

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 first quarter Pharmacy and Therapeutics Committee meeting held on March 29, 2017.

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

Effective for all Anthem HealthKeepers Plus patients on August 1, 2017			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
LAMA and LAMA/LABA PRODUCTS	SPIRIVA 18 MCG CP-HANDHALER	NONPREFERRED WITH STEP THERAPY	SPIRIVA RESPIMAT 2.5 MCG INHALER SPIRIVA RESPIMAT 1.25 MCG INHALER
THERAPY FOR ACNE	DIFFERIN 0.1% GEL (OTC PRODUCT)	PREFERRED	N/A
ANTICOAGULANTS	COUMADIN TABLET (BRAND NAME ONLY)	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	WARFARIN TABLET JANTOVEN TABLET
BETA AGONIST INHALERS	XOPENEX HFA INHALER	REVISE QL* 2 INHALER PER 30 DAYS	N/A
BIPOLAR DISORDER DRUGS	EQUETRO CAPSULES	NONPREFERRED WITH PRIOR AUTHORIZATION (PA) (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	N/A
BIPOLAR DISORDER DRUGS	LITHIUM SOLUTION	PREFERRED	N/A
INSULIN THERAPY	AFREZZA 90-4 UNIT	ADD QL* 6 BOXES PER 30 DAYS	N/A
INSULIN THERAPY	AFREZZA 90-8 UNIT	ADD QL* 4 BOXES PER 30 DAYS	N/A

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

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

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AVAPEC-1458-17 June 2017

INSULIN THERAPY	BASAGLAR 100 UNIT/ML KWIKPEN LANTUS 100 UNITS/ML VIAL LANTUS SOLOSTAR 100 UNITS/ML HUMALOG 100 UNITS/ML VIAL HUMALOG 100 UNITS/ML KWIKPEN HUMALOG 200 UNITS/ML KWIKPEN HUMALOG 100 UNITS/ML CARTRIDGE HUMALOG MIX 75-25 VIAL HUMALOG MIX 50-50 VIAL HUMALOG MIX 75-25 KWIKPEN HUMALOG MIX 50-50 KWIKPEN HUMULIN 70-30 VIAL HUMULIN N 100 UNITS/ML VIAL HUMULIN N 100 UNITS/ML KWIKPEN HUMULIN R 100 UNITS/ML VIAL HUMULIN 70/30 KWIKPEN LEVEMIR 100 UNITS/ML VIAL LEVEMIR FLEXTOUCH 100 UNITS/ML NOVOLOG 100 UNITS/ML FLEXPEN NOVOLOG 100 UNIT/ML VIAL NOVOLOG 100 UNIT/ML CARTRIDGE NOVOLOG MIX 70-30 VIAL NOVOLOG MIX 70-30 FLEXPEN SYRN NOVOLIN N 100 UNITS/ML VIAL NOVOLIN R 100 UNITS/ML VIAL NOVOLIN 70-30 100 UNIT/ML VIAL RELION NOVOLIN N 100 UNIT/ML RELION NOVOLIN R 100 UNIT/ML RELION NOVOLIN 70-30 VIAL	ADD QUANTITY LIMIT* (QL) 30 ML PER 30 DAYS	N/A
INSULIN THERAPY	HUMULIN R 500 UNITS/ML VIAL HUMULIN R 500 UNITS/ML KWIKPEN	REVISE QL* 21 ML PER 30 DAYS	N/A
INSULIN THERAPY	TOUJEO SOLOSTAR 300 UNITS/ML	ADD QL 15 ML PER 30 DAYS	N/A
TOPICAL ANESTHETICS	LIDOCAINE 5% OINTMENT	ADD QL* 5GMS PER DAY	N/A
TOPICAL ANESTHETICS	LIDOCAINE 2% VISCOUS SOLN LIDOCAINE HCL 4% SOLUTION	ADD QL* 10 GMS PER DAY	N/A
TOPICAL METRONIDAZOLE	METRONIDAZOLE TOPICAL 1% GEL METRONIDAZOLE TOP 1% GEL PUMP	PREFERRED	N/A
PROGESTINS	HYDROXYPROGESTERONE 1.25 G/5ML MAKENA 1;250 MG/5 ML VIAL MAKENA 250 MG/ML VIAL	PREFERRED WITH PA	N/A
TOPICAL ANESTHETICS	LIDOCAINE HCL 4% SOLUTION	QL ADDED* 10 ML PER DAY	N/A
TOPICAL ANESTHETICS	LIDOCAINE 5% OINTMENT	QL REVISED* 5 GMS PER DAY	N/A
TOPICAL METRONIDAZOLE	METRONIDAZOLE TOPICAL 1% GEL METRONIDAZOLE TOP 1% GEL PUMP	PREFERRED	N/A
TOPICAL STEROIDS	HYDROCORTISONE 0.5% CREAM TRIAMCINOLONE ACETONIDE 0.5% CREAM TRIAMCINOLONE ACETONIDE 0.5% OINTMENT	ADD QL* 30 GMS PER 30 DAYS	N/A

<p>TOPICAL STEROIDS</p>	<p>ALCLOMETASONE DIPROPIONATE 0.05% CREAM ALCLOMETASONE DIPROPIONATE 0.05% OINTMENT HYDROCORTISONE BUTYRATE 0.1 % OINTMENT LOCOID 0.1% OINTMENT HYDROCORTISONE BUTYRATE 0.1 % CREAM LOCOID LIPOCREAM 0.1 % CREAM</p>	<p>ADD QL* 45G MS PER 30 DAYS</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>CLOBETASOL PROPIONATE 0.05% SOLUTION, NON-ORAL CORMAX 0.05% SOLUTION, NON-ORAL HALOBETASOL PROPIONATE 0.05 % CREAM ULTRAVATE 0.05 % CREAM HALOBETASOL PROPIONATE 0.05 % OINTMENT ULTRAVATE 0.05 % OINTMENT</p>	<p>ADD QL* 50 GMS PER 30 DAYS</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>AMCINONIDE 0.1 % CREAM AMCINONIDE 0.1 % OINTMENT DESONIDE 0.05 % CREAM DESOWEN 0.05 % CREAM TRIDESILON 0.05 % CREAM DESONIDE 0.05 % LOTION DESOWEN 0.05 % LOTION DESONIDE 0.05 % OINTMENT DESOXIMETASONE 0.25 % CREAM TOPICORT 0.25 % CREAM DESOXIMETASONE 0.05 % GEL TOPICORT 0.05 % GEL DESOXIMETASONE 0.25 % OINTMENT TOPICORT 0.25 % OINTMENT DIFLORASONE DIACETATE 0.05 % CREAM PSORCON 0.05 % CREAM DIFLORASONE DIACETATE 0.05 % OINTMENT APEXICON E 0.05 % CREAM CUTIVATE 0.05 % CREAM FLUTICASONE PROPIONATE 0.05 % CREAM FLUTICASONE PROPIONATE 0.005 % OINTMENT HALOG 0.1 % CREAM HALOG 0.1 % OINTMENT</p>	<p>ADD QL* 60GMS PER 30 DAYS</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>PANDEL 0.1 % CREAM</p>	<p>ADD QL* 80GMS PER 30 DAYS</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>CLOCORTOLONE PIVALATE 0.1 % CREAM CLODERM 0.1 % CREAM DERMATOP 0.1 % CREAM PREDNICARBATE 0.1 % CREAM DERMATOP 0.1 % OINTMENT PREDNICARBATE 0.1 % OINTMENT</p>	<p>ADD QL* 90GMS PER 30 DAYS</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>CLOBETASOL PROPIONATE 0.05 % FOAM OLUX 0.05 % FOAM</p>	<p>ADD QL* 100GMS PER 30 DAYS</p>	<p>N/A</p>

<p>TOPICAL STEROIDS</p>	<p>BETAMETHASONE DIPROPIONATE 0.05 % CREAM BETAMETHASONE DIPROPIONATE 0.05 % LOTION BETAMETHASONE DIPROPIONATE 0.05 % OINTMENT BETAMETHASONE VALERATE 0.1 % CREAM BETAMETHASONE VALERATE 0.1 % LOTION BETAMETHASONE VALERATE 0.1 % OINTMENT CLOBETASOL PROPIONATE 0.05 % CREAM TEMOVATE 0.05 % CREAM CLOBETASOL PROPIONATE 0.05 % OINTMENT TEMOVATE 0.05 % OINTMENT CLOBETASOL E 0.05 % CREAM CLOBETASOL PROPIONATE 0.05 % CREAM FLUOCINOLONE ACETONIDE 0.01 % SOLUTION, NON-ORAL SYNALAR 0.01 % SOLUTION, NON-ORAL FLUOCINOLONE ACETONIDE 0.01 % CREAM FLUOCINOLONE ACETONIDE 0.025 % CREAM SYNALAR 0.025 % CREAM FLUOCINOLONE ACETONIDE 0.025 % OINTMENT SYNALAR 0.025 % OINTMENT CAPEX SHAMPOO 0.01 % SHAMPOO FLUOCINONIDE 0.05 % CREAM FLUOCINONIDE 0.1 % CREAM VANOS 0.1 % CREAM</p>	<p>ADD QL* 120GMS PER 30 DAYS</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>HYDROCORTISONE VALERATE 0.2 % CREAM HYDROCORTISONE VALERATE 0.2 % OINTMENT</p>	<p>ADD QL* 180 GMS PER 30 DAY</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>FLUOCINONIDE 0.05 % SOLUTION, NON-ORAL FLUOCINONIDE 0.05 % GEL (GRAM) FLUOCINONIDE 0.05 % OINTMENT (GRAM)</p>	<p>ADD QL* 240 GMS PER 30 DAYS</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>TRIANEX 0.05 % OINTMENT (GRAM)</p>	<p>ADD QL* 430 GMS PER 30 DAYS</p>	<p>N/A</p>
<p>TOPICAL STEROIDS</p>	<p>TRIAMCINOLONE ACETONIDE 0.025 % CREAM TRIAMCINOLONE ACETONIDE 0.1 % CREAM TRIDERM 0.1 % CREAM TRIAMCINOLONE ACETONIDE 0.025 % OINTMENT TRIAMCINOLONE ACETONIDE 0.1 % OINTMENT</p>	<p>ADD QL* 454 GMS PER 30 DAYS</p>	<p>N/A</p>

VAGINAL ESTROGENS	YUVAFEM 10 MCG VAGINAL INSERT	PREFERRED	N/A
VAGINAL ESTROGENS	PREMARIN VAGINAL CREAM	NONPREFERRED WITH STEP THERAPY	YUVAFEM 10 MCG VAGINAL INSERT
XANTHINES	ELIXOPHYLLIN 80 MG/15 ML ELIX (BRAND ONLY)	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	THEOPHYLLINE 80 MG/15 ML SOLN
XANTHINES	THEO-24 ER MG CAPSULES (BRAND ONLY)	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	THEOPHYLLINE 80 MG/15 ML SOLN THEOPHYLLINE ER TABLETS

* Indicates no changes in Preferred/Nonpreferred status revision or addition to UM edit only.

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**.