

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 Anthem HealthKeepers Plus and FAMIS (CHIP) members. These changes were reviewed and approved at the third quarter 2022 pharmacy and therapeutics committee meeting.

Effective February 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 FEBRUARY 1, 2023			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ALCOHOL SWABS	Alcohol Swab Manufacturer: ALLISON MEDICAL ARISE MEDICAL BECTON DICKINSON COVIDIEN MEDICAL SUPPLIES CVS PHARMACY HEALTHCARE S DYNAREX CORPORATION MCKESSON MHC MEDICAL PRODUCTS PERRIGO PERRIGO-WALMART RITE AID CORPORATION RUGBY LABORATORIES WALGREENS	PREFERRED	N/A
ALCOHOL SWABS	Alcohol Swab Manufacturer: ACCESS LLC APPLIED DIABETES RESEARCH AUM PHARMACEUTICALS BOCA MEDICAL PRODUCTS CARDINAL HEALTH DIABETIC SUPPLY OF SUNCOA EQUALINE FIFTY50 MEDICAL FUTURE DIAGNOSTICS H E BUTT GROCERY COMPANY HOME AIDE DIAGNOSTICS HTL-STREFA MEDISCA MEIJER PHOENIX HEALTHCARE SOLUTION	NON-PREFERRED	SEE LIST ABOVE

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

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VABCBS-CD-015367-22 January 2023

	RAYA PHARMACEUTICALS SDI USA SELECT BRAND SIMPLE DIAGNOSTICS US DIAGNOSTICS		
CORTICOSTEROIDS**	SOLU-CORTEF INJ 100MG SOLU-CORTEF INJ 250MG SOLU-CORTEF INJ 500MG	COVERED	N/A
IRON AGENTS**	FERUMOXYTOL 510/17ML INJ	PREFERRED WITH PA	N/A
PEAK FLOW METERS	CLEVER CHOICE PEAK FLOW METER PERSONAL BEST FULL RANGE POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM AEROGear ASTHMA ACTION TRUZONE PEAK FLOW METER MICROLIFE DIGITAL PEAK FLOW METER POCKETPEAK PEAK FLOW METER LOW RANGE PURE COMFORT PEAK FLOW METER ADULT PURE COMFORT PEAK FLOW METER CHILD BREATHE EASE PEAK FLOW METER ASSESS PEAK FLOW METER FULL RANGE ASSESS PEAK FLOW METER LOW RANGE	NON- PREFERRED	PIKO 1 ELECTRONIC MINI WRIGHT PEAK FLOW METER STANDARD RANGE PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC MINI WRIGHT PEAK FLOW METER STANDARD RANGE AIRZONE PEAK FLOW METER PERSONAL BEST FULL RANGE POCKET PEAK FLOW METER MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE LUNG PERFORMANCE PEAK FLOW METER
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2023			
<i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
Therapeutic class	Medication	Formulary status change	
ANDROGENS	TLANDO 112.5 MG CAPSULE	ADD QL: 4 CAPSULES PER DAY	
ANDROGENS	KYZATREX 150MG CAPSULE KYZATREX 100MG CAPSULE KYZATREX 200MG CAPSULE	ADD QL: 2 CAPSULES PER DAY	
ANTICONVULSANTS	ZONISADE 100MG/5 ML SUSPENSION	ADD ST AND QL QL: 6 BOTTLES PER 30 DAYS	
ANTINEOPLASTICS AGENTS	IMBRUVICA 70MG/ML SUSPENSION	ADD PA AND QL: 8 ML PER DAY	

ANTINEOPLASTICS AGENTS	CALQUENCE 100MG TABLET	ADD QL: 2 TABLETS PER DAY
ANTINEOPLASTICS AGENTS	PEMAZYRE 13.5MG TABLET	UPDATE QL: 1 TABLET PER DAY
ANTINEOPLASTICS AGENTS	TALZENNA 0.25MG CAPSULE TALZENNA 0.5MG CAPSULE TALZENNA 0.75MG CAPSULE	ADD QL: 1 CAPSULE PER DAY
ANTIPSORIATICS	SPEVIGO 450/7.5 INJ	ADD PA AND QL: 2 VIALS [1 CARTON] PER YEAR
ANTIPSORIATICS	VTAMA 1% CREAM ZORYVE 0.3% CREAM	ADD PA AND QL: 60 GM PER 30 DAYS
ANTIPSORIATICS	SOTYKTU 6MG TABLET	ADD ST AND QL: 1 TABLET PER DAY
ENZYMES	XIAFLEX 0.9MG INJ	ADD DOSING QL: DUPUYTREN'S CONTRACTURE: UP TO 2.32 MG PER 28 DAYS LIFETIME MAXIMUM: 3 INJECTIONS PER AFFECTED CORD PEYRONIE'S CURVATURE: 1.16 MG PER 7 DAYS LIFETIME MAXIMUM: 8 INJECTIONS PER PEYRONIE'S PLAQUE
HEMATOPOIETIC AGENTS	FYLNETRA 6MG/0.6 INJ STIMUFEND INJ ROLVEDON 13.2MG INJ	ADD ST AND QL: 2 SYRINGES PER 28 DAYS
HEMATOPOIETIC AGENTS	INJECTAFER 100/2ML INJ	ADD QL: 7 VIALS PER 7 DAYS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	HYFTOR 0.2% GEL	ADD PA AND QL: 10 GRAMS PER 30 DAYS
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE 0.5% AEROSOL	ADD QL: 227 GRAMS PER 30 DAYS
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE 4% AEROSOL	ADD QL: 128 GRAMS/ML PER 30 DAYS
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE 3% CREAM	ADD QL: 85 GRAMS PER 30 DAYS
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE 1% LOTION	ADD QL: 113 GRAMS PER 30 DAYS
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE 4% OINTMENT	ADD QL: 100 GRAMS PER 30 DAYS
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE 4% PAD	ADD QL: 4 PATCHES PER DAY
METABOLIC MODIFIERS	XENPOZYME 20MG SOLUTION	ADD PA AND DOSING: 3 MG/KG EVERY 2 WEEKS
MULTIPLE SCLEROSIS AGENTS	TASCENSO 0.25MG ODT TABLET	ADD ST AND QL: 1 TABLET PER DAY
OPHTHALMIC AGENTS	CIMERLI 0.3MG INJ CIMERLI 0.5MG INJ	ADD PA AND DOSING QL: DIABETIC MACULAR EDEMA

		AND DIABETIC RETINOPATHY: 0.3 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS AGE RELATED MACULAR DEGENERATION, BRANCH OR CENTRAL RETINAL VEIN OCCLUSION, MYOPIC CHOROIDAL NEOVASCULARIZATION, AND RADIATION RETINOPATHY: 0.5 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS
UREMIC PRURITUS AGENTS	KORSUVA 50MCG/ML INJ	ADD PA

**** THESE CHANGES WILL BE IMPLEMENTED NO LATER THAN DECEMBER 15, 2022**

*** THIS CHANGE WILL BE IMPELMENTED 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 *Preferred Drug List* (formulary) on our provider website at <https://providers.anthem.com/va> > Pharmacy Information > Medicaid Formulary > Anthem HealthKeepers Plus Searchable Formulary.

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