

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below apply to all Anthem HealthKeepers Plus members (FAMIS and Medallion) and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) members. These changes were reviewed and approved at the fourth quarter 2019 pharmacy and therapeutics committee meeting.

Effective May 1, 2020, formulary changes, non-formulary changes and prior authorization (PA) requirements will apply.

Effective for all members on May 1, 2020			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
PEDIATRIC MULTIPLE VITAMINS	(BRAND) POLY-VI-SOL DROPS POLY-VI-SOL WITH IRON DROPS	PREFERRED	N/A

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Therapeutic class	Medication	Formulary status change
ANTIMYCOBACTERIAL AGENTS	PRETOMANID TAB 200MG	ADD PRIOR AUTHORIZATION (PA)
ANTINEOPLASTIC AGENTS	ZEVALIN KIT Y-90 AZEDRA DOSIM INJ 15MCI/ML AZEDRA THERA INJ 15MCI/ML	ADD PA
ANTINEOPLASTIC AGENTS	HERCEPTIN HYLEC SOL 60-10000	ADD STEP THERAPY (ST)
ANTINEOPLASTIC AGENTS	BRUKINSA CAPSULE 80MG	ADD PA AND QUANTITY LIMIT (QL) QL: 4 CAPS PER DAY
ANTINEOPLASTIC AGENTS	INREBIC CAPSULE 100MG	ADD PA AND QL QL: 4 CAPS PER DAY
ANTINEOPLASTIC AGENTS	ROZLYTREK CAPSULE 100MG ROZLYTREK CAPSULE 200MG	ADD PA AND QL 100 MG CAPSULE QL: 1 CAPS PER DAY 200 MG CAPSULE QL: 3 CAPS PER DAY
ANTIRETROVIRALS	APTIVUS SOLUTION APTIVUS CAP 250MG	ADD PA
ANTIRETROVIRALS	DESCOVY TAB 200/25	ADD ST
ANTISPASMODICS	GLYCOPYRROLATE TAB 1.5MG	ADD PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	KHAPZORY SOL 175MG KHAPZORY SOL 300MG	ADD PA
ESTROGEN COMBINATIONS	DUAVEE TAB 0.45-20	ADD PA
ESTROGENS	DEPO-ESTRADIOL INJ 5MG/ML	ADD PA
OPHTHALMIC AGENTS	BEOVU INJ 6/0.05ML	ADD PA

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

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AVAPEC-2517-20 April 2020

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Therapeutic class	Medication	Formulary status change
URINARY STONE AGENTS	THIOLA TAB 100MG THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD PA
HEMATOLOGICAL AGENTS - MISC.	GIVLAARI INJ 189MG/ML	ADD PA
ANTIHEMOPHILIC PRODUCTS	ESPEROCT INJ 3000UNIT	ADD PA
AGENTS FOR SICKLE CELL ANEMIA	OXBRYTA TAB 500MG	ADD PA AND QL QL: 3 TABLETS PER DAY
AGENTS FOR SICKLE CELL ANEMIA	ADAKVEO INJ 100/10ML	ADD PA AND QL
ANTICONVULSANTS	XCOPRI TABLETS	ADD PA AND QL 12.5 MG, 25 MG, 50 MG, 100 MG, 150 MG QL: 1 TABLET PER DAY 200 MG QL: 2 TABLETS PER DAY
BIOSIMILAR	CYTELZO INJECTION	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
BIOSIMILAR	HADLIMA INJECTION	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
BIOSIMILAR	ETICOVO SYRINGE	ADD PA AND QL 25 MG/0.5 ML PREFILLED SYRINGE QL: 8 SYRINGES PER 28 DAYS 50 MG/ML PREFILLED SYRINGE QL: 4 SYRINGES PER 28 DAYS
ANTIRHEUMATIC - ENZYME INHIBITORS	RINVOQ TAB 15MG ER	ADD PA AND QL QL: 1 TABLET PER DAY
MULTIPLE SCLEROSIS AGENTS	VUMERITY CAPSULE 231MG	ADD PA AND QL QL: 4 CAPS PER 30 DAYS
CYSTIC FIBROSIS AGENTS	TRIKAFTA TABLET	ADD PA AND QL QL: 1 CARTON (84 TABLETS) PER 28 DAYS
ANTIPARKINSON ADJUVANTS	NOURIANZ TABLET 20MG NOURIANZ TABLET 40MG	ADD PA AND QL QL: 1 TABLET PER DAY
ANTI-NARCOLEPSY AGENTS	WAKIX TAB 4.45MG WAKIX TAB 17.8MG	ADD PA AND QL QL: 2 TABS PER DAY
LHRH/GNRH AGONIST	LUPRON DEPOT-PED INJ 11.25 MG	ADD PA AND QL QL: 1 KIT PER 84 DAYS
ANTIRETROVIRALS	DELSTRIGO TABLET	REMOVE PA
ACNE PRODUCTS	BP GEL 10%	ADD QL 180GM PER 30 DAYS
TOPICAL ANALGESICS	EUCERIN CALMING ITCH-RELIEF 0.1 % LOTION	ADD QL 480GM PER 30 DAYS
ANALGESICS OTHER	ACETAMINOPHEN 500 MG CAPSULE ACETAMINOPHEN EXTRA STRENGTH 500 MG TABLET	ADD QL 100 TABLETS PER 25 DAYS
ANALGESICS OTHER	ACETAMINOPHEN ER 650 MG TABLET	ADD QL 100 TABLETS PER 90 DAYS

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Therapeutic class	Medication	Formulary status change
ANALGESICS OTHER	ACETAMINOPHEN 160 MG/5 ML ORAL LIQUID PAIN RELIEVE DROP 80/0.8ML ACETAMINOPHN SUSPENSION 160/5ML INFANT'S NON-ASPIRIN 100 MG/ML ORAL DROPS,SUSPENSION	ADD QL 100ML PER 25 DAYS
ANTIANSXIETY AGENTS - MISC.	BUSPIRONE 5 MG TABLET BUSPIRONE 7.5 MG TABLET BUSPIRONE 10 MG TABLET BUSPIRONE 15 MG TABLET BUSPIRONE 30 MG TABLET	ADD QL 3 TABLETS PER DAY
ANTIANSXIETY AGENTS - MISC.	MEPROBAMATE 200 MG TABLET MEPROBAMATE 400 MG TABLET	ADD QL 4 CAPSULES/TABLETS PER DAY
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	FASENRA PEN INJ 30MG/ML	30 MG (1 SYRINGE/AUTOINJECTOR) EVERY 8 WEEKS
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	NUCALA 100 MG VIAL NUCALA 100 MG/ML PREFILLED SYRINGE/AUTOINJECTOR	ADD QL 100 MG (1 VIAL/SYRINGE/AUTOINJECTOR) EVERY 4 WEEKS
ANTIDEPRESSANTS	TOFRANIL 25 MG TABLET IMIPRAMINE PAMOATE 75 MG CAPSULE SURMONTIL 25 MG CAPSULE SURMONTIL 50 MG CAPSULE	ADD QL 1 TAB/CAP PER DAY
ANTIDEPRESSANTS	ANAFRANIL 25 MG CAPSULE NORPRAMIN 25 MG TABLET DESIPRAMINE 50 MG TABLET DESIPRAMINE 75 MG TABLET DESIPRAMINE 150 MG TABLET DOXEPIN 25 MG CAPSULE DOXEPIN 50 MG CAPSULE DOXEPIN 75 MG CAPSULE DOXEPIN 100 MG CAPSULE DOXEPIN 150 MG CAPSULE TOFRANIL 10 MG TABLET IMIPRAMINE PAMOATE 100 MG CAPSULE IMIPRAMINE PAMOATE 125 MG CAPSULE IMIPRAMINE PAMOATE 150 MG CAPSULE PAMELOR 75 MG CAPSULE	ADD QL 2 TAB/CAPS PER DAY
ANTIDEPRESSANTS	MAPROTILINE 25 MG TABLET MAPROTILINE 50 MG TABLET MAPROTILINE 75 MG TABLET AMITRIPTYLINE 10 MG TABLET AMITRIPTYLINE 25 MG TABLET AMITRIPTYLINE 50 MG TABLET AMITRIPTYLINE 75 MG TABLET AMITRIPTYLINE 100 MG TABLET AMITRIPTYLINE 150 MG TABLET ANAFRANIL 75 MG CAPSULE DESIPRAMINE 100 MG TABLET PAMELOR 50 MG CAPSULE SURMONTIL 100 MG CAPSULE	ADD QL 3 TAB/CAP PER DAY
ANTIDEPRESSANTS	NORPRAMIN 10 MG TABLET DOXEPIN 10 MG CAPSULE PAMELOR 10 MG CAPSULE	ADD QL 4 TAB/CAP PER DAY

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Therapeutic class	Medication	Formulary status change
	PAMELOR 25 MG CAPSULE PROTRIPTYLINE 5 MG TABLET PROTRIPTYLINE 10 MG TABLET	
ANTIDEPRESSANTS	ANAFRANIL 50 MG CAPSULE	ADD QL 5 TABLETS PER DAY
ANTIDEPRESSANTS	TOFRANIL 50 MG TABLET	ADD QL 6 TABLETS PER DAY
ANTIDEPRESSANTS	NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	ADD QL 20ML PER DAY
ANTIDEPRESSANTS	DOXEPIN 10 MG/ML ORAL CONCENTRATE	ADD QL 30ML PER DAY
ANTIMANIC AGENTS	LITHIUM CARBONATE 150 MG CAPSULE LITHIUM CARBONATE 300 MG CAPSULE LITHIUM CARBONATE 600 MG CAPSULE LITHIUM CARBONATE 300 MG TABLET LITHIUM CARBONATE ER 300 MG TABLET LITHIUM CARBONATE ER 450 MG TABLET	ADD QL 3 TAB/ CAP PER DAY
ANTINEOPLASTIC AGENTS	VITRAKVI SOL 20MG/ML	ADD QL 10 ML PER DAY
ANTIPRURITICS TOPICAL	DOXEPIN 5 % TOPICAL CREAM	ADD QL 45GM PER 30 DAYS
ANTISEBORRHEIC PRODUCTS	SELENIUM SULFIDE 2.5 % LOTION	ADD QL 120ML PER 30 DAYS
BENZODIAZEPINES	XANAX XR TAB 0.5MG XANAX XR TAB 1MG XANAX XR TAB 2MG XANAX XR TAB 3MG	ADD QL 1 TABLET PER DAY
BENZODIAZEPINES	ATIVAN TAB 0.5MG ATIVAN TAB 1MG ATIVAN TAB 2MG ALPRAZOLAM TAB 0.25 ODT ALPRAZOLAM TAB 0.5MG ODT ALPRAZOLAM TAB 1MG ODT ALPRAZOLAM TAB 2MG ODT XANAX TAB 0.25MG XANAX TAB 0.5MG XANAX TAB 1MG XANAX TAB 2MG	ADD QL 3 TABLETS PER DAY
BENZODIAZEPINES	LORAZEPAM ORAL CONCENTRATE 2MG/ML	ADD QL 3 ML PER DAY
BENZODIAZEPINES	CHLORDIAZEPOXIDE CAP 5MG CHLORDIAZEPOXIDE CAP 10MG CHLORDIAZEPOXIDE CAP 25MG CLORAZEPATE DIPOTASSIUM TAB 15MG	ADD QL 4 TABS/CAPS PER DAY

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Therapeutic class	Medication	Formulary status change
	CLORAZEPATE DIPOTASSIUM TAB 3.75MG CLORAZEPATE DIPOTASSIUM TAB 7.5MG CLORAZEPATE DIPOTASSIUM TAB 15MG VALIUM TAB 2MG VALIUM TAB 5MG VALIUM TAB 10MG OXAZEPAM CAP 10MG OXAZEPAM CAP 15MG OXAZEPAM CAP 30MG	
BENZODIAZEPINES	ALPRAZOLAM ORAL CONCENTRATE 1 MG/ML	ADD QL 4 ML PER DAY
BENZODIAZEPINES	DIAZEPAM ORAL CONCENTRATE 5MG/ML	ADD QL 8 ML PER DAY
CALCIUM CHANNEL BLOCKERS	NYMALIZE 60 MG/20 ML ORAL SOLUTION NYMALIZE 30 MG/10 ML ORAL SOLUTION	ADD QL 12ML PER DAY
CENTRAL MUSCLE RELAXANTS	OZOBAX SOLUTION 5MG/5ML	ADD QL 80 ML PER DAY
CHLORINE ANTISEPTICS	CHLORHEXIDINE GLUCONATE 4 % TOPICAL LIQUID ANTISEPTIC SKIN CLEANSER (CHLORHEXIDINE) 4 % LIQUID	ADD QL 480GM PER 30 DAYS
CONTRACEPTIVES - ORAL	SLYND TAB 4MG	ADD QL 1 TABLET PER DAY
CONTRACEPTIVES - ORAL	NORGESTIMATE 0.18 MG/0.215 MG/0.25 MG-ETHINYL ESTRADIOL 25 MCG TABLET SLYND TAB 4MG	ADD QL 1 TABLET PER DAY
COMBINATION CONTRACEPTIVES - VAGINAL	NUVARING VAGINAL	ADD QL 1 RING PER 28 DAYS
COUGH/COLD/ALLERGY COMBINATIONS	GUAIFENESIN-DM 10 MG-100 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN-GUAIFENESIN 10 MG-100 MG/5 ML SYRUP	ADD QL 240ML PER 30 DAYS
DIABETIC AGENTS	GLUCAGON EMERGENCY KIT 1 MG INJECTION GLUCAGEN HYPOKIT 1 MG INJECTION	ADD QL 2 KITS PER 30 DAYS
DIABETIC AGENTS	BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE GVOKE PFS INJ	ONE PACK: 2 PACKS PER 30 DAYS TWO PACK: 1 PACK PER 30 DAYS
DIABETIC SUPPLIES	INSULIN SYRINGES AND PEN NEEDLES	ADD QL 200 PER 30 DAYS
EMOLLIENT/KERATOLYTIC AGENTS	UREA CREAM 40% UREA CREAM 45%	ADD QL 30GM PER 30 DAYS
EMOLLIENTS	AMMONIUM LACTATE 12 % TOPICAL CREAM	ADD QL 450GM PER 30 DAYS
ENZYMES - TOPICAL	SANTYL OINTMENT 250/GM	ADD QL 30GM PER 30 DAYS

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Therapeutic class	Medication	Formulary status change
ESTROGENS	EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY	ADD QL 2 PUMPS PER 30 DAYS
HEPATITIS AGENTS	RIBAVIRIN 200 MG TABLET	ADD QL 6 TABLETS PER DAY
LAXATIVE COMBINATIONS	MOVIPREP ORAL POWDER PACKET	ADD QL 1 KIT PER 30 DAYS
MISC. TOPICAL	BOUDREAUXS BUTT PASTE 16 % TOPICAL OINTMENT DIAPER RASH 40 % TOPICAL PASTE	ADD QL 120GM PER 30 DAYS
MISC. TOPICAL	ZINC OXIDE OINTMENT 20% DIAPER RASH OINTMENT 40% TRIPLE PASTE TOPICAL OINTMENT HYDROCERIN TOPICAL CREAM	ADD QL 480GM PER 30 DAYS
NON-BARBITURATE HYPNOTICS	DORAL TAB 15MG	ADD QL 1 TAB/CAP PER DAY
NON-BARBITURATE HYPNOTICS	MIDAZOLAM SYP 2MG/ML	ADD QL 10 ML PER FILL
OIL SOLUBLE VITAMINS	VITAMIN D3 DROP 400UNIT	ADD QL 60 TABLETS PER 30 DAYS
OPIOID AGONISTS	INFUMORPH INJ 10MG/ML INFUMORPH INJ 25MG/ML	ADD QL 2 VIALS/MONTH
PEDIATRIC MULTIVITAMINS	POLY-VITE SOL /IRON	ADD QL 50ML PER 40 DAYS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	ERGOLOID 1 MG TABLET	ADD QL 3 TABLETS PER DAY
SOMATOSTATIC AGENTS	SIGNIFOR LAR INJ 10MG SIGNIFOR LAR INJ 30MG	ADD QL 10, 30 MG: 1 KIT PER 28 DAYS
STIMULANT LAXATIVES	LAXATIVE (BISACODYL) 5 MG TABLET	ADD QL 100 TABLETS PER 90 DAYS
SYMPATHOMIMETICS	PRIMATENE MIST 0.125 MG/ACTUATION HFA AEROSOL INHALER	ADD QL 3 INHALERS PER 30 DAYS
TOPICAL LOCAL ANESTHETICS	PLIAGLIS CREAM 7-7%	QL QL: 30 GRAMS PER 30 DAYS
TOPICAL LOCAL ANESTHETICS	SYNERA DIS 70-70MG	ADD QL QL: 2 PATCHES PER 30 DAYS
URINARY ANTI-INFECTIVES	MONUROL 3 GRAM ORAL PACKET	ADD QL 1 PACKET PER 30 DAYS
URINARY STONE AGENTS	THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD QL 100 MG: 10 PER DAY 300 MG: 3 PER DAY
VAGINAL ANTI-INFECTIVES	MICONAZOLE NITRATE 4 % (200 MG)-2 % (9 GRAM)VAGINAL CREAM	ADD QL 1 TUBE PER 30 DAYS
VAGINAL ANTI-INFECTIVES	TERCONAZOLE 0.8 % VAGINAL CREAM	ADD QL 40GM PER 30 DAYS
VAGINAL ANTI-INFECTIVES	TERCONAZOLE 80 MG VAGINAL SUPPOSITORY	ADD QL 6 SUPP PER 30 DAYS
VASOPRESSIN RECEPTOR ANTAGONISTS	JYNARQUE TAB 15MG JYNARQUE TAB 30MG	ADD QL 4 PER DAY

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Therapeutic class	Medication	Formulary status change
ANTIARRHYTHMICS TYPE I-C	FLECAINIDE 50 MG TABLET	REVISED QL 3 TABLETS PER DAY
	FLECAINIDE 100 MG TABLET	REVISED QL 4 TABLETS PER DAY
ANTIDEPRESSANTS	SURMONTIL CAP 25MG SURMONTIL CAP 50MG SURMONTIL CAP 100MG	REVISED QL 3 CAPSULES PER DAY
ANTIMALARIALS	ARAKODA TAB 100MG	REVISED QL 64 TABLETS PER YEAR
ANTINEOPLASTIC ENZYME INHIBITORS	IMBRUVICA CAP 140MG	REVISED QL 3 CAPSULES PER DAY
ANTIPERISTALTIC AGENTS	LOPERAMIDE SUS 1MG/7.5	REVISED QL 120ML PER DAY
ANTISEBORRHEIC PRODUCTS	SELENIUM SUL LOT 2.5%	REVISED QL 120 ML PER 30 DAYS
HEMATOPOIETIC GROWTH FACTORS	DOPTELET TAB 20MG	REVISED QL 60 TABLETS PER 30 DAYS
MISC. TOPICAL	ZINC OXIDE OIN 20% ZINC OXIDE OIN 40% TRIPLE PASTE OIN 12.8%	REVISED QL 480GM PER 30 DAYS
PRENATAL VITAMINS	THERANATAL MIS COMPLETE	REVISED QL 3 (2 TABLETS/1 SOFTGEL) PER DAY
EMOLLIENT/KERATOL YTIC AGENTS	UREA 45% CREAM	REVISED QL 255 GM PER 30 DAYS

What action do I need to take?

Please review these changes and work with your Anthem HealthKeepers Plus patients 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 PA to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patient 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 PA. 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**.