

This is an update about information in the provider manual. For access to the latest manual, go online to <https://mediproviders.anthem.com/va>.

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at the Pharmacy and Therapeutics Committee meeting held on June 27, 2016.

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

Effective for all patients on November 1, 2016			
Therapeutic class	Medication	Formulary status change	Potential alternatives (formulary products)
RESPIRATORY SPACERS	SPACERS: AEROCHAMBER AEROCHAMBER Z-STAT PLUS AEROCHAMBER PLUS EASIVENT E-Z SPACER FLEXICHAMBER INSPIRACHAMBER	NONPREFERRED	OPTICHAMBER DIAMOND POCKET CHAMBER VORTEX LITEAIRE MICROSPACER MICROCHAMBER BREATHERTITE
PROTON PUMP INHIBITORS	PANTOPRAZOLE SOD DR 20 MG TAB PANTOPRAZOLE SOD DR 40 MG TAB	NONPREFERRED	NEXIUM 24HR 20 MG TABLET (OTC) NEXIUM 24HR 22.3 MG CAPSULE (OTC) OMEPRAZOLE MAG DR 20.6 MG CAP (OTC) OMEPRAZOLE DR 20 MG TABLET (OTC) PREVACID 24HR DR 15 MG CAPSULE(OTC) HEARTBURN TREATMNT 24HR 15 MG (OTC)
ALCOHOL PREP PADS	ONE PHARMACEUTICAL PHOENIX HEALTHCARE SPECIALTY MED HOME AID DIAGNOSTICS SIMPLE DIAGNOSTICS	NONPREFERRED	MCKESSON DRUG TARGET CORP. RITE AID CORP. WALGREEN CO. LEADER CVS WALMART STORES BD DIABETES
LONG-ACTING INJECTABLE ANTIPSYCHOTICS	INVEGA SUSTENNA INVEGA TRINZA ABILIFY MAINTENA ER ARISTADA ER	PREFERRED WITH PRIOR AUTHORIZATION (PA) REQUIRED	N/A
LONG-ACTING INJECTABLE ANTIPSYCHOTICS	ZYPREXA RELPREVV RISPERDAL CONSTA	PREFERRED WITH PA (CURRENT UTILIZERS WILL BE GRANDFATHERED)	N/A

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ALKYLATING AGENTS	CYCLOPHOSPHAMIDE CAPS	PREFERRED	N/A
ANTICONVULSANTS	BRIVIACT TABLETS BRIVIACT 10 MG/ML ORAL SOLUTION BRIVIACT 50 MG/5 ML VIAL	ADD PA AND QL	N/A
ANTIDEPRESSANTS	ESCITALOPRAM TABLETS ESCITALOPRAM SOLUTION	PREFERRED	N/A
ANTIDEPRESSANTS	FLUOXETINE HCL 60 MG TABLET	NONPREFERRED	FLUOXETINE HCL 10 MG CAPSULE FLUOXETINE HCL 20 MG CAPSULE FLUOXETINE HCL 20 MG TABLET
ANTIDIURETIC AND VASOPRESSOR HORMONES	DDAVP 0.2 MG TABLET	QL REVISION	N/A
ANTIFUNGAL AGENTS	MYCELEX TROCHE NOXAFIL 40 MG/ML SUSPENSION	QL REVISION	N/A
ANTIHYPERTENSIVE AGENTS	TARKA ER 2-180 MG TABLET NICARDIPINE 30 MG CAPSULE PRINIVIL 5 MG TABLET PRINIVIL 10 MG TABLET PRINIVIL 20 MG TABLET ZESTORETIC 10-12.5 MG	QL REVISION	N/A
ANTIMETABOLITES	TABLOID TABLET Trexall TABLET	PREFERRED	N/A
ANTIMIGRAINE PREPARATIONS	ZEMBRACE SYMTOUCH ONZETRA XSAIL NASAL SPRAY	STEP THERAPY (ST) REQUIRED ADD QL	N/A
ANTIMIGRAINE PREPARATIONS	IMITREX 6 MG/0.5 ML VIAL	QL REVISION	N/A
ANTINEOPLASTIC INJECTIONS	LEUPROLIDE 2WK 1 MG/0.2 ML KIT	NONPREFERRED	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	SIGNIFOR LAR VIAL SOMATULINE DEPOT	ADD PA AND QL	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	FIRMAGON KIT SANDOSTATIN AMPULS/VIALS SANDOSTATIN LAR DEPOT VIALS	ADD QL	N/A
ANTIPSORIATIC / ANTISEBORRHEIC	TALTZ 80 MG/ML AUTOINJECTOR TALTZ 80 MG/ML SYRINGE	ADD PA AND QL	N/A
ANTIVERTIGO & ANTIEMETIC AGENTS	EMEND CAPSULE EMEND TRIPACK EMEND 150 MG VIAL	ADD QL	N/A
BARBITURATE COMBINATION AGENTS	BUTALBITAL-ACETAMINOPHEN 25-325 MG BUTALBITAL-ACETAMINOPHEN 50 MG-300 MG TABLET BUTALBITAL-	ADD QL	N/A

	ACETAMINOPHEN 50 MG-325 MG TABLET BUTALBITAL- ACETAMINOPHEN 50 MG-650 MG BUTALBITAL- ACETAMINOPHEN-CAFFEINE 50 MG-325 MG-40 MG/15 ML SOLUTION BUTALBITAL- ACETAMINOPHEN-CAFFEINE 50 MG-300 MG-40 MG CAPSULE BUTALBITAL- ACETAMINOPHEN-CAFFEINE 50 MG-325 MG-40 MG CAPSULE BUTALBITAL- ACETAMINOPHEN-CAFFEINE 50 MG-325 MG-40 MG TABLET BUTALBITAL-ASPIRIN- CAFFEINE 50 MG-325 MG-40 MG CAPSULE BUTALBITAL-ASPIRIN- CAFFEINE-CODEINE 50 MG- 325 MG-40 MG-30 MG CAPSULE		
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	VISTOGARD 10 GRAM PACKET	PA REQUIRED ADD QL	N/A
MISCELLANEOUS DERMATOLOGICALS	CARAC 0.5% CREAM EFUDEX 5% CREAM TOLAK 4% CREAM FLUOROURACIL 5% TOP SOLUTION FLUOROURACIL 2% TOPICAL SOLN FLUOROPLEX 1% CREAM ALDARA 5% CREAM PICATO 0.015% GEL PICATO 0.05% GEL SOLARAZE 3% GEL	ADD QL	N/A
GNRH AGENTS	LUPANETA PACK 3.75/5 MG LUPANETA PACK 11.25/5 MG LUPRON DEPOT PED 30 MG LUPRON DEPOT PED 11.25 OR 15 MG LUPRON DEPOT 7.5 MG LUPRON DEPOT 11.25 MG, 22.5 MG LUPRON DEPOT 30 MG SUPPRELIN LA SYNAREL	ADD QL	N/A
GROWTH HORMONE RECEPTOR ANTAGONISTS	SOMAVERT 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	ADD QL	N/A
HIV	INTELENCE	PA REMOVED	N/A

LAXATIVES AND CATHARTICS	MIRALAX	ADD QL	N/A
MISCELLANEOUS AGENTS	CHEMET DESFERAL	PA REQUIRED	N/A
NASAL STEROIDS	RHINOCORT ALLERGY (OTC) NASONEX/ MOMETASONE	ADD QL	N/A
MISCELLANEOUS NEUROLOGICAL THERAPY	GRALISE ER 300 MG GRALISE ER 600 MG HORIZANT 300 MG, 600 MG	ADD QL	N/A
NSAIDS	VIVLODEX CAPSULE	ADD QL	N/A
OPIOID DEPENDANCE	EVZIO	QL REVISION	N/A
OPIOID DEPENDANCE	NARCAN NASAL SPRAY NALOXONE INJECTION	ADD QL	N/A
OSTEOPOROSIS THERAPY	ALENDRONATE SOD 70 MG/75 ML	PREFERRED	N/A
SKELETAL MUSCLE RELAXANTS	AMRIX 30MG METHOCARBAMOL 750 MG	ADD QL	N/A
TOPICAL ANTI-INFLAMMATORY-NSAIDS	FLECTOR PATCH PENNSAID 1.5% PENNSAID 2% VOLTAREN GEL	ADD QL	N/A
PAH AGENTS	ATROVENT HFA ATROVENT SOLUTION	QL REVISION	N/A
PAH AGENTS	TYVASO VENTAVIS	ADD QL	N/A
PRENATAL VITAMINS	ENBRACE HR FOCALGIN 90 DHA COMBO PACK; FOCALGIN CA COMBO PACK NIVA-PLUS OB COMPLETE GOLD PREFERA-OB PLUS DHA COMBO PACK PROVIDA DHA TRISTART DHA VITAFOL FE + DOCUSATE COMBO PACK	ADD QL	N/A
PROTON PUMP INHIBITORS	DEXILANT SOLUTAB	ADD QL	N/A
MISCELLANEOUS RHEUMATOLOGICAL AGENTS	XELJANZ XR TABLET	ADD PA AND QL	N/A
UTI PROPHYLAXIS	NITROFURANTOIN MCR 25 MG CAP	PREFERRED	N/A
UTI PROPHYLAXIS	NITROFURANTOIN 25 MG/5 ML SUSP	NONPREFERRED	NITROFURANTOIN MCR 25 MG, 50 MG AND 100 MG CAP NITROFURANTOIN MONO- MCR 100 MG

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, 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**.