



Quarterly pharmacy formulary change notice

Please note, this communication applies to Anthem HealthKeepers Plus, Medallion and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) offered by HealthKeepers, Inc.

The formulary changes listed in the table below apply to all Anthem HealthKeepers Plus (FAMIS and Medallion) and Anthem CCC Plus members. These changes were reviewed and approved at the first quarter 2021 Pharmacy and Therapeutics committee meetings.

Effective August 1, 2021, formulary changes, non-formulary changes and prior authorization requirements will apply. Remember to read the footnotes at the end of the table.

EFFECTIVE FOR ALL PATIENTS ON AUGUST 1, 2021			
Therapeutic class	Drug	Revised status	Potential alternatives
ALTERNATIVE MEDICINE COMBINATIONS	GLUCOSAMINE CHONDROITIN COMPLEX CAPSULE	NON-PREFERRED	N/A
ANTIRETROVIRALS	TIVICAY PD 5MG TABLET RUKOBIA 600MG ER TABLET	PREFERRED	N/A
DIABETIC SUPPLIES*	RELION TRUOMETRIX BLOOD GLUCOSE METER RELION TRUOMETRIX TEST STRIPS	PREFERRED	N/A
DIABETIC SUPPLIES*	OMNIPOD STARTER KIT OMNIPOD DASH	PREFERRED WITH PRIOR AUTHORIZATION (PA)	N/A
DIAGNOSTIC TESTS	KETOSTIX TEST STRIP	NON-PREFERRED	KETO-DIASTIX TEST STRIP CHEMSTRIP UGK TEST STRIP
DIAGNOSTIC TESTS	REVEAL URINAL INFECTION TEST STRIP	NON-PREFERRED	N/A
EMOLLIENT/KERATOLYTIC AGENTS	NUTRAPLUS 10% CREAM NUTRAPLUS 10% LOTION	NON-PREFERRED	N/A
FOOT CARE PRODUCTS	BAND-AID PAD MOLESKIN	NON-PREFERRED	N/A
HEMATOPOIETIC MIXTURES	BP VIT 3 CAPSULE FOLIVANE-PLS CAPSULE CENTRATEX CAPSULE FOLIVANE-F CAPSULE	NON-PREFERRED	FOLBEE TABLET HEMAX TABLET HEMATOGEN CAPSULES

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KERATOLYTIC/ANTIMITOTIC AGENTS	CLEAN&CLEAR 2% LIQUID	NON-PREFERRED	WART REMOVER 17% CALLUS REMOVER PAD 40% PAD
LIQUIDS	GLYCERIN LIQUID ETHY ALCOHOL 70% RUBBING SOLUTION ISOP ALCOHOL 91% SOLUTION	NON-PREFERRED	ISOPROPYL RUBBING ALCOHOL 70%
MISC. DERMATOLOGICAL PRODUCTS	NIVATOPIC PLUS CREAM PRUMYX CREAM	NON-PREFERRED	N/A
MISC. NUTRITIONAL SUBSTANCES	FISH OIL 500MG CAPSULE	NON-PREFERRED	OMEGA-3-ACID CAP 1GM PA REQUIRED
MISC. TOPICAL	RA ALCOHOL WIPES	NON-PREFERRED	ALCOHOL SWABS
MISC. TOPICAL	JOHNSONS BABY OIL MAXILUBE GEL	NON-PREFERRED	N/A
NASAL AGENTS - MISC.	RA STERILE NASAL SOLUTION	NON-PREFERRED	SALINE NASAL SOLUTION
NITRATES	(BRAND) NITRO-DUR DIS 0.2MG/HR (BRAND) NITRO-DUR DIS 0.4MG/HR (BRAND) NITRO-DUR DIS 0.6MG/HR	NON-PREFERRED	NITROGLYCER IN DIS 0.2MG/HR NITROGLYCER IN DIS 0.4MG/HR NITROGLYCER IN DIS 0.6MG/HR
SALINE LAXATIVES	EPSOM SALT GRANULE	NON-PREFERRED	N/A
SCAR TREATMENT PRODUCTS	SCAR GEL	NOT COVERED	N/A
SEMI SOLID VEHICLES	CREAM BASE CREAM	NON-PREFERRED	N/A
VISCOSUPPLEMENTS	EUFLEXXA INJ 10MG/ML VISCO-3 INJ 25/2.5ML	NON-PREFERRED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2021 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
AMINOGLYCOSIDES	TOBRAMYCIN INJ 1.2GM	ADD QTY LIMIT: 30 VIALS PER 30 DAYS	
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS	EVKEEZA INJ 1200/8 EVKEEZA INJ 345/2.3	ADD PA	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	XOLAIR SOL 150MG XOLAIR INJ 75/0.5 XOLAIR INJ 150MG/ML	ADD QTY LIMIT: ASTHMA: 375 MG AS FREQUENTLY AS EVERY 2 WEEKS NASAL POLYPS: 600 MG AS FREQUENTLY AS EVERY 2 WEEKS	

		CHRONIC IDIOPATHIC URTICARIA: 300 MG EVERY 4 WEEKS"
ANTIBIOTICS - TOPICAL	GENTAMICIN OIN 0.1% GENTAMICIN CRE 0.1%	ADD QTY LIMIT: 30 GM PER FILL; 1 FILL PER 30 DAYS
ANTINEOPLASTIC AGENTS	PEPAXTO INJ 20MG RIABNI SOL 100/10ML RIABNI SOL 500/50ML	ADD PA
ANTINEOPLASTIC AGENTS	KLISYRI OIN 1%	ADD PA AND QTY LIMIT: 1 250 MG OINTMENT PACK PER DAY FOR 5 DAYS (5 SINGLE DOSE PACKETS); 1 FILL PER YEAR
ANTINEOPLASTIC AGENTS	TAGRISSE TAB 40MG	UPDATE QTY LIMIT: 1 TABLET PER DAY
ANTINEOPLASTIC AGENTS	IBRANCE TAB 75MG IBRANCE TAB 100MG IBRANCE TAB 125MG IBRANCE CAP 75MG IBRANCE CAP 100MG IBRANCE CAP 125MG	UPDATE QTY LIMIT: 21 TABLETS PER 28 DAYS
ANTINEOPLASTIC AGENTS	GLEEVEC TAB 100MG	UPDATE QTY LIMIT: 2 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	INLYTA TAB 1MG	UPDATE QTY LIMIT: 6 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	JAKAFI TAB 15MG JAKAFI TAB 20MG JAKAFI TAB 5MG JAKAFI TAB 10MG JAKAFI TAB 25MG	UPDATE QTY LIMIT: 2 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	STIVARGA TAB 40MG	UPDATE QTY LIMIT: 84 TABLETSS PER 28 DAYS
ANTINEOPLASTIC AGENTS	SUTENT CAP 12.5MG	UPDATE QTY LIMIT: 1 CAPSULE PER DAY
ANTINEOPLASTIC AGENTS	BAVENCIO INJ 20MG/ML	REMOVE QTY LIMIT
ANTINEOPLASTIC AGENTS	ICLUSIG TAB 10MG ICLUSIG TAB 15MG ICLUSIG TAB 30MG ICLUSIG TAB 45MG	UPDATE QTY LIMIT: 1 TABLET PER DAY
ANTINEOPLASTIC AGENTS	ORGOVYX TAB 120MG	ADD PA AND QTY LIMIT: 1 TABLET PER DAY
ANTINEOPLASTIC AGENTS	BREYANZI INJ	ADD PA
ANTINEOPLASTIC AGENTS	TEPMETKO TAB 225MG	ADD PA AND QTY LIMIT: 2 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	UKONIQ TAB 200MG	ADD PA AND QTY LIMIT: 4 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	XTANDI TAB 40MG XTANDI TAB 80MG	ADD QTY LIMIT: 3 TABLETS PER DAY

ANTINEOPLASTIC AGENTS	FOTIVDA CAP 0.89MG FOTIVDA CAP 1.34MG	ADD PA AND QTY LIMIT: 21 CAPSULES PER 28 DAYS
ANTINEOPLASTIC AGENTS	XALKORI CAP 200MG XALKORI CAP 250MG	UPDATE QTY LIMIT: 4 CAPSULES PER DAY
ANTINEOPLASTIC AGENTS	XTANDI CAP 40MG	UPDATE QTY LIMIT: 3 CAPSULES PER DAY
ANTIPARKINSON AGENTS	TASMAR TAB 100MG	ADD QTY LIMIT: 6 TABLETS PER DAY
ANTIPARKINSON AGENTS	APOKYN INJ 10MG/ML	ADD QTY LIMIT: 2 ML PER DAY
ANTIPARKINSON AGENTS	XADAGO TAB 50MG XADAGO TAB 100MG	ADD QTY LIMIT (50 MG): 2 TABLETS PER DAY ADD QTY LIMIT (100 MG): 1 TABLET PER DAY
ANTIPARKINSON AGENTS	ZELAPAR TAB 1.25MG	ADD QTY LIMIT: 2 TABLETS PER DAY
ANTIRETROVIRALS	CABENUVA SUS 600-900	ADD PA AND QTY LIMIT: 1 KIT PER FILL, ONE TIME
ANTIRETROVIRALS	CABENUVA SUS 400-600	ADD PA AND QTY LIMIT: 1 KIT PER 28 DAYS
CEPHALOSPORINS - 3RD GENERATION	CEFTRIAZONE INJ 250MG	ADD QTY LIMIT: 1 VIAL PER 30 DAYS
CEPHALOSPORINS - 3RD GENERATION	CEFTRIAZONE INJ 500MG CEFTRIAZONE INJ 1GM CEFTRIAZONE INJ 2GM	ADD QTY LIMIT: 60 VIALS PER 30 DAYS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	COSELA INJ 300MG	ADD PA
CORTICOSTEROIDS - TOPICAL	WYNZORA CREAM	ADD PA
CORTICOSTEROIDS - TOPICAL	HALCINONIDE CRE 0.1%	UPDATE QTY LIMIT: 60 GM PER 30 DAYS
DIABETIC SUPPLIES*	OMINIPOD DASH	ADD QTY LIMIT: 15 PODS PER 30 DAYS
DIGESTIVE ENZYMES	SUCRAID SOL 8500/ML	ADD QTY LIMIT: 4 BOTTLES PER 30 DAYS
IMMUNOMODULATING AGENTS - TOPICAL	ZYCLARA PUMP CRE 2.5% ZYCLARA PUMP CRE 3.75%	UPDATE QTY LIMIT: 1 BOX (28 PACKETS) PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
IMMUNOSUPPRESSIVE AGENTS	LUPKYNIS CAP 7.9MG	ADD PA AND QTY LIMIT: 6 CAPSULES PER DAY
LAXATIVES	FIBERCON TAB 625MG	UPDATE QTY LIMIT: 8 TABLETS PER DAY
METABOLIC MODIFIERS	NULIBRY INJ 9.5MG	ADD PA
MULTIPLE SCLEROSIS AGENTS	TYSABRI INJ 300/15ML	ADD QTY LIMIT: 1 VIAL PER 28 DAYS
OPHTHALMIC STEROIDS	EYSUVIS DRO 0.25%	ADD PA AND QTY LIMIT: 2 BOTTLES PER FILL; 1 FILL PER 30 DAYS

PROGERIA TREATMENT AGENTS	ZOKINVY CAP 50MG ZOKINVY CAP 75MG	ADD PA AND QTY LIMIT: QL: 4 CAPSULES PER DAY
PROLACTIN INHIBITORS	CABERGOLINE TAB 0.5MG	UPDATE QTY LIMIT: 16 TABLETS PER 28 DAYS
TETRACYCLINES	TARGADOX TAB 50MG	ADD QTY LIMIT: 2 TABLETS PER DAY
TETRACYCLINES	DOXYCYCLINE SUS 25MG/5ML	ADD QTY LIMIT: 600 ML PER 30 DAYS
TETRACYCLINES	ACTICLATE TAB 150MG	ADD QTY LIMIT: 1 TABLET PER DAY
TETRACYCLINES	ACTICLATE TAB 75MG	ADD QTY LIMIT: 2 TABLETS PER DAY
TRICYCLIC AGENTS	AMOXAPINE TAB 25MG AMOXAPINE TAB 50MG AMOXAPINE TAB 100MG AMOXAPINE TAB 150MG	ADD QTY LIMIT: 25, 50 MG: 1 PER DAY 100 MG: 4 PER DAY 150 MG: 2 PER DAY
XANTHINES	THEOPHYLLINE SOL 80/15ML	ADD QTY LIMIT: 112.5 ML PER DAY

**DIABETIC SUPPLY CHANGES FOR OMNIPOD IMPLEMENTED ON 04/15/2021*

**DIABETIC SUPPLY CHANGES FOR TRUOMETRIX DIABETIC SUPPLIES IMPLEMENTED ON 07/15/2021*

What action do I need to take?

Please review these changes and work with your Anthem HealthKeepers Plus and/or 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 patients cannot be converted to a formulary alternative, call our Pharmacy department at **800-901-0020** (Anthem HealthKeepers Plus members) or **855-323-4687** (Anthem CCC Plus members) and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* (formulary) on our provider website at <https://providers.anthem.com/va> > Pharmacy Information and Tools > Related information > Anthem HealthKeepers Plus 2021 PDF Formulary.

If you have any questions about this communication, call Anthem HealthKeepers Plus, Medallion Provider Services at **800-901-0020** or Anthem CCC Plus Provider Services at **855-323-4687**.