

May 2017

## Quarterly pharmacy formulary change notice

Effective June 15, 2017, the preferred formulary changes detailed in the table below apply to members enrolled in Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect. Additionally, effective June 15, 2017, Anthem Blue Cross and Blue Shield (Anthem) will change the nonpreferred and prior authorization (PA) requirements of these formulary items. These formulary changes were reviewed and approved at the fourth quarter Pharmacy and Therapeutics Committee meeting held on December 19, 2016.

Effective for all patients on June 15, 2017			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
<b>ACNE THERAPY</b>	CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL CLINDAMYCIN-BENZOYL PEROXIDE 1-5% PUMP	NONPREFERRED (STEP THERAPY REQUIRED)	CLINDAMYCIN-BENZOYL PEROX 1.2-5% GEL CLINDAMYCIN 1% PLEDGET CLINDAMYCIN 1% GEL CLINDAMYCIN 1% SOLUTION (OTC) BENZOYL PEROXIDE 10% GEL OR WASH (OTC) BENZOYL PEROXIDE 9.8% FOAM (OTC) BENZOYL PEROXIDE 2.5% GEL (OTC) BENZOYL PEROXIDE 5% GEL (OTC) BENZOYL PEROXIDE 5.3% FOAM
<b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>	GYNOL II 3% GEL	NONPREFERRED	N/A
<b>INJECTABLE CONTRACEPTIVE</b>	DEPO-SUBQ PROVERA 104 SYRINGE (BRAND)DEPO-PROVERA 150 MG/ML SYRINGE (BRAND) DEPO-PROVERA 150 MG/ML VIAL	NONPREFERRED	MEDROXYPROGESTERONE 150 MG/ML
<b>ORAL CONTRACEPTIVES</b>	<b>(BRAND ONLY)</b> BEYAZ 28 TABLET BREVICON 28 TABLET FEMCON FE CHEWABLE TABLET LO MINASTRIN FE TABLET CHEW LOSEASONIQUE TABLET MINASTRIN 24 FE CHEWABLE TAB MODICON 28 TABLET NATAZIA 28 TABLET NORINYL 1-35 28 TABLET ORTHO TRI-CYCLEN LO TABLET ORTHO-NOVUM 1-35-28 TABLET	NONPREFERRED	ORAL GENERIC CONTRACEPTIVES (See formulary for more options) TRI-LO-SPRINTEC CAMRESE RECLIPSEN JUNEL FE GIANVI CAMRESE LO NORTREL LESSINA SPRINTEC TRI-SPRINTEC PORTIA JUNEL TRI-LEGEST FE BALZIVA APRI

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

[www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc)

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

	OVCON-35 28 TABLET QUARTETTE TABLET SAFYRAL TABLET SEASONIQUE 0.15-0.03- 0.01 TAB YASMIN 28 TABLET YAZ 28 TABLET		AVIANE ENPRESSE CRYSELLE KARIVA VELIVET KELNOR 1-35 ARANELLE JOLESSA OCELLA GILDAGIA KIMIDESS CYCLAFEM EMOQUETTE MYZILRA ORSYTHIA PREVIFEM TRI-PREVIFEM ESTARYLLA TRI-ESTARYLLA TRI-LO-ESTARYLLA VIENVA ALTAVERA INTROVALE LORYNA SYEDA
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**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 preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain PA to continue coverage beyond the applicable effective date.

**What if I need assistance?**

We recognize the unique aspects of patients’ cases. If for medical reasons your patient cannot be converted to a formulary alternative, call our Pharmacy department at **1-866-408-6132** for Hoosier Healthwise, **1-844-533-1995** for Healthy Indiana Plan or **1-844-284-1798** for Hoosier Care Connect and follow the voice prompts for pharmacy PA. You can find preferred drug lists on our provider website at [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc) > Member Eligibility & Benefits > Pharmacy Benefits.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-866-408-6132** for Hoosier Healthwise, **1-844-533-1995** for Healthy Indiana Plan or **1-844-284-1798** for Hoosier Care Connect.