

## MEDICAID PROVIDER BULLETIN

### Pharmacy first-fill 15-day supply program

**Summary of Change:** Effective July 1, 2014, the first-fill of medications prescribed for oral oncology and hepatitis B and C agents are limited to a 15-day supply.

✦ **What this means to you:** For oral oncology and hepatitis B and C agents, the initial fill will be limited to a 15-day supply to allow the member to try the drug and assess tolerance. The initial fill will be restricted at the point of sale with an alert message to the pharmacy that the first fill is limited to a 15-day supply. Review this information and work with your patients to educate them on the first-fill 15-day supply program.

**Background:** Results of a nine-month study of a partial-fill program for 15 oral oncology agents showed 41 percent of patients discontinued therapy after the first month of the prescribed therapy and nearly 20 percent stopped therapy after one partial fill due to adverse effects.

Various studies have shown a high rate of discontinuation of protease inhibitors for hepatitis C and interferon. As many as 30 to 40 percent of patients do not respond satisfactorily to the first drug prescribed for chronic conditions with agents known to have high incidence of side effects (e.g., oncology, hepatitis B/C)<sup>1</sup>.

**What is the impact of this first-fill 15-day supply program?** Only the first fill for prescriptions for oral oncology and hepatitis B and C agents will be limited to a 15-day supply. This will enable the member to try the drug and assess tolerance. The initial fill will be restricted at the point of sale with an alert message to the pharmacy that the first fill is limited to 15 days. All subsequent fills can be dispensed for the full 30-day supply or as deemed appropriate by the prescriber.

#### **What if I need assistance?**

If you need assistance with any other item, contact your local Provider Relations representative or call our Provider Services team at 1-855-661-2028.

<sup>1</sup>Source - *Managed Healthcare Executive; Short fills save costs, reduce medication waste; 11/1/2013*

**[www.Anthem.com/KYMedicaidoc](http://www.Anthem.com/KYMedicaidoc)**

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

## 15-Day Fill Starter Fill Drug List

Class Name	Name (Generic)	Name (Brand)
<b>HEPATITIS B AGENTS:</b>	ENTECAVIR	BARACLUDE
	LAMIVUDINE	EPIVIR
<b>HEPATITIS C AGENTS:</b>	RIBAVARIN	COPEGUS
	TELAPREVIR	INCIVEK
	SIMEPRIVIR	OLYSIO*
	PEGINTERFERON ALFA-2A	PEGASYS
	PEGINTERFERON ALFA-2B	PEG-INTRON
	SOFOSBUVIR	SOVALDI*
	BOCEPREVIR	VICTRELIS
<b>ORAL ONCOLOGY AGENTS:</b>	EVEROLIMUS	AFINITOR
	BOSUTINIB	BOSULIF
	CABOZANTINIB S-MAL	COMETRIQ
	VISMODEGIB	ERIVEDGE
	TOREMIFENE CITRATE	FARESTON
	AFATINIB DIMALEATE	GILOTRIF
	IMATINIB MESYLATE	GLEEVEC
	PONATINIB HCL	ICLUSIG
	IBRUTINIB	IMBRUVICA
	AXITINIB	INLYTA
	RUXOLITINIB PHOSPHATE	JAKAFI
	MITOTANE	LYSODREN
	PROCARBAZINE HCL	MATULANE
	BUSULFAN	MYLERAN
	SORAFENIB TOSYLATE	NEXAVAR
	NILUTAMIDE	NILANDRON
	TAMOXIFEN CITRATE	SOLTAMOX
	DASATINIB	SPRYCEL
	SUNITINIB MALATE	SUTENT
	DABRAFENIB MESYLATE	TAFINLAR
	ERLOTINIB	TARCEVA
	BEXAROTENE	TARGRETIN
	NILOTINIB	TASIGNA
	PAZOPANIB HCL	VOTRIENT
	CRIZOTINIB	XALKORI

Class Name	Name (Generic)	Name (Brand)
	ENZALUTAMIDE	XTANDI
	VEMURAFENIB	ZELBORAF
	VORINOSTAT	ZOLINZA
	CERITINIB	ZYKADIA
	ABIRATERONE ACETATE	ZYTIGA