

Hoosier Care Connect Preferred Drug List Introduction

Introduction

The *Hoosier Care Connect Preferred Drug List (PDL)* lists medications available under the pharmacy benefit. These preferred medications are commonly prescribed drugs Anthem Blue Cross and Blue Shield (Anthem) chooses for their quality and effectiveness. The *PDL* is updated quarterly and is subject to change without prior notification. To ensure you're viewing the most recent version of the digital *PDL*, visit

<https://medproviders.anthem.com/in/pages/pharmacy-benefits.aspx>. You can also contact Provider Services at **1-844-284-1798**.

Contact information

If you have questions about the *PDL*, please contact Provider Services at **1-844-284-1798** for more information. Hours of operation are Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

Brand name vs. generic

A brand-name drug is one that the original drug manufacturer develops, patents and markets. Until the patent expires, no other companies can produce that particular brand-name drug. A generic drug has the same active ingredients as its brand-name counterpart. Various drug companies manufacture generic drugs after the original patent expires. A generic drug is identical to the brand-name drug in dosage form, strength, route of administration, quality and intended uses. Generics may differ from their brand-name equivalents in color and/or shape. Both brand and generic drugs have to meet the same strict safety, purity and performance standards governed by the U.S. Food and Drug Administration (FDA).

Quantity supply limit

Quantity supply limit is the maximum amount of a drug a pharmacy can dispense at a given time. Anthem has a prior authorization (PA) program that adheres to FDA-approved dosing guidelines. If a prescribing provider feels a quantity supply greater than the defined maximum is medically necessary, a written PA request must be submitted to validate the medical rationale for exceeding the recommended dosage.

Dose Optimization Program

The Dose Optimization Program identifies claims where multiple capsules or tablets per day are being used and encourages an optimal dose. In some situations, a single daily dose may be encouraged. Without getting PA of benefits, the system will reject claims submitted with the quantity exceeding the set limit.

www.anthem.com/inmedicaidoc

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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.

Prior authorization (PA)

Select drugs may require PA to encourage appropriate use of medications. Drugs that require PA are generally either part of a step therapy regimen or have lower-cost alternatives. Drugs that 1) have high side effect potential, 2) have a high misuse or abuse potential, or 3) should be reserved for specific FDA indication also require PA. Brand-name drugs with an FDA-approved generic equivalent available, also known as multisource brands, will require a written PA based on medical necessity. Anthem requires PA before covering multisource brands to promote the use of appropriate generic alternatives as first-line therapies when medically appropriate. Prior to dispensing any multisource brand, providers are required to consider using its preferred generic alternative.

Medication utilization must meet FDA-approved indications as well as Anthem guidelines. If a medication requires PA, a PA request must be completed and submitted to Anthem. PA forms and a list of drugs that require PA can be found at www.anthem.com/inmedicaidoc. PA forms can be faxed to the Pharmacy department at **1-855-875-3627**. You may also call **1-844-284-1798**.

Mental health drugs

In accordance with Indiana law, all antianxiety, antidepressant, antipsychotic and cross-indicated drugs are considered preferred. Drugs that 1) are classified in a central nervous system drug category or classification (according to drug facts and comparisons created after March 12, 2002) and 2) are prescribed for the treatment of a mental illness (as defined by the most recent publication of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*) are also considered preferred.

Hepatitis C medications

Effective January 1, 2017, all hepatitis C medications will be covered through the OptumRx fee-for-service (FFS) program. Please direct FFS PA requests and *PDL*-related questions about hepatitis C drugs to the OptumRx Clinical and Technical Help Desk at **1-855-577-6317**.

Key

In each class, drugs are alphabetically listed by either brand or generic name.

Brand-name drug = uppercase in bold type

Generic drug = lowercase in plain type

OTC = over-the-counter medication available with a prescription (Prescribers, please indicate OTC on the prescription.)

PA = Prior authorization is required. Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.

AL = age-limit restrictions

QL = quantity limits (Certain prescription medications have specific quantity limits per prescription or per month.)

DO = Dose Optimization Program

GR = gender restriction

ST = Step therapy is required. You may need to use one medication before benefits for the use of another medication can be authorized.

SP = specialty pharmacy