

September 2016

Quarterly pharmacy formulary change notice

Summary of change

The formulary changes listed in the table below were reviewed and approved at the first quarter pharmacy and therapeutics (P&T) committee meetings held on **March 29, 2016**.

Effective for all patients on September 1, 2016			
Therapeutic class	Medication	Formulary status change	Potential alternatives (formulary products)
ORAL INHALED CORTICOSTEROIDS	ARNUITY ELLIPTA 100 MCG INH ARNUITY ELLIPTA 200 MCG INH	PREFERRED	N/A
ORAL INHALED CORTICOSTEROIDS	ASMANEX TWISTHALER 110 MCG ASMANEX TWISTHALER 220 MCG FLOVENT HFA 110 MCG INHALER FLOVENT HFA 44 MCG INHALER FLOVENT HFA 220 MCG INHALER FLOVENT 50 MCG DISKUS FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS QVAR 40 MCG ORAL INHALER QVAR 80 MCG ORAL INHALER	NONPREFERRED Step therapy (ST) required for members 6 years of age and older. For members less than 6 years of age, Asmanex Twisthaler, Flovent Diskus/HFA and Qvar will not require a trial of a preferred agent.	ARNUITY ELLIPTA AERSOPAN
ORAL INHALED CORTICOSTEROIDS	ASMANEX HFA 100 MCG INHALER ASMANEX HFA 200 MCG INHALER PULMICORT 180 MCG FLEXHALER PULMICORT 90 MCG FLEXHALER	NONPREFERRED	ARNUITY ELLIPTA AERSOPAN
ORAL INHALED CORTICOSTEROIDS COMBINATION	BREO ELLIPTA 200-25 MCG INH BREO ELLIPTA 100-25 MCG INH	PREFERRED ST REQUIRED	N/A
ORAL INHALED CORTICOSTEROIDS COMBINATION	SYMBICORT 80-4.5 MCG INHALER SYMBICORT 160-4.5 MCG INHALER	NONPREFERRED	BREO ELLIPTA DULERA ST REQUIRED

What this means to you

- Effective **September 1, 2016**, formulary changes apply.
- Effective **September 1, 2016**, nonformulary changes and prior authorization requirements will apply.
- This notice applies to HealthKeepers, Inc. benefits for Anthem HealthKeepers Plus members.

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

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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 **1-800-359-5781** and follow the voice prompts for pharmacy prior authorization. You can find the Preferred Drug List (formulary) on our provider website at www.anthem.com/vamedicaiddoc.

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