

Quarterly pharmacy formulary change notice

Effective November 1, 2022, the preferred formulary changes detailed in the table below will apply to Anthem Blue Cross and Blue Shield members enrolled in Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Plan (HIP). Additionally, effective November 1, 2022, there will be changes to the nonpreferred and prior authorization (PA) requirements of these formulary items. These formulary changes were reviewed and approved at the second quarter 2022 Pharmacy and Therapeutics Committee meeting held.

Effective for all patients on November 1, 2022 All changes were approved at the September 2022 IN DUR Board unless otherwise noted			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ANTHYPERLIPIDEMICS	ROSUVASTATIN 5MG TABLET ROSUVASTATIN 10MG TABLET ROSUVASTATIN 20MG TABLET ROSUVASTATIN 40MG TABLET	PREFERRED	N/A
ANTINEOPLASTICS AGENTS	HERCEPTIN 150MG INJ	NON-PREFERRED WITH STEP THERAPY	KANJINTI 420MG INJECTION KANJINTI 150MG SOLUTION
ANTINEOPLASTICS AGENTS	KANJINTI 420MG INJECTION KANJINTI 150MG SOLUTION MVASI 100MG INJECTION MVASI 400MG INJECTION	PREFERRED WITH PA	N/A
CONTRACEPTIVES	FEMCAP 22MM MIS FEMCAP 26MM MIS FEMCAP 30MM MIS ENCARE 100MG SUPPOSITORY GYNOL II 3% GEL VCF VAGINAL CONTRACEPTIVE GEL SHUR-SEAL 2% GEL PHEXXI GEL	COVERED	N/A
INHALED CORTICOSTEROIDS	(BRAND) FLOVENT HFA AER 44MCG FLOVENT HFA AER 110MCG FLOVENT HFA AER 220MCG	NON-PREFERRED	AUTHORIZED GENERIC FLUTICASONE 44MCG HFA FLUTICASONE 110MCG HFA FLUTICASONE 220MCG HFA
OPHTHALMIC AGENTS	XIIDRA 5% DROPS	NON-PREFERRED	CYCLOSPORINE EMU 0.05% (PA REQUIRED)
TETRACYCLINES	DOXYCYC MONOHYDRATE 50MG TABLET DOXYCYC MONOHYDRATE 75MG TABLET	PREFERRED	N/A

<https://providers.anthem.com/in>

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

	DOXYCYC MONOHYDRATE 100MG TABLET DOXYCYC MONOHYDRATE 150MG TABLET DOXYCYCL HYCLATE 50MG CAPSULE DOXYCYCL HYCLATE 100MG CAPSULE DOXYCYCLINE HYCLATE TAB 20MG TABLET DOXYCYCL HYCLATE TAB 50MG TABLET DOXYCYCLINE HYCLATE TAB 75MG TABLET DOXYCYCL HYCLATE TAB 100MG TABLET DOXYCYCLINE HYCLATE 150MG TABLET DOXYCYCL HYCLATE DR 50MG TABLET DOXYCYCL HYCLATE DR 75MG TABLET DOXYCYCL HYCLATE DR 80MG TABLET DOXYCYCL HYCLATE DR 100MG TABLET DOXYCYCL HYCLATE DR 150MG TABLET DOXYCYCL HYCLATE DR 200MG TABLET		
UM Edits — Effective for all members no later than November 1, 2022 All changes were approved at the September 2022 IN DUR Board unless otherwise noted <i>No changes in preferred/non-preferred status revision or addition to um edit only</i>			
ACE INHIBITORS	BENZAEPRI 5 MG, 10 MG, 20 MG TABLETS		UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
ACE INHIBITORS	CAPTOPRIL 12.5 MG, 25 MG, 50 MG TABLETS		UPDATE QL TO DOSE OPTIMIZATION (DO): 3 TABLETS PER DAY
ACE INHIBITORS	ENALAPRIL 2.5 MG, 5 MG, 10 MG TABLETS ENALAPRIL/HYDROCHLOROTHIAZIDE 5 MG/12.5 MG		UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
ACE INHIBITORS	FOSINOPRIL 10 MG, 20 MG TABLETS FOSINOPRIL/HYDROCHLOROTHIAZIDE 10 MG/12.5 MG		UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
ACE INHIBITORS	MOEXIPRIL 7.5 MG TABLETS		UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
ACE INHIBITORS	PERINDOPRIL 2 MG, 4 MG TABLETS		UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
ACE INHIBITORS	QUINAPRIL 5 MG, 10 MG, 20 MG TABLETS QUINAPRIL/HYDROCHLOROTHIAZIDE 10 MG/12.5 MG		UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
ACE INHIBITORS	RAMIPRIL 1.25 MG, 2.5 MG, 5 MG CAPSULES		UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY
ACE INHIBITORS	TRANDOLAPRIL 1 MG, 2 MG TABLETS		UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
ACNE PRODUCTS	ADAPALENE 0.1% SOLUTION		ADD QL: 120 ML PER 30 DAYS
ACNE PRODUCTS	ADAPALENE 0.1% TOPICAL SWAB		ADD QL: 1 SWAB PER DAY

ACNE PRODUCTS	AZELEX (AZELAIC ACID) 20% CREAM	UPDATE QL: 50 GRAMS PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE 2.5%, 5%, 10% LIQUID (PANOXYL)	ADD QL: 237 ML PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE 4%, 5%, 10% LIQUID WASH (PANOXYL)	ADD QL: 237 GRAMS PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE 6% LIQUID CLEANSER	ADD QL: 340.2 GRAMS PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE 3.5%, 4.4% LIQUID CLEANSER/WASH	ADD QL: 125 ML PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE 5.5% SOLUTION	ADD QL: 40 ML PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE BAR SULFUR BAR 10%	ADD QL: 1 BAR PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE 2.5% CREAM	ADD QL: 21 GRAMS PER 30 DAYS
ACNE PRODUCTS	EPSOLAY 5% CREAM	ADD PA AND QL: 50 GRAMS PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE 10% CREAM	ADD QL: 142 GRAMS PER 30 DAYS
ACNE PRODUCTS	BENZOYL PEROXIDE 10% AEROSOL/FOAMING WASH	ADD QL: 156 GRAMS PER 30 DAYS
ACNE PRODUCTS	ACNE MEDICATION (BENZOYL PEROXIDE) 5%, 10% GEL	UPDATE QL: 90 GRAMS PER 30 DAYS
ACNE PRODUCTS	TAZAROTENE 1% AEROSOL	ADD QL: 50 GRAMS PER 30 DAYS
ACNE PRODUCTS	FABIOR (TAZAROTENE) 0.1% FOAM	UPDATE QL: 100 GRAMS PER 30 DAYS
ACNE PRODUCTS	RETIN-A MICRO (TRETINOIN MICROSPHERE) 0.04% RETIN-A MICRO (TRETINOIN MICROSPHERE) 0.1% GEL	UPDATE QL: 50 GRAMS PER 30 DAYS
ACNE PRODUCTS	CLINDAMYCIN 1% PAD/SWAB	ADD QL: 2 PADS/SWABS PER DAY
ACNE PRODUCTS	ACZONE (DAPSONE) 5% GEL, 7.5% GEL PUMP	UPDATE QL: 90 GRAMS PER 30 DAYS
ACNE PRODUCTS	ERYGEL 2% SOLUTION	ADD QL: 60 ML PER 30 DAYS
ACNE PRODUCTS	ERYTHROMYCIN 2% PLEDGET/PADS	ADD QL: 2 PLEDGETS/PADS PER DAY
ACNE PRODUCTS	EPIDUO FORTE 0.3%-2.5% GEL PUMP	UPDATE QL: 60 GRAMS PER 30 DAYS
ACNE PRODUCTS	CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL (VELTIN, ZIANA)	ADD QL: 60 GRAMS PER 30 DAYS
ACNE PRODUCTS	TWYNEO 0.1-3% CREAM	ADD PA, ST, AND QL: 50 GRAMS PER 30 DAYS
ACNE PRODUCTS	SULFACETAMIDE SODIUM/SULFUR 9%-4% WASH	ADD QL: 474 GRAMS/ML PER 30 DAYS
ALPHA-BETA BLOCKERS	CARVEDILOL 3.125 MG, 6.25 MG, 12.5 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY

ALPHA-BETA BLOCKERS	CARVEDILOL ER 10 MG, 20 MG, 40 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 1 CAPSULE PER DAY
ALPHA-BETA BLOCKERS	LABETALOL 100 MG, 200 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 8 TABLETS PER DAY
ALS AGENTS	RADICAVA ORS 105 MG/5 ML STARTER KIT	ADD PA AND QL: 1 STARTER KIT PER LIFETIME
ALS AGENTS	RADICAVA ORS 105 MG/5 ML KIT (MAINTENANCE)	ADD PA AND QL: 1 KIT PER 28 DAYS
ALTERNATIVE MEDICINE	MELATONIN 10 MG, 12 MG	ADD QL: 1 TABLET/CHEWABLE/SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY
ALTERNATIVE MEDICINE	MELATONIN LIQUID 1 MG/4 ML	ADD QL: 40 ML PER DAY
ANGIOTENSIN II RECEPTOR ANTAGONISTS	ATACAND 4 MG, 8 MG TABLETS LOSARTAN 25 MG TABLET BENICAR 5 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
ANGIOTENSIN II RECEPTOR ANTAGONISTS	VALSARTAN 40 MG, 80 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 3 TABLETS PER DAY
ANGIOTENSIN II RECEPTOR ANTAGONISTS	VALSARTAN ORAL SOLUTION 4 MG/ML	ADD PA AND QL: 80 ML PER DAY
ANTIADRENERGIC ANTIHYPERTENSIVES	CLONIDINE 0.1 MG TABLET CLONIDINE 0.2 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY
ANTIADRENERGIC ANTIHYPERTENSIVES	NEXICLON XR 0.17 MG TABLET	ADD QL: 3 TABLETS PER DAY
ANTIADRENERGIC ANTIHYPERTENSIVES	NEXICLON XR 0.26 MG TABLET	ADD QL: 2 TABLETS PER DAY
ANTIANGINALS-OTHER	ASPRUZYO SPRINKLE 500 MG GRANULES ASPRUZYO SPRINKLE 1,000 MG GRANULES	ADD PA AND QL: 2 SACHETS PER DAY
ANTICONVULSANTS	ZTALMY 50 MG/ML ORAL SUSPENSION	ADD PA AND QL: 10 BOTTLES PER 30 DAYS
ANTIDEMENTIA AGENTS	ADLARITY 5 MG/DAY, 10 MG/DAY TRANSDERMAL PATCH	ADD QL: 1 PATCH PER WEEK
ANTIHISTAMINES	BENADRYL (DIPHENHYDRAMINE) 12.5 MG/5 ML	UPDATE QL: 60 ML PER DAY
ANTINEOPLASTIC AGENTS	ALYMSYS	ADD PA
ANTIPSORIATICS	TAZORAC 0.05% GEL TAZORAC 0.1% GEL	NEW QL: 100 GRAMS PER 30 DAYS
ANTIPSORIATICS	TAZORAC 0.05% CREAM, 0.1% CREAM	UPDATE QL: 60 GRAMS PER 30 DAYS
ANTIRETROVIRALS	DESCOVY 200 MG-25 MG, 120 MG-15 MG TABLET	ADD QL: 1 TABLET PER DAY
ANTIRETROVIRALS	TRIUMEQ PD FOR ORAL SUSPENSION	ADD QL: 6 TABLETS PER DAY
ANTIRHEUMATIC - ENZYME INHIBITORS	RINVOQ ER 45 MG TABLET	ADD PA AND QL: 1 TABLET PER DAY

ANTISPASMODICS	DARTISLA 1.7 MG ODT	ADD PA
BARBITURATE AGENTS	BUTISOL SODIUM 30 MG TABLETS	REMOVE QL
BETA BLOCKERS	ATENOLOL 25 MG, 50 MG TABLET METOPROLOL TARTRATE 25 MG, 37.5 MG, 50 MG, 75 MG METOPROLOL SUCCINATE ER 25 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
BETA BLOCKERS	BETAXOLOL 5 MG, 10MG TABLET METOPROLOL SUCCINATE ER 50 MG, 100 MG TABLET BYSTOLIC 2.5 MG, 5 MG, 10 MG TABLET CORCARD 20 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 1 TABLET PER DAY
BETA BLOCKERS	KAPSPARGO SPRINKLE 25 MG, 50 MG, 100 MG CAPSULE INDERAL LA 60 MG, 80 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 1 CAPSULE PER DAY
BETA BLOCKERS	INDERAL LA 120 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY
BETA BLOCKERS	PINDOLOL 5 MG TABLET TIMOLOL 5 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 6 TABLETS PER DAY
BETA BLOCKERS	PROPRANOLOL 10 MG, 20 MG, 40 MG, 60 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY
BETA BLOCKERS	PROPRANOLOL ORAL SOLUTION 20 MG/5 ML	UPDATE QL: 80 ML PER DAY
BETA-BLOCKERS - OPHTHALMIC	TIMOLOL MALEATE 0.25%, OPHTHALMIC SOLUTION TIMOLOL MALEATE 0.5% OPHTHALMIC SOLUTION	ADD QL: 15 ML PER 30 DAYS
BETA-BLOCKERS - OPHTHALMIC	TIMOPTIC (TIMOLOL) 0.25% OPHTHALMIC SOLUTION TIMOPTIC (TIMOLOL) 0.5% OPHTHALMIC SOLUTION	UPDATE QL: 10 ML PER 30 DAYS
BETA-BLOCKERS - OPHTHALMIC	TIMOLOL MALEATE 0.25% GEL-FORMING SOLUTION TIMOLOL MALEATE 0.5% GEL-FORMING SOLUTION	ADD QL: 5 ML PER 30 DAYS
BIGUANIDES-ORAL DIABETIC AGENTS	METFORMIN 625MG TABLET	ADD PA AND QL: 4 TABLETS PER DAY
CALCITONIN GENE- RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST	AIMOVIG 70 MG/ML SYRINGE/AUTOINJECTOR (PACK OF ONE) AIMOVIG 140 MG/ML SYRINGE/AUTOINJECTOR EMGALITY 120 MG/ML PREFILLED PEN 120 MG/ML PREFILLED SYRINGE/AUTOINJECTOR	UPDATE QL: 1 PREFILLED PEN/SYRINGE/AUTOINJECTOR PER 28 DAYS
CALCITONIN GENE- RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST	EMGALITY 100 MG/ML PREFILLED SYRINGE	3 PREFILLED SYRINGES PER 28 DAYS
CALCIUM CHANNEL BLOCKERS	NORLIQVA ORAL SOLUTION	ADD PA AND UPDATE QL: 300 ML (TWO 150 ML BOTTLES) PER 30 DAYS

CALCIUM CHANNEL BLOCKERS	AMLODIPINE 5 MG TABLET	UPDATE QL: 2 TABLETS PER DAY
CALCIUM CHANNEL BLOCKERS	CARDIZEM CD, CARDIZEM LA, CARTIA XT, DILT-XR, MATZIM LA, TAZTIA XT, TIADYLT, TIAZAC (DILTIAZEM EXTENDED-RELEASE) 180 MG	UPDATE QL: 3 TABLETS/CAPSULES PER DAY
CALCIUM CHANNEL BLOCKERS	CARDIZEM CD, CARDIZEM LA, CARTIA XT, DILT-XR, MATZIM LA, TAZTIA XT, TIADYLT, TIAZAC (DILTIAZEM EXTENDED-RELEASE) 240 MG	UPDATE QL: 2 TABLETS/CAPSULES PER DAY
CALCIUM CHANNEL BLOCKERS	DILTIAZEM ER 12-HOUR 60 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY
CALCIUM CHANNEL BLOCKERS	DILTIAZEM ER 12-HOUR 90 MG CAPSULE	ADD QL: 4 CAPSULES PER DAY
CALCIUM CHANNEL BLOCKERS	PROCARDIA XL (NIFEDIPINE EXTENDED-RELEASE) 60 MG TABLET	UPDATE DOSE OPTIMIZATION TO QL: 2 TABLETS PER DAY
CALCIUM CHANNEL BLOCKERS	VERAPAMIL 40 MG, 80 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY
CALCIUM CHANNEL BLOCKERS	CALAN SR (VERAPAMIL EXTENDED-RELEASE) 120 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
CARDIAC MYOSIN INHIBITORS	CAMZYOS 2.5 MG, 5 MG, 10 MG, 15 MG CAPSULE	ADD PA AND QL: 1 CAPSULE PER DAY
CENTRAL MUSCLE RELAXANTS	OZOBAX ORAL SUSPENSION/SOLUTION	ADD PA
CENTRAL MUSCLE RELAXANTS	FLEQSUVY ORAL SOLUTION	ADD PA AND QL: 16 ML PER DAY
COUGH/COLD/ALLERGY COMBINATIONS	BENADRYL ALLERGY PLUS CONGESTION TABLETS (DIPHENHYDRAMINE 25 MG/ PHENYLEPHRINE 10 MG)	ADD QL: 6 TABLETS PER DAY
COUGH/COLD/ALLERGY COMBINATIONS	BENADRYL ALLERGY PLUS CONGESTION 12.5 MG/5ML (DIPHENHYDRAMINE-PHENYLEPHRINE)	ADD QL: 60 ML PER DAY
DIGESTIVE ENZYMES	CREON 36000 UNIT CREON 3000 UNIT ZENPEP 3000 UNIT ZENPEP 10000 UNIT ZENPEP 15000 UNIT ZENPEP 20000 UNIT ZENPEP 5000 UNIT ZENPEP 25000 UNIT	ADD QL: 25 PER DAY
DIRECT FACTOR XA INHIBITORS	XARELTO 1 MG/ML ORAL SUSPENSION	ADD QL: 20 ML PER DAY
ECZEMA AGENTS	CIBINQO 50, 100 AND 200 MG TABLET	ADD PA AND QL: 1 TABLET PER DAY
ESTROGEN COMBINATIONS	ORIAHNN CAPSULES	ADD QL: 1 CARTON (4 BLISTER PACKAGES) PER 28 DAYS
GLUCOCORTICOSTEROIDS	TARPEYO 4 MG CAPSULE	ADD PA AND QL: 4 CAPSULES PER DAY
HEMATOPOIETIC GROWTH FACTORS	RELEUKO INJ 300MCG RELEUKO INJ 480MCG	ADD PA

HEPARINS AND HEPARINOID-LIKE AGENTS	ENOXAPARIN 30 MG/0.3 ML SYRINGE ENOXAPARIN 40 MG/0.4 ML SYRINGE ENOXAPARIN 60 MG/0.6 ML SYRINGE ENOXAPARIN 80 MG/0.8 ML SYRINGE ENOXAPARIN 100 MG/1 ML SYRINGE ENOXAPARIN 120 MG/0.8 ML SYRINGE ENOXAPARIN 150 MG/ML SYRINGE	UPDATE QL: 2 SYRINGES PER DAY
HEPATITIS AGENTS	SYLATRON (PEGINTERFERON-ALFA 2B)	REMOVE PA
HMG COA REDUCTASE INHIBITORS	ROSUVASTATIN 5MG TABLET ROSUVASTATIN 10MG TABLET ROSUVASTATIN 20MG TABLET ROSUVASTATIN 40MG TABLET	REMOVE STEP THERAPY (ST)
IMIDAZOLE-RELATED ANTIFUNGALS	KETOCONAZOLE 200 MG TABLET	ADD QL: 2 TABLETS PER DAY
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	OZEMPIC INJ 4MG/3ML OZEMPIC INJ 2/1.5ML OZEMPIC INJ 8MG/3ML	ADD QL: 1 PREFILLED PEN PER 28 DAYS
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	MOUNJARO 15MG/0.5 INJECTION MOUNJARO 12.5/0.5 INJECTION MOUNJARO 10MG/0.5 INJECTION MOUNJARO 7.5/0.5 INJECTION MOUNJARO 5MG/0.5 INJECTION MOUNJARO 2.5/0.5 INJECTION	ADD ST AND QL: 4 SINGLE DOSE PENS (1 CARTON) PER 28 DAYS
LOOP DIURETICS	SOAANZ 40MG TABLET SOAANZ 20MG TABLET SOAANZ 60MG TABLET	ADD ST
MUSCLE RELAXANT COMBINATIONS	ORPHENADRINE/ASPIRIN/CAFFEINE	ADD ST AND QL: ORPHENADRINE-ASPIRIN-CAFFEINE 25 MG-385 MG-30 MG-8 TABLETS PER DAY ORPHENADRINE-ASPIRIN-CAFFEINE 50 MG-770 MG-60 MG – 4 TABLETS PER DAY
NASAL AGENTS**	RYALTRIS 665 MCG/25 MCG INHALER	ADD QL: 1 INHALER PER 30 DAYS
NASAL STEROIDS	XHANCE 93 MCG INHALER	ADD ST
NASAL STEROIDS	NASONEX 24HR ALLERGY RELIEF 50 MCG INHALER	ADD QL: 1 INHALER PER 30 DAYS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	DICLOFENAC POTASSIUM 25 MG, 50 MG TABLET KETOPROFEN 50 MG TABLET NAPROXEN 250 MG, 375 MG TABLET	ADD QL: 4 TABLETS PER DAY
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	NAPROXEN 500 MG TABLET	ADD QL: 2 TABLETS PER DAY
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	NAPROSYN 125 MG/5 ML ORAL SUSPENSION	ADD QL: 60 ML PER DAY
OIL SOLUBLE VITAMINS	VITAMIN D3 (CHOLECALCIFEROL) 400 UNIT/ML	REMOVE QL
OPHTHALMIC AGENTS	XIIDRA 5% DROPS	ADD ST

OPHTHALMIC AGENTS	NEOMYCIN-POLYMYXIN-HC SUSPENSION NATACYN 5% SUSPENSION	ADD QL: 15 ML PER 30 DAYS
OPHTHALMIC AGENTS	AZASITE 1% SOLUTION ZYMAXID 0.5% SOLUTION	ADD QL: 2.5 ML PER 30 DAYS
OPHTHALMIC AGENTS	BESIVANCE 0.6% SUSPENSION LEVOFLOXACIN 0.5% SOLUTION	ADD QL: 5 ML PER 30 DAYS
OPHTHALMIC AGENTS	MOXEZA AND VIGAMOX) 0.5% SOLUTION	ADD QL: 3 ML PER 30 DAYS
OPHTHALMIC AGENTS	VIROPTIC (TRIFLURIDINE) 1% SOLUTION	ADD QL: 7.5 ML PER 30 DAYS
OPHTHALMIC AGENTS	POLYCIN (BACITRACIN-POLYMYXIN B) OINTMENT NEO-POLYCIN (NEOMYCIN-BACITRACIN ZN-POLYMYXIN) 5 (3.5) MG-400 UNIT-10000 UNIT OINTMENT	ADD QL: 3.5 GM PER 30 DAYS
OPHTHALMIC STEROIDS	XIPERE INJECTABLE SUSPENSION	ADD PA AND QL: 4 MG (1 SINGLE- DOSE VIAL) PER EYE PER TREATMENT; REPEAT TREATMENTS MAY BE APPROVED NO SOONER THAN 12 WEEKS AFTER THE PRIOR DOSE
OPHTHALMIC STEROIDS	PRED-G 0.3-1% SUSPENSION ZYLET 0.5-0.3% SUSPENSION MAXITROL0.1% SUSPENSION	ADD QL: 20 ML PER 30 DAYS
OPHTHALMIC STEROIDS	PRED-G S.O.P 0.3-0.6% OINTMENT BLEPHAMIDE S.O.P 0-0.2% OINTMENT MAXITROL 0.1% OINTMENT NEO-POLYCIN HC 1% OINTMENT	ADD QL: 7 GRAMS PER 30 DAYS
OPIOID ANTAGONISTS	ZIMHI (NALOXONE INJECTION) 5 MG/0.5 ML	REMOVE ST AND ADD QL: 6 PREFILLED SYRINGES PER 3 MONTHS
OPIOID COMBINATIONS	SEGLENTIS 56-44MG TABLET	ADD PA AND QL: 4 TABLETS PER DAY
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS	VIJOICE 50MG TABLET VIJOICE 125MG TABLET VIJOICE 250MG TABLET	ADD QL: 1 TABLET PER DAY
PRENATAL VITAMINS	CLINICAL NUTRIENTS PRENATAL	ADD QL: 4 VITAMINS PER DAY
PRENATAL VITAMINS	GOOD START PRENATAL NOURISH PLUS KPN PRENATAL VITAFOL GUMMIES UPSPRING PRENATAL COMPLETE THERANATAL OVAVITE	ADD QL: 3 VITAMINS PER DAY
PRENATAL VITAMINS	CVS PRENATAL GUMMIES + DHA + FOLIC ACID PERRY PRENATAL PRENARA TRINAZ AZESCO ZALVIT ZIPHEX AZESCHEW PRENATAL/POSTNATAL CVS PRENATAL GUMMIES BRAINSTRONG PRENATAL CVS WOMEN'S PRENATAL + DHA	ADD QL: 2 VITAMINS PER DAY

PRENATAL VITAMINS	HEMENATAL OB + DHA PNV OB + DHA VENA-BAL DHA	REMOVE QL
PROGESTINS	PROMETRIUM 200 MG	UPDATE QL: 2 CAPSULES PER DAY
PROSTAGLANDIN VASODILATORS	TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 16 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 32 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 48 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 64 MCG CARTRIDGES)	ADD QL: 1 KIT PER 28 DAYS
PROSTAGLANDIN VASODILATORS	TYVASO DPI INHALATION POWDER TITRATION KIT (112 16 MCG,12 32 MCG, 28 48 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER TITRATION KIT (112 16 MCG, 84 32 MCG CARTRIDGES)	ADD QL: 1 KIT, ONE-TIME FILL
PROSTAGLANDINS - OPHTHALMIC	XELPROS 0.005% OPHTHALMIC EMULSION XALATAN 0.005% OPHTHALMIC SOLUTION	UPDATE QL: 2.5 ML
ROSACEA AGENTS	METROGEL 1% GEL METROGEL 1% GEL PUMP	ADD QL: GEL: 60 GRAMS PER 30 DAYS PUMP: 55 GRAMS PER 30 DAYS
TETRACYCLINES	MINOCYCLINE 50 MG CAPSULES/TABLETS	ADD QL: 4 CAPSULES/TABLETS PER DAY
TETRACYCLINES	MINOCYCLINE 75 MG, 100 MG CAPSULES/TABLETS	ADD QL: 2 CAPSULES/TABLETS PER DAY
TETRACYCLINES	MINOCYCLINE HYDROCHLORIDE ER (COREMINO, MINOLIRA, SOLODYN, XIMINO) 45 MG, 55 MG, 65 MG, 80 MG, 90 MG, 115 MG, 105 MG, 135 MG CAPSULE/TABLET	ADD QL: 1 CAPSULE/TABLET PER DAY
TETRACYCLINES	DOXYCYC MONOHYDRATE 50MG TABLET DOXYCYC MONOHYDRATE 75MG TABLET DOXYCYC MONOHYDRATE 100MG TABLET DOXYCYC MONOHYDRATE 150MG TABLET DOXYCYCL HYCLATE 50MG CAPSULE DOXYCYCL HYCLATE 100MG CAPSULE DOXYCYCLINE HYCLATE TAB 20MG TABLET DOXYCYCL HYCLATE TAB 50MG TABLET DOXYCYCLINE HYCLATE TAB 75MG TABLET DOXYCYCL HYCLATE TAB 100MG TABLET DOXYCYCLINE HYCLATE 150MG TABLET DOXYCYCL HYCLATE DR 50MG TABLET DOXYCYCL HYCLATE DR 75MG TABLET DOXYCYCL HYCLATE DR 80MG TABLET DOXYCYCL HYCLATE DR 100MG TABLET DOXYCYCL HYCLATE DR 150MG TABLET	REMOVE ST

	DOXYCYCL HYCLATE DR 200MG TABLET	
TRANSTHYRETIN AMYLOIDOSIS AGENTS	AMVUTTRA 25/0.5 SOLUTION	ADD QL: 1 SYRINGE PER 3 MONTHS
ULCER THERAPY COMBINATIONS	VOQUEZNA TRIPLE PAK VOQUEZNA DUAL PAK	ADD PA, ST, AND QL: 1 THERAPY PACK PER FILL; 1 FILL PER 180 DAYS
VAGINAL ESTROGENS	ESTRING 0.2 MG FEMRING 0.05 MG/24HR FEMRING 0.1 MG/24HR	ADD QL: 1 RING PER 90 DAYS

What action do I need to take?

Please review these changes and work with your patients to transition them to formulary alternatives. If you determine that preferred 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 patient cases. If your patient cannot be converted to a formulary alternative for medical reasons, call our Pharmacy department at **866-408-6132** for Hoosier Healthwise, **844-533-1995** for HIP, or **844-284-1798** for Hoosier Care Connect, and follow the voice prompts for pharmacy PA. You can find the preferred drug lists on our provider website at <https://providers.anthem.com/in> > Member Eligibility & Benefits > Pharmacy Benefits.

If you need assistance with any other item, contact your local Network Relations consultant or call Provider Services at:

- Hoosier Healthwise: **866-408-6132**
- HIP: **844-533-1995**
- Hoosier Care Connect: **844-284-1798**