

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

Summary of change

The Anthem HealthKeepers Plus formulary changes listed in the table below were reviewed and approved at the third quarter Pharmacy and Therapeutics Committee meetings held on September 27, 2016.

Effective for all patients on February 1, 2017			
Therapeutic class	Medication	Formulary status change	Potential alternatives (formulary products)
INSULIN THERAPY — LONG-ACTING*	BASAGLAR KWIKPEN	PREFERRED	N/A
INSULIN THERAPY — LONG-ACTING	LANTUS 100 UNITS/ML VIAL LANTUS SOLOSTAR 100 UNITS/ML	NONPREFERRED NEW STARTS: 02/01/17 CURRENT UTILIZERS 05/01/17	BASAGLAR KWIKPEN
ACNE — BENZOYL PEROXIDE COMBOS	CLIND PH-BENZOYL PEROX 1.2-5% CLINDAMYCIN-BENZOYL PEROX 1-5% CLINDA-BENZOYL PEROX 1-5% PUMP	PREFERRED	N/A
ACNE — BENZOYL PEROXIDE COMBOS	ERYTHROMYCIN-BENZOYL GEL	NONPREFERRED ST REQUIRED	CLINDAMYCIN-BENZOYL PEROX 1-5% GEL
ACNE THERAPY	ERYTHROMYCIN/BENZOYL PEROXIDE ACANYA GEL PUMP ONEXTON GEL PUMP BENZA CLIN GEL BENZAMYCIN GEL DUAC GEL	STEP THERAPY	CLINDAMYCIN-BENZOYL PEROX 1-5% GEL
ADHD/NARCOLEPSY	ADZENYS XR-ODT 15.7 MG TABLET ADZENYS XR-ODT 18.8 MG TABLET	ADD QL	N/A
ANDROGENS	TESTOSTERONE 25 MG/2.5 GM PKT	ADD QL	N/A
ANTINEOPLASTIC AGENTS	TECENTRIQ 1;200 MG/20 ML VIAL	ADD QL	N/A
ANTIVIRALS — MISCELLANEOUS	RELENZA 5 MG DISKHALER	REVISED QL	N/A
ANTIVIRALS — MISCELLANEOUS	TAMIFLU SUSPENSION TAMIFLU CAPSULE S	REVISED QL	N/A
EMERGENCY CONTRACEPTIVES	ELLA 30 MG TABLET REACT 1.5 MG TABLET	PREFERRED	N/A
EPINEPHRINE — SELF-INJECTED*	EPINEPHRINE 0.15 MG AUTO-INJECT EPINEPHRINE 0.3 MG AUTO-INJECT EPINEPHRINE 0.1 MG/ML SYRINGE EPINEPHRINE 1 MG/ML VIAL	PREFERRED	N/A

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

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EYE ANTI-INFLAMMATORY AGENTS	DICLOFENAC 0.1% EYE DROPS	PREFERRED	N/A
GASTROINTESTINAL AGENTS — MISCELLANEOUS	APRISO ER 0.375 GRAM CAPSULE AZULFIDINE 500 MG TABLET AZULFIDINE ENTAB 500 MG CANASA 1;000 MG SUPPOSITORY DELZICOL DR 400 MG CAPSULE DIPENTUM 250 MG CAPSULE ENTOCORT EC 3 MG CAPSULE GIAZO 1.1 GM TABLET LIALDA DR 1.2 GM TABLET PENTASA 250 MG CAPSULE PENTASA 500 MG CAPSULE ROWASA 4 GM/60 ML ENEMA KIT SFROWASA 4 GM/60 ML ENEMA UCERIS 9 MG ER TABLET	ADD QL	N/A
HEPARIN AND RELATED PREPARATIONS	FRAGMIN INJ LOVENOX INJ	ADD QL	N/A
LANCETS	MANUFACTURER: US DIAGNOSTICS LANCETS MIS 28G LANCETS MIS 30G SAFETY MIS LANCETS	NONPREFERRED	LANCETS: MANUFACTURER— TARGET WALGREENS CVS CHAIN DRUG CONS GOOD NEIGHBOR KROGER/PERRIGO
LIPID/CHOLESTEROL LOWERING AGENTS	NIACOR 500 MG TABLET	ADD QL	N/A
NEUROLOGICAL THERAPY — MISCELLANEOUS	NAMZARIC 7 MG-10 MG CAPSULE NAMZARIC 21 MG-10 MG CAPSULE	ADD QL	N/A
OPHTHALMOLOGICS — MISCELLANEOUS	RETAZIS 0.05% EYE EMULSION	ADD QL	N/A
OPHTHALMOLOGICS — MISCELLANEOUS	XIIDRA 5% EYE DROPS LACRISERT 5 MG EYE INSERT	ADD QL	N/A
ORAL HYPOGLYCEMIC AGENTS	JENTADUETO XR 2.5 MG-1;000 MG JENTADUETO XR 5 MG-1;000 MG TB	ADD QL	N/A
ORAL SKELETAL MUSCLE RELAXANTS	TIZANIDINE HCL CAPSULES	NONPREFERRED WITH ST	TIZANIDINE HCL 2 MG TABLET TIZANIDINE HCL 4 MG TABLET
OTIC STEROID/ANTIBIOTIC	FLOXIN 0.3% EAR DROPS	PREFERRED	N/A
OTIC STEROID/ANTIBIOTIC	CIPRODEX OTIC SUSPENSION CORTISPORIN-TC OTIC	NONPREFERRED WITH ST	FLOXIN 0.3% EAR DROPS CIPROFLOXACIN 0.2% OTIC SOLN OFLOXACIN 0.3% EAR DROPS NEOMYCIN-POLYMYXIN-HC EAR SOLN

** These changes will be effective immediately upon the release of the Epinephrine Authorized Generic release and Basaglar release.*

What this means to you

- Effective February 1, 2017, formulary changes apply.
- Effective February 1, 2017, 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 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**.