

December 2015

### Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at the third quarter pharmacy and therapeutics (P&T) committee meetings held on **September 14, 2015**. They apply to HealthKeepers, Inc. benefits for Anthem HealthKeepers Plus members and are effective **February 1, 2016**. Additionally, effective **February 1, 2016**, nonformulary changes and prior authorization (PA) requirements will apply.

Therapeutic class	Medication	Formulary status change	Potential alternatives formulary products
<b>SHORT ACTING BETA-ADRENERGIC AGENTS</b>	PROAIR HFA 90MCG INHALER	NONPREFERRED ST REQUIRED	VENTOLIN HFA 90MCG INH
<b>ANTIBIOTICS</b>	CEFTIBUTEN 180 MG/5 ML SUSPENSION CEFTIBUTEN 400 MG CAPSULE	NONPREFERRED	CEFDINIR 125 MG/5 ML SUSPENSION CEFDINIR 250 MG/5 ML SUSPENSION CEFDINIR 300 MG CAPSULE
<b>ANTIBIOTICS</b>	MINOCYCLINE ER 45 MG MINOCYCLINE ER 90 MG MINOCYCLINE ER 135 MG	NONPREFERRED	MINOCYCLINE IR DOXYCYCLINE MONOHYDRATE
<b>ANTI-EMETICS</b>	ONDANSETRON 4MG/5ML SOLUTION	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	ONDANSETRON ODT
<b>ANTIHYPERGLYCEMIC</b>	REPAGLINIDE TABLET	PREFERRED ST REQUIRED	N/A
<b>ANTIHYPERGLYCEMIC</b>	TOLAZAMIDE	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	GLYBURIDE, GLIPIZIDE, GLIPIZIDE ER, GLIPIZIDE XL, GLIMEPIRIDE
<b>ANTIHYPERGLYCEMIC</b>	AVANDIA AVANDAMET AVANDARYL	NONPREFERRED ST REQUIRED	ACTOS, DUETACT, ACTOPLUS MET, ACTOPLUS MET XR
<b>ANTIMALARIALS</b>	DARAPRIM	PA REQUIRED	HYDROXYCHLOROQUINE MEFLOQUINE ATOVAQUONE-PROGUANIL CHLOROQUINE PH
<b>CALCIPOTRIENE PRODUCTS</b>	CALCITRENE 0.005% OINT	PREFERRED	N/A
<b>COUGH AND COLD PRODUCTS</b>	CEPACOL SORE THROAT LOZ CHLORASEPTIC MAX LOZ SORE THROAT LOZ ANTISEPTIC SORE THROAT SPRAY CEPASTAT 14.5MG LOZ	NONPREFERRED	SEE BELOW

<b>COUGH AND COLD PRODUCTS</b>	PECTIN THROAT 2MG DROPS PECTIN THROAT 2.8MG DROPS CHLORASEPTIC SORE THROAT SPRAY CVS STERILE SALINE NASAL MIST NASAL MIST 0.9% SPRAY	PREFERRED	N/A
<b>DENTAL – TOPICALS</b>	RA ANTICAVITY FLUORIDE RINSE SODIUM FLOURIDE 1.1% CR ORALONE 0.1% PASTE PERIOGARD 0.12% ORAL RINSE	PREFERRED	N/A
<b>GROWTH HORMONES</b>	NODRITROPIN OMNITROPE	NONPREFERRED	ZOMACTON
<b>GROWTH HORMONES</b>	ZOMACTON	PREFERRED (PA REQUIRED)	N/A
<b>HEPATITIS C</b>	DAKLINZA	PREFERRED (PA REQUIRED)	N/A
<b>MISCELLANEOUS DERMATOLOGICALS</b>	ETHYL ALCOHOL 70% RUBBING ALCOHOL	NONPREFERRED	ISOPROPYL ALCOHOL 91% EASY TOUCH ALCOHOL 70% PADS ALCOHOL 70% SWABS AND PADS
<b>MISCELLANEOUS DERMATOLOGICALS</b>	AQUA GLYCOLIC SHAMPOO RA DRY SKIN BATH OIL AQUA GLYCOLIC FACE CREAM DERMABASE CREAM DIABETIDERM FOOT CREAM DIABETIDERM HEEL & TOE CREAM EMOLLIENT CREAM BASE FINGERS SKIN CREAM HYDROCREAM BASE PFCB CREAM BASE SORBIDON HYDRATE CREAM VANICREAM SKIN CREAM PETROLEUM JELLY PETROLEUM JELLY SHEA BUTTER GLYCERIN LIQUID PRUMYX CREAM NIVATOPIC PLUS CREAM PENTRAVAN CREAM BASE	PREFERRED	N/A
<b>MISCELLANEOUS DERMATOLOGICALS</b>	SPRAYZOIN SPRAY TBC CREAM BUMM BALM 9.38% OINT 8-MOP 10MG CAP	NONPREFERRED	N/A
<b>MISCELLANEOUS DERMATOLOGICALS</b>	BETAMIDE LOTION	NONPREFERRED	CARB-O-PHILIC CRÈME
<b>MISCELLANEOUS DERMATOLOGICALS</b>	UREA 40% NAIL FILM	NONPREFERRED	N/A
<b>NASAL ANTIHISTAMINE</b>	AZELASTINE 0.15% NASAL SPRAY	PREFERRED	N/A
<b>OPIOID DEPENDENCE</b>	SUBOXONE 12MG-3MG SL FILM		

	SUBOXONE 2MG-0.5MG SL FILM SUBOXONE 4MG-1MG SL FILM SUBOXONE 8MG-2MG SL FILM	PREFERRED (PA REQUIRED)	N/A
<b>PHOSPHATE BINDERS</b>	RENEVELA	NONPREFERRED PA REQUIRED	CALCIUM ACETATE 668MG VELPHORO 500MG CHEW TAB (PA REQUIRED)
<b>PHOSPHATE BINDERS</b>	VELPHORO	PREFERRED PA REQUIRED	N/A
<b>SPACERS - DEVICES</b>	MICROCHAMBER VORTEX MASK INSPIRACHAMBER W MASK FLEXICHAMBER	PREFERRED WITH QL	N/A
<b>TESTOSTERONE REPLACEMENT THERAPY</b>	TESTOSTERONE CYP INJ TESTOSTERONE ENAN INJ	PREFERRED	N/A
<b>THERAPY FOR ACNE</b>	BENZOYL PEROXIDE 3% CLNSR/PAD BENZOYL PEROXIDE 6% CLNSR/PAD BENZOYL PEROXIDE 9% CLNSR/PAD SSS 10-5 FOAM BENZOYL PEROXIDE 5.25% WASH CERISA WASH SSS 10-5 FOAM SULFO LO 3% SOAP SODIUM SULFACETAMIDE MED PEDS LATRIX XM 45% EMUL	NONPREFERRED	BENZOYL PEROXIDE 2.5%, 5% OR 10% GEL BENZOYL PEROXIDE 10% WASH CLINDACIN PHOSPHATE 1% PLEDGETS CLINDAMYCIN PH 1% SOLUTION
<b>TOPICAL ANESTHETICS</b>	PRE-ATTACHED LTA KIT LIDOCAINE HCL 2% JELLY WITH PREFILLED APP	NONPREFERRED	N/A
<b>TOPICAL ANTIBACTERIALS</b>	DERMAZENE CREAM HYDROCORTISONE- IODOQUINOL CR	NONPREFERRED	N/A
<b>TOPICAL ANTIFUNGALS</b>	KETOCONAZOLE 2% FOAM KETODAN 2% FOAM	NONPREFERRED	KETOCONAZOLE 2% CREAM
<b>TOPICAL ANTIFUNGALS</b>	CICLOPIROX 0.77% GEL CICLOPIROX 1% SHAMPOO CICLOPIROX 8% TREATMENT KIT	NONPREFERRED	CICLOPIROX 0.77% CREAM CICLOPIROX 0.77% TOPICAL SUSP CICLODAN 0.77% CREAM
<b>TOPICAL CORTICOSTEROIDS - SUPER POTENCY</b>	HALOBETASOL PROP 0.05% CRE/OINT	PREFERRED	N/A
<b>TOPICAL ENZYMES</b>	TBC SPRAY	NONPREFERRED	N/A
<b>TOPICAL IMMUNODULATORS</b>	ELIDEL 1% CREAM	NONPREFERRED ST REQUIRED	TACROLIMUS 0.03% OINT TACROLIMUS 0.1% OINT (ST REQUIRED)

<b>TOPICAL SCABICIDES /PEDICULICIDES</b>	RID COMPLETE LICE KIT	PREFERRED	N/A
<b>TRANSMUCOSAL IMMEDIATE RELEASE FENTANYL</b>	FENTANYL OTFC	PREFERRED PA REQUIRED	N/A

**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** and follow the voice prompts for pharmacy prior authorization. You can find the preferred drug list (formulary) on our provider website at [anthem.com/vamedicaiddoc](http://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**.