

**Quarterly pharmacy formulary change notice**

The formulary changes listed in the table below were reviewed and approved at the first quarter 2020 Pharmacy and Therapeutics Committee meeting. Effective August 1, 2020, the following formulary changes will apply. This notice applies to Anthem Blue Cross and Blue Shield Medicaid (Anthem) benefits in Kentucky.

| Effective for all patients on August 1, 2020 |  |  |   |
|--|--|--|---|
| Therapeutic class                            | Drug name  | Revised status   | Potential alternatives  |
| ICS/LABA                                     | BREO ELLIPTA INHALER 100-25<br>BREO ELLIPTA INHALER 200-25 | NON- PREFERRED WITH PA AND CURRENT UTILIZERS WILL BE GRANDFATHERED | BUDESONIDE/FORMOTEROL INHALER (GENERIC SYMBICORT)<br>FLUTICASONE/SALMETEROL INHALER (GENERIC AIRDUO RESPICLICK)<br>FLUTICASONE/SALMETEROL AEROSAL<br>WIXELA INHUB AEROSAL (GENERIC ADVAIR DISKUS) |

**What action do I need to take?**

Please review these changes and work with your Anthem 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 prior authorization to continue coverage beyond the applicable effective date.

**What if I need assistance?**

We recognize the unique aspects of patient cases. If your Anthem patient cannot be converted to a formulary alternative for medical reasons, call our Pharmacy department at **1-855-661-2028** and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our provider website at <https://medproviders.anthem.com/ky/pages/pharmacy.aspx>.

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



<https://medproviders.anthem.com/ky>