

Quarterly pharmacy formulary change notice

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

The formulary changes listed below were reviewed and approved at the second quarter 2022 Pharmacy and Therapeutics Committee meeting.

Effective November 1, 2022, 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 members on November 1, 2022			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ANTINEOPLASTICS AGENTS	BORTEZOMIB INJ 3.5MG	NON-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
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	PREFERRED	N/A

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

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VABCBS-CD-007721-22 September 2022

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Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
	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		

Edits effective November 1, 2022		
No changes in preferred/nonpreferred status revision or addition to UM edit only		
Therapeutic class	Medication	Formulary status change
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
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
ANTI HISTAMINES	BENADRYL (DIPHENHYDRAMINE) 12.5 MG/5 ML	UPDATE QL: 60 ML PER DAY
ANTINEOPLASTIC AGENTS	OPDUALAG IV SOLUTION PLUVICTO IV SOLUTION	ADD PA
ANTISPASMODICS	DARTISLA 1.7 MG ODT	ADD PA
BARBITURATE AGENTS	BUTISOL SODIUM 30 MG TABLETS	REMOVE QL
BENZODIAZEPINES	LOREEV XR 1 MG CAPSULE LOREEV XR 1.5 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO):

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		1 CAPSULE PER DAY
CARDIAC MYOSIN INHIBITORS	CAMZYOS 2.5 MG, 5 MG, 10 MG, 15 MG CAPSULE	ADD PA AND QL: 1 CAPSULE 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
ESTROGEN COMBINATIONS	ORIAHNN CAPSULES	ADD QL: 1 CARTON (4 BLISTER PACKAGES) PER 28 DAYS
HEMATOPOIETIC GROWTH FACTORS	RELEUKO INJ 300MCG RELEUKO INJ 480MCG	ADD PA
LOOP DIURETICS	SOAANZ 40MG TABLET SOAANZ 20MG TABLET SOAANZ 60MG TABLET	ADD ST
NASAL AGENTS**	RYALTRIS 665 MCG/25 MCG INHALER	ADD QL: 1 INHALER PER 30 DAYS
NON-BARBITURATE HYPNOTICS	IGALMI SL FILM 120 MCG, 180 MCG (10 COUNT CARTON) IGALMI SL FILM 120 MCG, 180 MCG (30 COUNT CARTON)	ADD PA AND QL: IGALMI SL FILM 120 MCG, 180 MCG 10 COUNT CARTON-2 CARTONS PER MONTH IGALMI SL FILM 120 MCG, 180 MCG 30 COUNT CARTON-1 CARTON PER MONTH
OIL SOLUBLE VITAMINS	VITAMIN D3 (CHOLECALCIFEROL) 400 UNIT/ML	REMOVE QL
OPHTHALMIC AGENTS	VIROPTIC (TRIFLURIDINE) 1% SOLUTION	ADD QL: 7.5 ML 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.
OREXIN RECEPTOR ANTAGONISTS	QUVIVIQ (DARIDOREXANT) 25 MG, 50 MG	ADD PA AND QL: 1 TABLET PER DAY
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS	VIJOICE 50MG TABLET VIJOICE 125MG TABLET VIJOICE 250MG TABLET	ADD PA AND 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	ADD QL: 3 VITAMINS PER DAY

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	VITAFOL GUMMIES UPSPRING PRENATAL COMPLETE THERANATAL OVAVITE	
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
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	REMOVE ST

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TRANSTHYRETIN AMYLOIDOSIS AGENTS	AMVUTTRA 25/0.5 SOLUTION	ADD PA AND QL: 1 SYRINGE PER 3 MONTHS

***This change will be implemented once the medication is on the market.*

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 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 > Medicaid Common Core Formulary > Common Core Preferred Drug List.

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