



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 were reviewed and approved at the third quarter 2021 Pharmacy and Therapeutics committee meetings.

Effective February 1, 2022, formulary changes, non-formulary changes and prior authorization requirements will apply. Remember to read the footnotes at the end of the table.

UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2022		
<i>No changes in Preferred/Non-Preferred status revision or addition to UM edit only</i>		
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS	VEREGEN OINTMENT 15%	UPDATE QL: 30 GRAMS PER 28 DAYS
ANTHELMINTICS	STROMEKTOL TABLET 3MG	ADD PA ADD QL: 9 TABLETS PER FILL; 1 FILL PER 90 DAYS
ANTIHISTAMINES - ETHANOLAMINES	CLEMASTINE TABLETS	ADD QL: 3 TABLETS PER DAY
ANTINEOPLASTICS	AYVAKIT TABLET	UPDATE QL: 1 TABLET PER DAY
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	QELBREE CAPSULE 100MG ER	ADD PA ADD QL: 1 CAPSULE PER DAY
	QELBREE CAPSULE 150MG ER QELBREE CAPSULE 200MG ER	ADD PA ADD QL: 2 CAPSULES PER DAY
BENZODIAZEPINES	XANAX XR TABLET 0.5MG XANAX XR TABLET 1MG	UPDATE QL: 1 TABLET PER DAY
	LOREEV XR CAPSULE 1MG	UPDATE QL: 1 CAPSULE PER DAY
	LOREEV XR CAPSULE 2MG LOREEV XR CAPSULE 3MG	UPDATE QL: 2 CAPSULES PER DAY
BONE DENSITY REGULATORS	PROLIA SOLUTION 60MG/ML	UPDATE QL: 60 MG (1 PREFILLED SYRINGE) EVERY 6 MONTHS
CONTRACEPTIVES - TRANSDERMAL	XULANE DIS 150-35	UPDATE QL: 3 PATCHES PER 28 DAYS
COMBINATION CONTRACEPTIVES - VAGINAL	NUVARING	UPDATE QL: 1 RING PER 28 DAYS

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

COMBINATION PSYCHOTHERAPEUTICS	LYBALVI TABLET	ADD QL: 1 TABLET PER DAY
DENTAL PRODUCTS	PREVIDENT CREAM 5000 PLS	UPDATE QL: 100 ML PER 30 DAYS
	FLUORIDEX PST 1.1%	ADD QL: 112 GM PER 30 DAYS
	CLINPRO 5000 PST 1.1%	ADD QL: 113 GM PER 30 DAYS
EMERGENCY CONTRACEPTIVES	LEVONORGESTR TABLET 1.5MG	UPDATE QL: 1 TABLET PER 30 DAYS
GALLSTONE SOLUBILIZING AGENTS	RELTONE CAPSULE	ADD PA
IMMUNOSUPPRESSIVE AGENTS	REZUROCK TABLET 200MG	UPDATE QL: 1 TABLET PER DAY
IRON	INJECTAFER INJ 750/15ML	UPDATE QL: 1 VIAL PER 7 DAYS
	MONOFERRIC 100 MG/ML VIAL*	UPDATE QL: 4 VIALS PER DAY
	MONOFERRIC 500 MG/5 ML VIAL*	UPDATE QL: 1 VIAL PER DAY
	MONOFERRIC INJ 1000/10	UPDATE QL: 1 VIAL PER DAY
LOCAL ANESTHETICS - TOPICAL	SYNERA DIS 70-70MG	ADD PA UPDATE QL: 1 PATCH PER 30 DAYS
METABOLIC MODIFIERS	CRYSVITA INJECTION 10MG/ML	ADD QL: 2 VIALS PER 28 DAYS
	CRYSVITA INJECTION 20MG/ML	ADD QL: 8 VIALS PER 28 DAYS
	CRYSVITA INJECTION 30MG/ML	ADD QL: 6 VIALS PER 28 DAYS
	NEXVIAZYME INJECTION 100MG	ADD PA ADD QL: 20 MG/KG EVERY 2 WEEKS
OPHTHALMICS - MISC.	VERKAZIA 0.1% OPHTH	ADD PA ADD QL: 120 SINGLE DOSE VIALS PER FILL
OPIOID AGONISTS	LEVORPHANOL TABLET 2MG LEVORPHANOL TABLET 3MG	UPDATE QL: 6 TABLETS PER DAY
	DILAUDID INJECTION 0.2MG/ML DILAUDID INJECTION 1MG/ML DILAUDID INJECTION 2MG/ML	UPDATE QL: 6 ML PER DAY
	HYDROMORPHON INJECTION 4MG/ML	UPDATE QL: 2 ML PER DAY
	HYDROMORPHON INJECTION 10MG/ML	UPDATE QL: 1 INJECTION PER 30 DAYS
	MEPERIDINE SOLUTION 50MG/5ML	UPDATE QL: 30 ML PER DAY
	DEMEROL INJECTION 100/2ML DEMEROL INJECTION 100MG/ML	UPDATE QL: 4 ML PER DAY

	DEMEROL INJECTION 25MG/ML DEMEROL INJECTION 75MG/ML DEMEROL INJECTION 50MG/ML DEMEROL INJECTION 75MG/1.5	
	MITIGO INJECTION	UPDATE QL: 2 VIALS PER MONTH
	MORPHINE SUL INJECTION 10/0.7ML	UPDATE QL: 6 INJECTIONS/ PENS PER DAY
	MORPHINE SUL INJECTION 150/30ML	UPDATE QL: 1 VIAL (30 ML) PER DAY
	MORPHINE SUL INJECTION 50MG/ML	UPDATE QL: 2 ML PER DAY
	MORPHINE SUL INJECTION 1MG/ML MORPHINE SUL INJECTION 2MG/ML MORPHINE SUL INJECTION 4MG/ML MORPHINE SUL INJECTION 5MG/ML MORPHINE SUL INJECTION 8MG/ML MORPHINE SUL INJECTION 10MG/ML	UPDATE QL: 6 ML PER DAY
	DURAMORPH INJECTION 0.5MG/ML DURAMORPH INJECTION 1MG/ML	UPDATE QL: 6 ML PER DAY
	MORPHINE SUL SOLUTION 20MG/ML	UPDATE QL: 6 ML PER DAY
	MORPHINE SUL SOLUTION 10MG/5ML MORPHINE SUL SOLUTION 20MG/5ML	UPDATE QL: 30 ML PER DAY
	OXYCODONE 10 MG/0.5 ML INJECTION	UPDATE QL: 2 ML PER DAY
	OPANA TABLETS	UPDATE QL: 6 TABLETS PER DAY
	QDOLO SOLUTION 5MG/ML	UPDATE QL: 80 ML PER DAY
OPIOID ANTAGONISTS	KLOXXADO LIQUID	ADD QL: 6 NASAL SPRAYS (3 CARTONS) PER 3 MONTHS
OPIOID COMBINATIONS	TREZIX CAPSULE	UPDATE QL: 6 CAPSULES PER DAY
	DVORAH TABLET	UPDATE QL: 6 TABLETS PER DAY

OPIOID PARTIAL AGONISTS	BUPRENEX INJECTION 0.3MG/ML	UPDATE QL: 3 ML PER DAY
	BUTORPHANOL INJECTION 1MG/ML	UPDATE QL: 8 ML PER DAY
	BUTORPHANOL INJECTION 2MG/ML	UPDATE QL: 4 ML PER DAY
	NALBUPHINE INJECTION	UPDATE QL: 2 ML PER DAY
PLASMINOGEN DEFICIENCY	RYPLAZIM INJECTION	ADD PA
PLATELET AGGREGATION INHIBITORS	AGRYLIN CAPSULE 0.5MG	UPDATE QL: 20 CAPSULES PER DAY
	ANAGRELIDE CAPSULE 1MG	ADD QL: 10 CAPSULES PER DAY
STIMULANTS - MISC.	AZSTARYS CAPSULE	ADD PA ADD QL: 1 CAPSULE PER DAY
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	SAPHNELO SOLUTION 300/2ML	ADD PA ADD QL: 1 VIAL PER 28 DAYS

*UM UPDATES WILL APPLY WHEN THE MEDICATION BECOMES AVAILABLE ON THE MARKET

What action do I need to take?

Please review these changes and work with your Anthem HealthKeepers Plus and/or Anthem CCC Plus members to transition them to formulary alternatives. If you determine formulary alternatives are not clinically appropriate for specific members, 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 members’ cases. If your member 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 CCC Plus Provider Services at **855-323-4687**.



Email is the quickest and most direct way to receive important information from HealthKeepers, Inc.



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 (<https://bit.ly/2XEUr24>).