

How to Use the Anthem Blue Cross and Blue Shield Medicaid Preferred Drug List (PDL)

The *Anthem Blue Cross and Blue Shield Medicaid PDL* includes medications available in the pharmacy benefit. Anthem Blue Cross and Blue Shield Medicaid (Anthem) chose these commonly prescribed, preferred medications for their quality and effectiveness. Select drugs may require prior authorization from Anthem.

To ensure you're viewing the most recent version of the *PDL*, make sure you're accessing the digital *PDL* at <https://mediproviders.anthem.com/ky> > Pharmacy > Formulary. You may also contact Provider Services at **1-855-661-2028** for more information about *PDL* updates.

Brand-name drugs vs. generic drugs

A brand-name drug is one the original drug manufacturer develops, patents and markets. Until the patent expires, no other companies can produce that particular brand-name drug.

Various drug companies manufacture generic drugs after the original patent expires. A generic drug has the same active ingredients as its brand-name counterpart. They are identical in dosage form, strength, route of administration, quality and intended uses, but generics may differ from their brand-name equivalents in color and/or shape. Both brands and generics have to meet the same safety, purity and performance standards governed by the U.S. Food and Drug Administration (FDA).

Quantity supply limit

A quantity supply limit is the maximum amount of a drug a pharmacy can dispense at a given time. Anthem's prior authorization guidelines adhere to FDA-approved dosing guidelines. If a prescribing provider feels a quantity supply greater than the defined maximum is medically necessary, he or she should submit a written prior authorization request to validate the medical rationale for exceeding the recommended dosage.

Dose Optimization Program

The Dose Optimization Program identifies claims where patients use multiple capsules or tablets per day and encourages an optimal dose and, in some situations, a single daily dose. If providers have not obtained prior authorization, the pharmacy claim system will reject claims with a quantity exceeding the set limit.

Prior authorization

Prior authorization encourages the appropriate use of medications. Drugs that require prior authorization are generally those that are either part of a step therapy regimen or have lower cost alternatives. We also include drugs that have high side-effect potential, those that should be reserved for specific FDA indication, or those that have a high misuse or abuse potential. Brand-name drugs with an FDA-approved generic equivalent available, also known as multisource brands, require a written prior authorization based on medical necessity for benefit coverage. Anthem requires prior authorization before we cover multisource brands to promote

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

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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 prior authorization, providers must submit a completed prior authorization request to Anthem. To access prior authorization forms and a list of drugs that require prior authorization, providers can go to <https://mediproviders.anthem.com/ky> > Pharmacy > Formulary. Providers can fax prior authorization forms to Anthem at **1 844-879-2961** for retail pharmacy or **1-844-487-9289** for medical injectables or call Provider Services at **1-855-661-2028**.

Contact information

If you have questions about the *PDL*, contact Provider Services at **1-855-661-2028**. Hours of operation are Monday through Friday from 8 a.m. to 6 p.m. Eastern time.

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Key

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

BRAND NAME DRUGS: 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 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 required