

## 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 members and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) members. These changes were reviewed and approved at the fourth quarter 2021 Pharmacy and Therapeutics committee meetings.

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

<b>EFFECTIVE FOR ALL PATIENTS ON MAY 1, 2022</b>			
<b>Therapeutic class</b>	<b>Drug</b>	<b>Revised status</b>	<b>Potential alternatives</b>
ANALGESIC COMBINATIONS	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPSULES	NON-PREFERRED	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS
<b>UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2022</b> <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ANALGESIC COMBINATIONS	VANTAL S SOLUTION VANATAL LIQUID VTOL LIQUID	UPDATE QL: 90 ML PER DAY	
ANTIFUNGALS	CASPOFUNGIN INJ 50MG CASPOFUNGIN INJ 70MG	ADD QL: 1 VIAL PER DAY	
ANTIMALARIALS	HYDROXYCHLOROQUINE TAB 100 MG HYDROXYCHLOROQUINE TAB 300 MG	ADD QL: 2 TABLET PER DAY	
ANTIMALARIALS	HYDROXYCHLOROQUINE TAB 400 MG	ADD QL: 1 TABLET PER DAY	
ANTINEOPLASTICS MISC.	TIVDAK INJ 40MG	ADD PA	
ANTINEOPLASTICS MISC.	EXKIVITY CAP 40MG	ADD PA AND QL: 4 CAPSULES PER DAY	
ANTINEOPLASTICS MISC.	LUPRON DEPOT INJ 45MG	ADD QL: 1 KIT PER 24 WEEKS (6 MONTHS)	
ANTINEOPLASTICS MISC.	FYARRO SUS 100MG	ADD PA	
ANTINEOPLASTICS MISC	SCEMBLIX TAB 20MG SCEMBLIX TAB 40MG	ADD PA AND QL: 2 TABLETS PER DAY	
ANTINEOPLASTICS MISC	SCEMBLIX 40 MG CARTON	ADD PA AND QL: 1 CARTON PER 30 DAYS	

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

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ANTINEOPLASTICS MISC.	BESREMI SOL 500MCG	ADD QL: 2 PREFILLED SYRINGES PER 28 DAYS
ANTIPARKINSON AGENTS	DHIVY TAB 25-100MG	ADD ST
CHELATING AGENTS	PENICILLAMINE CAPSULES 250MG	ADD ST
COMPLEMENT INHIBITORS	TAVNEOS CAP 10MG	ADD QL: 6 CAPSULES PER DAY
COMPLEMENT INHIBITORS	EMPAVELI INJ 1080MG	UPDATE QL: 10 VIALS PER 30 DAYS
DENTAL PRODUCTS	1.1% SODIUM FLUORIDE DENTAL PASTE (PREVIDENT 5000, FLUORIDEX DAILY DEFENSE, FLUORIDEX ENHANCED WHITENING, CLINPRO 5000, JUST RIGHT 5000, FLUORIMAX 5000)	ADD QL: 113 G/ML PER 30 DAYS
DENTAL PRODUCTS	1.1% SODIUM FLUORIDE DENTAL GEL AND CREAM (PREVIDENT, PREVIDENT 5000, CAVAREST, DENTAGEL, DENTA 5000)	ADD QL: 100 G/ML PER 30 DAYS
DIABETIC SUPPLIES	DEXCOM G5 SENSOR	UPDATE QL: 4 SENSOR PER 28 DAYS
DIABETIC SUPPLIES	POGO AUTOMATE TEST CARTRIDGE	ADD QL: 20 CARTRIDGES (200 TESTS) PER 30 DAYS FOR THE FOLLOWING MEMBERS: - 17 YEARS OF AGE OR YOUNGER - USING INSULIN - PREGNANT 5 CARTRIDGES (50 TESTS) PER 30 DAYS FOR ALL OTHERS
ESTROGENS	DIVIGEL GEL 0.75MG DIVIGEL GEL 1.25MG	ADD QL: 30 PACKETS PER 30 DAYS
GASTROINTESTINAL AGENTS - MISC.*	LIVMARLI (MARALIXIBAT)	ADD PA
OPHTHALMIC - ANGIOGENESIS INHIBITORS*	BYOOVIZ (RANIBIZUMAB-NUNA) 0.5 MG VIAL	ADD PA AND QL FOR DOSING: 0.5 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS
LHRH ANALOGS	LUPRON DEPOT (1 MONTH) 3.75MG KIT	ADD QL: 1 KIT EVERY 4 WEEKS
LHRH ANALOGS	LUPRON DEPOT (3 MONTHS) 11.25MG KIT	ADD QL: 1 KIT EVERY 12 WEEKS
LHRH ANALOGS	VANTAS IMPLANT	ADD QL: 1 PER YEAR
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	LUPRON DEPOT PED 7.5MG	ADD QL: 1 KIT EVERY 4 WEEKS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	LUPRON DEPOT-PED (3-MONTH) 30 MG KIT  LUPRON DEPOT PED (3 MONTH) 11.25MG KIT	ADD QL: 1 KIT EVERY 12 WEEKS

LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	FENSOLVI 45MG KIT TRIPTODUR 22.5MG KIT	ADD QL: 1 KIT EVERY 24 WEEKS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	SYNAREL NASAL SPRAY	ADD QL: 5 BOTTLES PER 30 DAYS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	SUPPRELIN LA (HISTRELIN ACETATE) 50MG IMPLANT	ADD QL: 1 PER YEAR

*\*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 patients 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 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://mediproviders.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**.



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