

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 fourth quarter 2020 pharmacy and therapeutics committee meetings.

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

Effective for all patients on July 1, 2021			
Therapeutic class	Drug	Revised status	Potential alternatives
Aminoglycosides	Tobramycin neb 300/4ml (generic bethkis)	Non-preferred	Bethkis neb 300/4ml
Analgesics — Opioid	Tramadol hcl tablet 100mg	Non-preferred	Tramadol HCL tablet 50mg Oxycodone IR tablet Morphine sul IR tablet
Androgens	Testosterone gel 1.62% (pump)	Non-preferred	Androderm dis AndroGel gel 1.62% (pump)
Anticonvulsants — Misc.	Rufinamide sus 40mg/ml	Non-preferred	Levetiracetam sol 100mg/ml Vimpat sol 10mg/ml
Antiemetics — Antidopaminergic	Barhemsys inj 5mg/2ml Barhemsys inj 10mg/4ml	Non-preferred	Meclizine tablet Metoclopramide tablet Metoclopram sol 5mg/5ml
Antifungals — topical	Tavaborole sol 5%	Non-preferred	Ciclopirox sol 8% Ciclodan sol 8% Clotrimazole sol 1% (OTC)
Antihyperlipidemics — Misc.	Icosapent cap 1gm	Non-preferred	Omega-3-acid cap 1gm Omega 3 cap (OTC)
Anti-inflammatory agents — Topical	Diclofenac gel 1% (OTC)	Preferred	N/a
	Voltaren gel 1% (OTC)	Non-preferred	Diclofenac gel 1% (OTC)
Antiprotozoal agents	Nitazoxanide tab 500mg	Non-preferred	Metronidazole tablet Firvanq sol
Antipsychotics — Misc.	Ziprasidone inj 20mg	Non-preferred	Olanzapine inj 10mg

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

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Antivirals — Topical	Docosanol cre 10%	Preferred	N/a
Beta-blockers — Ophthalmic	Timolol mal sol 0.5% op (generic timoptic ocudose)	Non-preferred	Timolol mal sol 0.25% op timolol mal sol 0.5% op
Bone density regulators	Teriparatide inj	Non-preferred	Raloxifene tab 60mg
Calcitonin gene-related peptide (CGRP) receptor antag	Ajovy inj 225/1.5	Preferred	N/a
Corticosteroids — Topical	Impeklo lot 0.05%	Non-preferred	Clobetasol lot 0.05%
Dibenzapines	Asenapine sub 2.5mg (generic saphris) Asenapine sub 5mg (generic saphris) Asenapine sub 10mg (generic saphris)	Non-preferred	Olanzapine tab odt
Erythromycins	Erythrom eth sus 200/5ml	Preferred	N/a
	Eryped sus 200/5ml	Non-preferred	Erythrom eth sus 200/5ml
Gastrointestinal chloride channel activators	Lubiprostone cap 8mcg Lubiprostone cap 24mcg	Non-preferred	Amitiza cap 8mcg Amitiza cap 24mcg
Glucocorticosteroids	Alkindi spri cap 0.5mg Alkindi spri cap 1mg Alkindi spri cap 2mg Alkindi spri cap 5mg Ortikos cap 6mg er Ortikos cap 9mg er	Non-preferred	Budesonide cap 3mg dr Budesonide tab er 9mg
Gout agents	Colchicine tab 0.6mg	Preferred	N/a
	Colchicine cap 0.6mg	Non-preferred	Colchicine tab 0.6mg
Immunosuppressive agents	Enspryng inj	Non-preferred	N/a Prior authorization required
Incretin mimetic agents (GLP-1 receptor agonists)	Trulicity inj	Preferred	N/a
Inflammatory bowel agents	Inflectra inj 100mg	Non-preferred	Renflexis inj 100mg
	Renflexis inj 100mg	Preferred	N/a
Insulin	Insulin lisp inj protamin (generic humalog mix pen)	Non-preferred	Humalog mix inj vial
	Insulin lisp inj junior (generic humalog junior kwikpen)	Non-preferred	Humalog jr inj 100/ml kwikpen
Interleukin-1 blockers	Arcalyst inj 220mg	Non-preferred	N/a Prior authorization required
Multiple sclerosis agents	Kesimpta inj 20/.4ml	Preferred	N/a

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	Tecfidera cap 120mg Tecfidera cap 240mg Tecfidera mis starter	Preferred	N/a
	Gilenya cap 0.5mg	Non-preferred	Avonex pen kit 30mcg Kesimpta inj 20/.4ml Betaseron inj 0.3mg Copaxone inj 20mg/ml Tecfidera cap 120mg Tecfidera cap 240mg Tecfidera starter
	Rebif inj 22/0.5 Rebif inj 44/0.5 Rebif titrtn inj pack Rebif rebido inj 22/0.5 Rebif rebido inj 44/0.5 Rebif rebido inj titratn	Non-preferred	Avonex pen kit 30mcg Kesimpta inj 20/.4ml Betaseron inj 0.3mg Copaxone inj 20mg/ml Tecfidera cap 120mg Tecfidera cap 240mg Tecfidera starter
Nasal agent combinations	Azel/flutic spr 137-50 (generic dymista)	Non-preferred	Fluticasone spr 50mcg (rx)
Nonsteroidal anti-inflammatory agents (NSAIDs)	Meloxicam cap 5mg (generic vivlodex) Meloxicam cap 10mg (generic vivlodex)	Non-preferred	Meloxicam tablet
Otic combinations	Cipro/dexa sus 0.3-0.1% (generic ciprodex)	Non-preferred	Ciprodex sus 0.3-0.1%
	Ciprodex sus 0.3-0.1%	Preferred	N/a
Plasma kallikrein inhibitors	Orladeyo cap 110mg Orladeyo cap 150mg	Non-preferred	Kalbitor inj 10mg/ml
Progestins	Hydroxyprog inj 250mg/ml sdv	Non-preferred	Makena inj 275mg auto-inj Progesterone inj 50mg/ml
Proton pump inhibitors	Esomeprazole gra 10mg dr Esomeprazole gra 20mg dr Esomeprazole gra 40mg dr Pantoprazole pak 40mg	Non-preferred	Omeprazole cap (Rx) Pantoprazole tab
Pulmonary hypertension — Phosphodiesterase inhibitors	Revatio sus 10mg/ml	Non-preferred	Sildenafil sus 10mg/ml
	Sildenafil sus 10mg/ml	Preferred	N/a
Serotonin agonists	Imitrex spr 5mg/act Imitrex spr 20mg/act	Preferred	N/a
	Sumatriptan spr 5mg/act Sumatriptan spr 20mg/act	Non-preferred	Imitrex spr 5mg/act Imitrex spr 20mg/act
Serotonin-norepinephrine reuptake inhibitors (SNRIs)	Desvenlafax tab 50mg er (generic khedezla) Desvenlafax tab 100mg er	Non-preferred	Desvenlafax tab 25mg er (generic pristiq) Desvenlafax tab 50mg er

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	(generic khedezla)		(generic pristiq) Desvenlafax tab 100mg er (generic pristiq)
Stimulants — Misc.	Methylphenid cap 10mg er (generic aptensio) Methylphenid cap 15mg er (generic aptensio) Methylphenid cap 20mg er (generic aptensio) Methylphenid cap 30mg er (generic aptensio) Methylphenid cap 40mg er (generic aptensio) Methylphenid cap 50mg er (generic aptensio) Methylphenid cap 60mg er (generic aptensio)	Non-preferred	Concerta tab Focalin tab Focalin xr cap
Sympathomimetics	Airduo dghlr inh 55-14 Airduo dghlr inh 113-14 Airduo dghlr inh 232-14	Non-preferred	Advair diskus Advair hfa Dulera aer Symbicort aer
UM edits — Effective for all members on July 1, 2021 <i>No changes in preferred/non-preferred status revision or addition to UM edit only</i>			
Acne products	Adapalene 0.3% gel Amzeeq 4% foam Aklief 0.005% cream Arazlo 0.045% lotion Adapalene 0.1% gel Fabior 0.1% foam Tretin-x 0.05% combo pack Tretin-x 0.075% cream		Add max age limit: 18 years of age
Adhd agents	Methylphenidate cd capsules Methylphenidate er 10 mg Capsules Methylphenidate er 20 mg Capsules Methylphenidate er 30 mg Capsules Methylphenidate er 40 mg Capsules Methylphenidate er 50 mg Capsules Methylphenidate er 60 mg Capsules		Add qty limit: 1 capsule per day
Adhd agents	Methylphenidate er 10 mg	Add qty limit: 2 capsule per day	

Therapeutic class	Drug	Revised status	Potential alternatives
	Capsules		
Adhd agents	Adhansia xr capsules	Add qty limit: 1 capsule per day	
Allergenic extracts	Palforzia capsules	Add min age limit: 4 years for age	
Allergenic extracts	Oralair sublingual tablets	Add min age limit: 5 years for age	
Amebicides	Solosec 2 gm granule packet	Remove qty limit	
Aminoglycosides	Arikayce 590 mg/8.4 ml vial	Add min age limit: 18 years of age	
Analgesics — Anti-inflammatory	Olumiant 1 mg tablet Olumiant 2 mg tablet Kevzara 150 mg/1.14 ml pen Inj Kevzara 150 mg/1.14 ml Syringe Kevzara 200 mg/1.14 ml pen Inj Kevzara 200 mg/1.14 ml Syringe	Add min age limit: 18 years of age	
Analgesics — Opioid	Acetaminophen-codeine 120-12 mg/5ml Ultracet tablet	Add min age limit: 12 years of age	
Analgesics — Opioid	Asa-butalb-caff-cod #3 capsule Butalb-caff-acetaminoph-codein	Add min age limit: 12 years of age Add qty limit: 10 per day	
Analgesics — Opioid	Acetamin-caff-dihydrocod 320.5 Butalb-acetaminoph-caff-codein	Add min age limit: 12 years of age Add qty limit: 12 per day	
Analgesics — Opioid	Nalocet 2.5-300 mg tablet	Add qty limit: 12 per day	
Analgesics — Opioid	Buprenorphine 5 mcg/hr patch Buprenorphine 7.5 mcg/hr patch Buprenorphine 10 mcg/hr patch	Add qty limit: 2 patches per week	
Analgesics — Opioid	Buprenorphine 15 mcg/hr patch Buprenorphine 20 mcg/hr patch	Add qty limit: 1 patch per week	
Androgens	Androderm 2 mg/24hr patch Androderm 4 mg/24hr patch Natesto nasal 5.5 mg/0.122 gm Testosterone 10 mg gel pump Testosterone 12.5 mg/1.25 gram Testosterone 30 mg/1.5 ml pump	Add min age limit: 18 years of age	
Antiasthmatic and bronchodilator agents	Yupelri 175 mcg/3 ml Solution	Add min age limit: 18 years of age	

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Antidiabetics agents	Actos tablet Alogliptin tablet Alogliptin-metformin tablet Alogliptin-pioglitazone tablet Avandia tablet Glipizide-metformin tablet Glyburide-metformin tablet Jentaduo xr tablet Kombiglyze xr tablet Miglitol tablet Onglyza tablet Ozempic pen Precose tablet Qtern tablet Repaglinide-metformin tablet Rybelsus tablet Trijardy xr tablet		Add min age limit: 18 years of age
Antidiabetics agents	Farxiga 10 mg tablet Farxiga 5 mg tablet		Add qty limit: 1 per day
Antiemetics	Aprepitant 125 mg capsule Aprepitant 125-80-80 mg pack		Add qty limit: 1 per day
Antiemetics	Sancuso 3.1 mg/24 hr patch Cinvanti 130 mg/18 ml vial Aprepitant 80 mg capsule		Add qty limit: 2 per day
Antiemetics	Aprepitant 40 mg capsule		Add qty limit: 4 per day
Antihyperlipidemics	Nexletol 180 mg tablet		Add min age limit: 18 years of age
Antihyperlipidemics	Lovastatin 40 mg tablet		Remove qty limit
Anti-infective agents — Misc.	Cayston 75 mg inhalation Solution		Update min age limit: 7 years of age
Anti-narcolepsy agents	Modafinil 100 mg tablet Modafinil 200 mg tablet		Add qty limit: 1 per day
Antipsychotics — Misc.	Abilify 5 mg tablet		Add qty limit: 1 per day
Antipsychotics — Misc.	Risperdal 1 mg/ml solution Risperdal 0.5 mg tablet Risperdal 1 mg tablet Risperdal 2 mg tablet Risperdal 3 mg tablet Risperdal 4 mg tablet Risperidone 0.25 mg tablet Risperidone 0.25 mg odt Risperidone 0.5 mg odt Risperidone 1 mg odt		Add qty limit: 2 per day

Therapeutic class	Drug	Revised status	Potential alternatives
	Risperidone 2 mg odt Risperidone 3 mg odt Risperidone 4 mg odt		
Antipsychotics — Misc.	Adasuve inhalation powdr Caplyta capsule Clozapine odt tablet Equetro capsule Fanapt titration pack Fluphenazine vial Invega sustenna Invega trinza Molindone hcl tablet Olanzapine-fluoxetine capsule Perseris er syringe kit Pimozide tablet Rexulti tablet Versacloz suspension Vraylar capsule Zyprexa relprevv		Add min age limit: 18 years of age
Antipsychotics — Misc.	Paliperidone er 1.5 mg tablet Paliperidone er 3 mg tablet Paliperidone er 6 mg tablet Paliperidone er 9 mg tablet		Add min age limit: 18 years of age Add qty limit: 1 per day
Antipsychotics — Misc.	Fanapt 1 mg tablet Fanapt 10 mg tablet Fanapt 12 mg tablet Fanapt 2 mg tablet Fanapt 4 mg tablet Fanapt 6 mg tablet Fanapt 8 mg tablet Asenapine 10 mg tablet sl Asenapine 2.5 mg tablet sl Asenapine 5 mg tablet sl		Add min age limit: 18 years of age Add qty limit: 2 per day
Cardiovascular agents — Misc.	Adcirca 20 mg tablet tadalafil 2.5 mg tablet Tadalafil 5 mg tablet		Add min age limit: 18 years of age
Corticosteroids	Emflaza tablet Emflaza oral suspension		Add min age limit: 2 years of age
Corticosteroids	Alkindi sprinkle capsules		Add max age limit: 17 years of age
Cough/cold/allergy	Hydrocod-homatrop 5-1.5 mg tab		Add min age limit: 6 years of age
Dermatologicals	Flector 1.3% patch		Add qty limit: 30 per fill
Dermatologicals	Ilumya 100 mg/ml syringe		Add min age limit:

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	Siliq 210 mg/1.5 ml syringe Zilxi 1.5% foam		18 years of age
Dermatologicals	Azelaic acid 15% gel Finacea 15% foam		Add max age limit: 19 years of age
Gastrointestinal agents — Misc.	Trulance 3 mg tablet Alosetron hcl 0.5 mg tablet Alosetron hcl 1 mg tablet		Add min age limit: 18 years of age
Hematological agents — Misc.	Brilinta 60 mg tablet Brilinta 90 mg tablet		Remove qty limit
Hematological agents — Misc.	Berinert 500 unit kit Cinryze 500 unit vial		Change min age limit: 6 years of age
Hematological agents — Misc.	Haegarda 2,000 unit vial Haegarda 3,000 unit vial Orladeyo 110 mg capsule Orladeyo 150 mg capsule Takhzyro 300 mg/2 ml vial		Add min age limit: 12 years of age
Hematological agents — Misc.	Ruconest 2,100 unit vial		Add min age limit: 13 years of age
Hepatitis agents	Harvoni 33.75-150 mg pellet Packet Harvoni 45-200 mg pellet Packet		Add min age limit: 3 years of age
Hepatitis agents	Mavyret 100-40 mg tablet		Add min age limit: 12 years of age
Hypnotics/sedatives/sleep disorder agents	Doxepin hcl 3 mg tablet Doxepin hcl 6 mg tablet		Add min age limit: 18 years of age
Migraine products	Aimovig 140 mg/ml autoinjector Aimovig 70 mg/ml autoinjector Ajovy 225 mg/1.5 ml autoinject Ajovy 225 mg/1.5 ml syringe Emgality 100 mg/ml syringe Emgality 120 mg/ml syringe Nurtec odt 75 mg tablet		Add min age limit: 18 years of age
Musculoskeletal therapy agents	Carisoprodol-aspirin-codein tablet		Change min age limit: 12 years of age Add qty limit: 12 per day
Nasal agents — systemic and topical	Azelastin-fluticasone 137-50mcg spray		Add min age limit: 6 years of age
Ophthalmic agents	Lotemax sm 0.38% ophth gel		Add min age limit: 12 years of age
Vaginal and related products	Estradiol 10 mcg vaginal insert		Add min age limit: 18 years of age

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 aspect of each patient's case. If your patients cannot be converted to a formulary alternative, call our Pharmacy department for Anthem HealthKeepers Plus members at **800-901-0020** or our Pharmacy department for Anthem CCC Plus members at **855-323-4687**. Please follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our provider website at <https://providers.anthem.com/va> > Under **Pharmacy information**, select **View pharmacy information** > **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**.