Provider Bulletin
December 2019

Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below apply to all Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) patients. These changes were reviewed and approved at the fourth quarter Pharmacy and Therapeutics Committee meeting.

Effective January 1, 2020, formulary changes, nonformulary changes and prior authorization requirements will apply. Remember to read the footnotes at the end of the table.

Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
Effective for all Anthem CCC Plus patients on January 1, 2020			
Aminoglycosides	TOBRAMYCIN 300 MG/5 ML AMPULE (GENERIC TOBI SOLUTION)	NON-PREFERRED	BETHKIS KITABIS PAK
Angiotensin II Receptor Antagonists	AVAPRO 75MG, 150 MG AND 300 MG TABLET BENICAR 5, 20 AND 40 MG TABLET	NON-PREFERED	IRBESARTAN TABLETS OLMESARTAN TABLETS
Angiotensin II Receptor Antagonists	IRBESARTAN 75 MG, 150MG, 300 MG TABLET OLMESARTAN 5MG,20MG, 40 MG TABLET	PREFERRED	N/A
Antihypertensive Combinations	AVALIDE 150-12.5 MG TABLET AVALIDE 300-12.5 MG TABLET BENICAR HCT 20-12.5 MG TABLET BENICAR HCT 40-12.5 MG TABLET BENICAR HCT 40-25 MG TABLET	NON-PREFERRED	IRBESARTAN-HCTZ TABLETS OLMESARTAN-HCTZ TABLETS
Antihypertensive Combinations	IRBESARTAN-HCTZ 150-12.5 MG TABLET IRBESARTAN-HCTZ 300-12.5 MG TABLET OLMESARTAN-HCTZ 20-12.5 MG TABLET OLMESARTAN-HCTZ 40-12.5 MG TABLET OLMESARTAN-HCTZ 40-25 MG TABLET	PREFERRED	N/A
Anticonvulsants	ONFI 10 MG TABLET ONFI 20 MG TABLET FELBAMATE 400 MG TABLET FELBAMATE 600 MG TABLET FELBMATE 600 MG/5 ML SUSP DILANTIN 100 MG CAPSULE DILANTIN 100 MG KAPSEAL	NON-PREFERRED	CLOBAZAM TABLET PHENYTOIN SODIUM EXT 100 MG CAP GABITRIL LAMOTRIGINE LEVETIRACETAM VIMPAT TOPIRAMATE ZONISAMIDE

Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
Anticonvulsants	CLOBAZAM 10 MG TABLET CLOBAZAM 20 MG TABLET	PREFERRED	N/A
Anticonvulsants Miscellaneous*	LYRICA CAPSULE	NON-PREFERRED	PREGABALIN CAPSULES
Anticonvulsants Miscellaneous*	PREGABALIN CAPSULES	PREFERRED WITH NO PRIOR AUTHORIZATION (PA)	N/A
Antihistamines – Non-Sedating	LEVOCETIRIZINE 5 MG TABLETS 24HR ALLERGY RELIEF 5 MG TAB CVS ALLERGY RELIEF 5 MG TABLET (LEVOCETIRIZINE)	NON-PREFERRED	CETIRIZINE SOLUTION 1MG/1ML /1ML CETIRIZINE TABLETS OTC LORATADINE TABLETS/SYRUP
Growth Hormones	NUTROPIN AQ NUSPIN 5 INJECTOR	NON-PREFERRED	NORDITROPIN FLEXPRO GENOTROPIN
Growth Hormones	NORDITROPIN FLEXPRO 5 MG/1.5 NORDITROPIN FLEXPRO 10 MG/1.5 NORDITROPIN FLEXPRO 15 MG/1.5 NORDITROPIN FLEXPRO 30 MG/3 ML	PREFERRED WITH PA	N/A
Inflammatory Bowel Agents	LIALDA DR 1.2 GM TABLET CANASA 1,000 MG SUPPOSITORY	NON-PREFERRED	APRISO CAPSULES PENTASA CAPSULES SULFASALAZINE TABLETS MESALAMINE 1,000 MG SUPPOSITORY
Inflammatory Bowel Agents	MESALAMINE 1,000 MG SUPPOSITORY	PEREFERRED	N/A
Influenza Agents*	TAMIFLU 30 MG CAPSULE TAMIFLU 45 MG CAPSULE TAMIFLU 75 MG CAPSULE	NON-PREFERRED	OSELTAMIVIR CAPSULES
Influenza Agents*	OSELTAMIVIR PHOS 30 MG CAPSULE OSELTAMIVIR PHOS 45 MG CAPSULE OSELTAMIVIR PHOS 75 MG CAPSULE	PREFERRED	N/A
Ophthalmic Anti-infectives	VIGAMOX 0.5% EYE DROPS	NON-PREFERRED	CIPROFLOXACIN 0.3% SOLUTION ERYTHROMYCIN OPHTHALMIC OINMENT MOXEZA 0.5% DROPS OFLOXACIN 0.3% DROPS TOBRAMYCIN 0.3% DROPS
Ophthalmic Steroids	SULF-PRED 10-0.23% EYE DROPS	PREFERREED	N/A
Ophthalmic Kinase Inhibitors	RHOPRESSA 0.02% OPHTH SOLUTION ROCKLATAN 0.02%-0.005% EYE DRP	PREFERRED	N/A
Ophthalmic Adrenergic Agents	SIMBRINZA 1%-0.2% EYE DROPS	NON-PREFERRED	AZOPT 1% DROPS DORZOLAMIDE 2% DROPS DORZOLAMIDE/TIMOLOL 2%-0.5% DROPS
Phenothiazines	PROCHLORPERAZINE 25 MG SUPP	NON-PREFERRED	ONDANSETRON TABLETS ONDANSETRON ODT MECLIZINE 25 MG TABLETS

Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
			METOCLOPRAMIDE TABLETS
Phosphate Binder Agents	RENVELA 800 MG TABLET	NON-PREFERRED	RENAGEL CALCIUM ACETATE 667MG CAPSULES
Pulmonary Hypertension - Phosphodiesterase Inhibitors	ADCIRCA 20 MG TABLET	NON-PREFERRED	ALYQ 20 MG TABLET TADALAFIL 20 MG TABLET SILDENAFIL 20 MG TABLET PRIOR AUTHORIZATION REQUIRED
Pulmonary Hypertension - Phosphodiesterase Inhibitors	ALYQ 20 MG TABLET TADALAFIL 20 MG TABLET	PREFERRED WITH PA	N/A
Sympathomimetics*	ADVAIR 100-50 DISKUS ADVAIR 250-50 DISKUS ADVAIR 500-50 DISKUS	NON-PREFERRED	FLUTICASONE-SALMETEROL
Sympathomimetics*	FLUTICASONE-SALMETEROL 100-50 FLUTICASONE-SALMETEROL 250-50 FLUTICASONE-SALMETEROL 500-50	PREFERRED	N/A

**Implemented as soon as possible*

What action do I need to take?

Please review these changes and work with your Anthem CCC 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 CCC Plus patient cannot be converted to a formulary alternative, call our Pharmacy department at **1-855-323-4687 for Anthem CCC Plus members;** 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** or Anthem CCC Plus Provider Services at **1-855-323-4687**.