

September 2016

Quarterly pharmacy formulary change notice

Summary of change

The formulary changes listed in the table below were reviewed and approved at the second quarter HealthKeepers, Inc. Pharmacy and Therapeutics Committee (P&T) meeting held on June 27, 2016. These changes apply to the formulary for our Anthem HealthKeepers Plus members.

| Effective for all patients on September 1, 2016 | | | |
|--|--|---|--|
| Therapeutic class | Medication | Formulary status change | Potential alternatives (formulary products) |
| HEPATITIS C | EPCLUSA | PREFERRED WITH PRIOR AUTHORIZATION (PA) | N/A |
| HIV | DESCOVY | PREFERRED | N/A |
| HIV | INTELENCE | REMOVE PA | N/A |
| LAMA/LABA | ANORO ELLIPTA INHALER | PREFERRED | N/A |
| LONG ACTING NARCOTICS | MORPHINE ER TABS (GENERIC MS CONTIN) METHADONE (ALL DOSAGE FORMS) FENTANYL PATCH | PA REQUIRED (CURRENT UTILIZERS GRANDFATHERED) | N/A |
| OVER ACTIVE BLADDER | DARIFENACIN | PREFERRED | N/A |
| NARCOTICS | BELBUCA FILM | ADD QUANTITY LIMIT (QL) 2 FILMS PER DAY | N/A |
| NARCOTICS | MORPHABOND | ADD QL 2 TABS PER DAY | N/A |
| NARCOTIC | XTAMPZA ER 9 MG CAPSULE XTAMPZA ER 13.5 MG CAPSULE XTAMPZA ER 18 MG CAPSULE | ADD QL 2 CAPS PER DAY | N/A |
| NSAIDS | VIVLODEX | ADD QL 1 CAP PER DAY | N/A |
| PAH | LETAIRIS | PREFERRED | N/A |
| NARCOTIC | XTAMPZA ER 27 MG CAPSULE XTAMPZA ER 36 MG CAPSULE | ADD QL 8 CAPS PER DAY | N/A |
| Effective for all patients on October 1, 2016 | | | |
| HEPATITIS C | DAKLINZA | NONPREFERRED WITH PA | N/A |

What this means to you

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

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

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 PA 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 PA. You can find the preferred drug list (formulary) on our provider website at www.anthem.com/vamedicaidoc.

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