITROPAN XL 5 MG TABLET OXYTROL 3.9 MG/24HR PATCH OXYTROL FOR WOMEN 3.9 MG/24HR	NON-PREFERRED	OXYBUTYNIN CL ER 5 MG TABLET OXYBUTYNIN CL ER 10 MG TABLET OXYBUTYNIN CL ER 15 MG TABLET
	OXYBUTYNIN CL ER 5 MG TABLET OXYBUTYNIN CL ER 10 MG TABLET OXYBUTYNIN CL ER 15 MG TABLET	PREFERRED	N/A
VAGINAL ANTI-INFECTIVES	METROGEL-VAGINAL 0.75% GEL	NON-PREFERRED	METRONIDAZOLE VAGINAL 0.75% GL VANDAZOLE VAGINAL 0.75% GEL
	METRONIDAZOLE VAGINAL 0.75% GL VANDAZOLE VAGINAL 0.75% GEL	PREFERRED	N/A
VAGINAL ESTROGENS	IMVEXXY 4 MCG VAGINAL INSERT IMVEXXY 10 MCG VAGINAL INSERT IMVEXXY 10 MCG STARTER PACK	NON-PREFERRED	YUVAFEM 10 MCG VAGINAL INSERT

* Members currently receiving aripiprazole oral solution, Geodon® (IM), Nuplazid or olanzapine/fluoxetine will be “grandfathered” for a period not to exceed one year. After that time, the prescriber will need submit a service authorization request documenting the medical necessity of the nonpreferred drug.

What action do I need to take?

Please review these changes and work with your Anthem HealthKeepers 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 Anthem HealthKeepers Plus patient cannot be converted to a formulary alternative, call our Pharmacy department at **1-800-901-0020** (Anthem CCC Plus providers can call **1-855-323-4687**), 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** (For Anthem CCC Plus assistance call **1-855-323-4687**).