

Quarterly pharmacy formulary change notice

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

The formulary changes listed in the table below apply to all FAMIS and Anthem HealthKeepers Plus members. These changes were reviewed and approved at the fourth quarter Pharmacy and Therapeutics Committee meeting.

Effective May 1, 2023, 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 May 1, 2023			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
HEMATOPOIETIC AGENTS	INFED 50MG/ML INJECTION	NON-PREFERRED WITH PA	(PA REQUIRED) FERUMOXYTOL 510/17ML INJECTION
UM edits – effective for all members no later than May 1, 2023 <i>No changes in preferred/non-preferred status revision or addition to UM edit only</i>			
Therapeutic class	Medication	Formulary status change	
ANTIDIABETICS	TZIELD 2MG/2ML INJECTION	ADD PA AND DOSING LIMITS	
ANTIFUNGALS	VIVJOA 150MG CAPSULE	ADD PA AND QL 18 CAPSULES (1 CARTON) PER YEAR	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IMJUDO 25/1.25ML INJECTION IMJUDO 300/15ML INJECTION	ADD PA	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	LYTGOBI 12 MG, 16 MG, 20 MG CARTON	ADD PA AND QL 1 CARTON PER 7 DAYS	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	PEDMARK 12.5GM INJECTION	ADD PA	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TECVAYLI 30MG/3ML INJECTION TECVAYLI 153/1.7 INJECTION	ADD PA	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	VEGZELMA 100 MG, 400 MG VIAL	ADD PA AND QL 1.25 MG PER EYE	

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

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ELAHERE 5MG/ML INJECTION	ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	REZLIDHIA 150MG CAPSULE	ADD PA AND QL 1 CAPSULES PER DAY
CHELATING AGENTS	CUVRIOR 300 MG TABLET	ADD PA AND QL 10 TABLETS PER DAY
DERMATOLOGICALS	ZYCLARA 2.5% CREAM (PUMP) ZYCLARA 3.75% CREAM (PACKETS) ZYCLARA 3.75% CREAM (PUMP)	1 PUMP OR 1 BOX (28 PACKETS) PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
DIABETIC SUPPLIES	OMNIPOD 5 POD	ADD QL 15 PODS PER 30 DAYS
DIABETIC SUPPLIES	DEXCOM G7 RECEIVER	ADD QL 1 RECEIVER PER YEAR
DIABETIC SUPPLIES	DEXCOM G7 SENSOR	ADD QL 3 SENSORS/TRANSMITTERS PER 30 DAYS
DIABETIC SUPPLIES	FREESTYLE LIBRE 3 SENSOR FREESTYLE LIBRE 14 DAY SENSOR	ADD QL 2 SENSORS PER 28 DAYS
DIGESTIVE AIDS	SUCRAID 17,000 UNITS/2 ML SINGLE-USE ORAL SOLUTION	ADD QL 300 ML PER 30 DAYS
DIURETICS	FUROSCIX 80 MG/10 ML KIT	ADD PA AND QL 6 KITS PER 30 DAYS
ENDOCRINE AND METABOLIC AGENTS - MISC.	PHEBURANE 483/GM ORAL PELLETT	ADD QL 8 BOTTLES PER 30 DAYS
ESTROGEN COMBINATIONS*	BIJUVA 0.5MG/100MG CAPSULE	ADD QL 1 CAPSULE PER DAY
ESTROGENS	ELESTRIN GEL 0.06%	UPDATE QL 52 GRAMS PER 30 DAYS
ESTROGENS	EVAMIST 1.53MG SPRAY	UPDATE QL 16.2 ML PER 30 DAYS
ESTROGENS	ESTROGEL GEL	UPDATE QL 50 GRAMS PER 30 DAYS
CYSTINOSIS AGENTS	CYSTAGON 50MG CAPSULE CYSTAGON 150MG CAPSULE PROCYSBI 25MG GRANULES PROCYSBI 75MG GRANULES PROCYSBI 300MG GRANULES	ADD PA
HEMATOLOGICAL AGENTS - MISC.*	ULTOMIRIS 245 MG/ 3.5 ML PREFILLED CARTRIDGE	ADD QL 2 CARONS PER WEEK
NEUROMUSCULAR AGENTS	RELYVRIO 3-1GM PAK	ADD PA AND QL 7 PACKETS- 3 CARTONS ONCE, ONE TIME FILL 56 PACKETS- 1 CARTON PER 28 DAYS
RESPIRATORY AGENTS - MISC.	PIRFENIDONE 534 MG TABLET	ADD QL 3 TABLETS PER DAY
RESPIRATORY AGENTS - MISC.	ORKAMBI 75-94MG GRANULES	ADD QL 2 PACKETS PER DAY

* 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 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 patients cannot be converted to a formulary alternative, call our Pharmacy department at **800-901-0020** and follow the voice prompts for pharmacy prior authorization. You can find the *Searchable Formulary* on our provider website at <https://providers.anthem.com/va> > Eligibility & Pharmacy > Pharmacy Information > Anthem HealthKeepers Plus Searchable Formulary.

If you have any questions about this communication, call Anthem HealthKeepers Plus Provider Services at **800-901-0020**.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (anthem.ly/VAmp).

