

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below apply to all Anthem HealthKeepers Plus patients. These changes were reviewed and approved at the third quarter Pharmacy and Therapeutics Committee meeting held on September 28, 2017.

Effective November 1, 2017, formulary changes, nonformulary changes and prior authorization requirements will apply.

Effective for all Anthem HealthKeepers Plus patients on November 1, 2017			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
HEPATITIS C	MAVYRET 100-40 MG TABLET	PREFERRED WITH PRIOR AUTHORIZATION 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 <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**.

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

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

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