

**MEDICAID PROVIDER BULLETIN**

December 2019

**Quarterly pharmacy formulary change notice**

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

| <b>EFFECTIVE FOR ALL PATIENTS ON FEBRUARY 1, 2020</b> |  |                       |  |
|---|--|-----------------------|--|
| <b>Therapeutic class</b>                              | <b>Drug</b>  | <b>Revised status</b> | <b>Potential alternatives</b>  |
| <b>ORAL ANTIHISTAMINES</b>                            | DIPHENHYDRAMINE 6.25MG SOLUTION<br>LORATADINE 5MG CHEWABLE TABLET  | PREFERRED             | N/A  |
| <b>ORAL ANTIHISTAMINES</b>                            | ED CHLORPED 2MG/ML LIQUID<br>SILPHEN COUG 12.5/5ML SYRUP<br>CLEMASTINE 2.68MG TABLET   | NON-PREFERRED         | CHLORPHENIRAMINE 4MG TABLETS<br>ED CHLORPED JR SYRUP<br>DIPHENHYDRAMINE 12.5/5ML LIQ<br>CLEMASTINE 1.34 MG OTC |
| <b>ORAL NSAIDS</b>                                    | (GENERIC)<br>FENOPROFEN 200MG CAPSULE<br>FENOPROFEN 400MG CAPSULE<br>FENOPROFEN 600MG TABLET<br>MEFENAM ACID 250MG CAPSULE<br>NAPROXEN SOD 375MG ER TABLET<br>NAPROXEN SOD 500MG ER TABLET | PREFERRED             | N/A  |
| <b>ORAL NSAIDS</b>                                    | (BRAND)<br>EC-NAPROSYN 375MG TABLET<br>EC-NAPROSYN 500MG TABLET<br>ADVIL CHILD 100/5ML SUSPENSION  | NON-PREFERRED         | GENERIC NAPROXEN TABLETS<br>IBUPROFEN 100/5 ML SUSPENSION  |
| <b>TOPICAL NSAIDS</b>                                 | DICLOFENAC GEL 1%  | PREFERRED WITH PA     | N/A  |
| <b>TOPICAL ANESTHETICS (OTC)</b>                      | PAIN RELIEF ROLL-ON LIQUID<br>LIDOCAINE 4% PLUS CREAM<br>ALOE/LIDOCAINE 0.5% GEL<br>REGENECARE 2% GEL<br>LIDODOSE 3% GEL<br>REGENECARE SPRAY<br>ALOCANE 4% GEL<br>AFTERBURN 2.5% GEL       | PREFERRED             | N/A  |



FULL

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

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|                                       | XOLIDO 2% CREAM<br>BURN RELIEF 0.5% AEROSAL<br>ASPERCREME 4% SPRAY<br>LIDOCAINE 3% CREAM<br>LIDOCAINE 4% CREAM<br>LIDOCAINE 5% CREAM<br>AFTERSUN 0.5% GEL<br>LIDOCAINE 4% PAD   |  |   |
| <b>TOPICAL ANESTHETICS (RX)</b>       | LIDOCAINE 3% CREAM<br>LIDOCAINE 5% OINTMENT   | NON-PREFERRED                              | OTC LIDOCAINE PRODUCTS<br><br>RX LIDOCAINE 5% PATCH (PA REQUIRED)                   |
| <b>MISCELLANEOUS ANTICONVULSANTS</b>  | PREGABALIN 25MG CAPSULE<br>PREGABALIN 50MG CAPSULE<br>PREGABALIN 75MG CAPSULE<br>PREGABALIN 100MG CAPSULE<br>PREGABALIN 150MG CAPSULE<br>PREGABALIN 200MG CAPSULE<br>PREGABALIN 225MG CAPSULE<br>PREGABALIN 300MG CAPSULE<br>PREGABALIN SOL 20MG/ML | PREFERRED WITH NO PRIOR AUTHORIZATION (PA) | N/A   |
| <b>ATOPIC DERMATITIS</b>              | PIMECROLIMUS 1% CREAM   | PREFERRED WITH STEP THERAPY (ST)           | N/A   |
| <b>FIBRATES</b>                       | FENOFIBRATE 130MG CAPSULE<br>FENOFIBRATE 145MG TABLET<br>FENOFIBRIC 35MG TABLET<br>FENOFIBRIC 105MG TABLET<br>FENOFIBRIC 135MG DR CAPSULE   | NON-PREFERRED WITH ST                      | FENOFIBRATE 134MG, 160MG, 200MG, 43 MG, 48MG, 54 MG, 67 MG<br>FENOFIBRIC ACID 45 MG |
| <b>ALCOHOL SWABS (MANUFACTURERS)</b>  | GLOBAL DIABETIC<br>RITE AID   | NON-PREFERRED                              | MANUFACTURERS<br>BD DIABETES<br>DYNAREX<br>HEALTH MART<br>ULTIMED                   |
| <b>ALCOHOL SWABS (MANUFACTURERS)</b>  | BD DIABETES<br>DYNAREX<br>HEALTH MART<br>ULTIMED  | PREFERRED                                  | N/A   |
| <b>IRON SUPPLEMENTS (GENERIC OTC)</b> | IRON 45MG TABLET<br>SLOW-RELEASE FE 45MG TABLET<br>HEMAX TABLET<br>GENTLE IRON 28MG CAPSULE<br>HIGH POTENCY FE 27MG TABLET<br>NU-IRON 150 150MG CAPSULE<br>ABATRON AF TABLET<br>SLOW IRON 50MG TABLET<br>FERGON 27MG TABLET                         | PREFERRED                                  | N/A   |
| <b>IRON SUPPLEMENTS</b>               | FOLITAB 500 TABLET<br>IRON 28MG TABLET  | NON- PREFERRED                             | OTC GENERIC IRON SUPPLEMENTS  |

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| <b>(BRAND OTC)</b>   | FERROUS GLUC 324MG TABLET<br>EZFE 200MG CAPSULE<br>FERROUS GLUC TAB 324MG<br>FERROUS SULF 324MG EC TABLET<br>FERRETTTS 325MG TABLET<br>FERREX 150MG CAPSULE<br>FERREX 28 MIS<br>FERREX 150 PLUS CAPSULE<br>FERREX 150 FORTE PL CAPSULE<br>CHEWABLE IRON<br>PEDIATRIC IRON CHEWABLE<br>FERROUS SUL 220/5ML LIQUID<br>FERROUS SULF 300/5ML SYRUP<br>FEOSOL 200MG TABLET<br>SLOW RELEASE FE 143MG CR<br>TABLET |  | <b>RX PRODUCTS:</b><br>HEMATOGEN FA CAPSULE<br>HEMETAB TABLET<br>MULTIGEN TABLET<br>MULTIGEN PLS TABLET<br>MULTIGEN FOLIC TABLET<br>FERRAPLUS 90 TABLET<br>TARON FORTE CAPSULE<br>FOLIVANE-F CAPSULE<br>FOLIVANE-PLS CAPSULE<br>CENTRATEX CAPSULE  |
| <b>IRON SUPPLEMENTS (PRESCRIPTION STRENGTH)</b>  | IFEREX 150 FORTE CAPSULE<br>HEMATOGEN CAPSULE<br>HEMATOGEN FORTE CAPSULE<br>TRICON CAPSULE<br>MYFERON 150 FORTE CAPSULE<br>FERROCITE PLUS TABLET<br>FEROCON CAPSULE<br>PUREVIT DUA FE PLUS CAPSULE<br>HEMATINIC PL VIT/MIN TABLET<br>HEMATINIC/FA TABLET<br>POLY-IRON 150 FORT CAPSULE<br>CORVITA 150 TABLET<br>TRIGELS-F FORTE CAPSULE<br>TL ICON CAPSULE<br>SE-TAN PLUS CAPSULE                           | NON- PREFERRED   | <b>OTC GENERIC IRON SUPPLEMENTS</b><br><br><b>RX PRODUCTS:</b><br>HEMATOGEN FA CAPSULE<br>HEMETAB TABLET<br>MULTIGEN TABLET<br>MULTIGEN PLS TABLET<br>MULTIGEN FOLIC TABLET<br>FERRAPLUS 90 TABLET<br>TARON FORTE CAPSULE<br>FOLIVANE-F CAPSULE<br>FOLIVANE-PLS CAPSULE<br>CENTRATEX CAPSULE |
| <b>UM EDITS — EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2020</b><br><i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i> |   |  |  |
| <b>ANDROGENS*</b>  | JATENZO CAPSULE   | ADD ST WITH QUANTITY LIMITS (QL)<br>58 MG AND 198 MG QL: 4 PER DAY<br>237 MG QL: 2 PER DAY |  |
| <b>ANTICONVULSANTS</b>   | NAYZILAM SPRAY 5MG  | ADD PA WITH QL<br>QL: 50 MG PER 30 DAYS  |  |
| <b>ANTICONVULSANTS</b>   | OXTELLAR XR 150 MG<br>OXTELLAR XR 600 MG  | REVISED QL LIMIT:<br>150 MG: 3 TABLETS PER DAY<br>600 MG: 4 TABLETS PER DAY                |  |
| <b>ANTINEOPLASTIC AGENTS</b>   | PIQRAY 200 MG TABLETS<br>PIQRAY 250 MG TABLETS<br>PIQRAY 300 MG TABLETS   | ADD PA WITH QL<br>QL: 1 CARTON PER 28 DAYS   |  |
| <b>ANTINEOPLASTIC AGENTS</b>   | POLIVY 140MG INJECTION  | ADD PA   |  |
| <b>ANTINEOPLASTIC AGENTS</b>   | LIBTAYO 350/7ML INJECTION   | ADD PA   |  |
| <b>ANTINEOPLASTIC AGENTS*</b>  | ZIRABEV   | ADD PA   |  |

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| <b>ANTINEOPLASTIC AGENTS</b>  | TECENTRIQ 840/14 INJECTION<br>TECENTRIQ 1200/200 INJECTION  | ADD QL<br>840/14 INJ: 2 VIALS PER 29 DAYS<br>1200/200 INJ: 1 VIAL PER 21 DAYS   |
| <b>ANTINEOPLASTIC AGENTS</b>  | XPOVIO PAK 60MG<br>XPOVIO PAK 80MG<br>XPOVIO PAK 100MG  | ADD QL<br>1 CARTON PER 28 DAYS  |
| <b>ANTINEOPLASTIC AGENTS</b>  | NUBEQA 300MG TABLET   | ADD QL 4 TABLETS PER DAY  |
| <b>ANTINEOPLASTIC AGENTS</b>  | TURALIO CAP 200MG   | ADD QL 4 TABLETS PER DAY  |
| <b>ANTINEOPLASTIC AGENTS</b>  | PIQRAY 200MG TAB DOSE<br>PIQRAY 300MG TAB DOSE<br>PIQRAY 250MG TAB DOSE   | REVISE QL<br>1 CARTON PER 28 DAYS   |
| <b>CHOLESTEROL AGENTS</b>     | EZALLOR SPRINKLE 5 MG CAP<br>EZALLOR SPRINKLE 10 MG CAP<br>EZALLOR SPRINKLE 20 MG CAP<br>EZALLOR SPRINKLE 40 MG CAP   | ADD PA AND QL<br><br>QL: 1 TABLET PER DAY   |
| <b>COPD AGENTS</b>            | DUAKLIR 400/12 INHALER  | ADD ST AND QL<br>QL: 1 INHALER PER 30 DAYS  |
| <b>CYSTIC FIBROSIS AGENTS</b> | KALYDECO PAK 25MG   | ADD QL<br>2 PACKETS PER DAY   |
| <b>CYSTIC FIBROSIS AGENTS</b> | ORKAMBI GRANULES  | ADD QL<br>2 PACKETS PER DAY   |
| <b>HIV</b>                    | DOVATO TABLET<br>EDURANT 25 MG TABLET<br>DELSTRIGO TABLET<br>COMPLERA TABLET<br>ODEFSEY TABLET<br>JULUCA TABLET   | ADD PA FOR NEW STARTS AND ADD QL<br>QL: 1 PER DAY   |
| <b>HIV</b>                    | INTELENCE TABLET  | ADD PA FOR NEW STARTS AND ADD QL<br>QL:<br>200 MG-2 TABLETS PER DAY<br>100 MG-4 TABLETS PER DAY<br>25 MG-16 TABLETS PER DAY |
| <b>HIV</b>                    | ATRIPLA TABLET<br>BIKTARVY TABLET<br>CIMDUO TABLET<br>DESCOVY TABLET<br>EMTRIVA 200 MG CAPSULE<br>EPIVIR 300 MG TABLET<br>EPZICOM TABLET<br>EVOTAZ TABLET<br>GENVOYA TABLET<br>PIFELTRO 100 MG TABLET<br>PREZCOBIX TABLET<br>PREZISTA 800 MG TABLET<br>REYATAZ 300 MG CAPSULE<br>STRIBILD TABLET<br>SUSTIVA 600 MG TABLET | ADD QL<br>1 PER DAY   |

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|            | SYMFI TABLET<br>SYMFI LO TABLET<br>SYMTUZA TABLET<br>TRIUMEQ TABLET<br>TRUVADA TABLET<br>TYBOST 150 MG TABLET<br>VIDEX EC 400 MG CAPSULE<br>VIDEX EC 250 MG CAPSULE<br>VIRAMUNE XR 400 MG TABLET<br>TEMIXYS TABLET   |                             |
| <b>HIV</b> | REYATAZ 200 MG CAPSULE<br>REYATAZ 150 MG CAPSULE<br>VIDEX EC 200 MG CAPSULE<br>ZERIT 40 MG CAPSULE<br>ZERIT 30 MG CAPSULE<br>COMBIVIR TABLET<br>DUTREBIS TABLET<br>EPIVIR 150 MG TABLET<br>ISENTRESS HD 600 MG TABLET<br>PREZISTA 600 MG TABLET<br>RETROVIR 300 MG TABLET<br>SELZENTRY 75 MG TABLET<br>TIVICAY 10 MG, 25 MG AND 50 MG<br>TABLET<br>TRIZIVIR TABLET<br>VIRAMUNE 200 MG TABLET<br>ZIAGEN 300 MG TABLET | ADD QL<br>2 PER DAY         |
| <b>HIV</b> | ISENTRESS 100 MG GRANULE<br>PACKET FOR SUSPENSION  | ADD QL<br>2 PACKETS PER DAY |
| <b>HIV</b> | VIDEX EC 125 MG CAPSULE<br>VIRAMUNE XR 100MG TABLET  | ADD QL<br>3 PER DAY         |
| <b>HIV</b> | APTIVUS 250 MG CAPSULE<br>INVIRASE 500 MG TABLET<br>ISENTRESS 400 MG TABLET<br>KALETRA 200 MG-50 MG TABLET<br>LEXIVA 700 MG TABLET<br>SELZENTRY 300 MG TABLET<br>SELZENTRY 150 MG TABLET<br>SUSTIVA 200 MG CAPSULE<br>VIRACEPT 625 MG TABLET<br>ZERIT 20 MG CAPSULE<br>ZERIT 15 MG CAPSULE   | ADD QL<br>4 PER DAY         |
| <b>HIV</b> | REYATAZ 50 MG POWDER FOR<br>SUSPENSION   | ADD QL<br>5 PACKETS PER DAY |
| <b>HIV</b> | CRIXIVAN 400 MG CAPSULE<br>PREZISTA 150 MG TABLET<br>RESCRIPTOR 200 MG TABLET<br>RETROVIR 100 MG CAPSULE<br>ISENTRESS 100 MG CHEWABLE  | ADD QL<br>6 PER DAY         |

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| <b>HIV</b> | SELZENTRY 25 MG TABLET   | ADD QL<br>8 PER DAY            |
| <b>HIV</b> | TROGARZO 150MG/ML VIAL   | ADD QL<br>8 VIALS PER 28 DAYS  |
| <b>HIV</b> | INVIRASE 200 MG CAPSULE<br>KALETRA 100 MG-25 MG TABLET<br>PREZISTA 75 MG TABLET<br>VIRACEPT 250 MG TABLET  | ADD QL<br>10 PER DAY           |
| <b>HIV</b> | CRIXIVAN 200 MG CAPSULE<br>NORVIR 100 MG TABLET<br>NORVIR 100 MG CAPSULE<br>NORVIR 100 MG ORAL POWDER<br>PACKET<br>RESCRIPTOR 100 MG TABLET<br>SUSTIVA 50 MG CAPSULE | ADD QL<br>12 PER DAY           |
| <b>HIV</b> | APTIVUS 100 MG/ML SOLUTION   | ADD QL<br>13 ML PER DAY        |
| <b>HIV</b> | PREZISTA 100 MG/ML SUSPENSION  | ADD QL<br>14 ML PER DAY        |
| <b>HIV</b> | KALETRA 400 MG-100 MG/5 ML<br>ORAL SOLUTION<br>NORVIR 80 MG/ML ORAL<br>SOLUTION  | ADD QL<br>16 ML PER DAY        |
| <b>HIV</b> | ISENTRESS 25 MG CHEWABLE   | ADD QL<br>24 TABLETS PER DAY   |
| <b>HIV</b> | EMTRIVA 10 MG/ML SOLUTION  | ADD QL<br>29 ML PER DAY        |
| <b>HIV</b> | EPIVIR 10 MG/ML ORAL SOLUTION<br>ZIAGEN 20 MG/ML SOLUTION  | ADD QL<br>32 ML PER DAY        |
| <b>HIV</b> | VIDEX 4 GM PEDIATRIC ORAL<br>SOLUTION<br>VIDEX 2 GM PEDIATRIC ORAL<br>SOLUTION<br>VIRAMUNE 50 MG/5 ML<br>SUSPENSION  | ADD QL<br>40 ML PER DAY        |
| <b>HIV</b> | VIRACEPT 50 MG/G POWDER  | ADD QL<br>53 GM PER DAY        |
| <b>HIV</b> | FUZEON 90 MG VIAL  | ADD QL<br>60 VIALS PER 30 DAYS |
| <b>HIV</b> | LEXIVA 50 MG/ML SUSPENSION   | ADD QL<br>60 ML PER DAY        |
| <b>HIV</b> | SELZENTRY 20 MG/ML ORAL<br>SOLUTION  | ADD QL<br>62 ML PER DAY        |
| <b>HIV</b> | RETROVIR 10 MG/ML SYRUP  | ADD QL<br>64 ML PER DAY        |
| <b>HIV</b> | ZERIT 1 MG/ML SOLUTION   | ADD QL<br>80 ML PER DAY        |

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| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>    | ZELNORM 6MG TABLET   | ADD PA AND QL<br>QL 2 TABLETS PER DAY   |
| <b>LAMBERT-EATON MYASTHENIC SYNDROME AGENTS</b> | RUZURGI 10MG TABLET  | ADD PA AND QL<br>QL 10 TABLETS PER DAY  |
| <b>NARCOTIC ANTAGONISTS</b>                     | SUBLOCADE 100/0.5 INJECTION<br>SUBLOCADE 300/1.5 INJECTION   | REMOVE PA   |
| <b>NARCOTIC ANTAGONISTS</b>                     | ZUBSOLV 2.9-0.71 SUB   | REVISE QL<br>QL 5 PER DAY   |
| <b>ORAL DIABETIC AGENTS*</b>                    | QTERNMET XR TABLET   | ADD ST AND QL<br>QL:<br>5 MG/5 MG/1000 MG, 10 MG/5 MG/1000 MG:<br>1 TABLET PER DAY<br>2.5 MG/2.5 MG/1000 MG, 5 MG/2.5 MG/10000 MG:<br>2 TABLETS PER DAY |
| <b>ORAL DIABETIC AGENTS</b>                     | QTERN 5-5MG TABLET   | ADD QL<br>1 TABLET 28 DAYS  |
| <b>INJECTABLE DIABETIC AGENTS</b>               | OZEMPIC 2/1.5ML INJECTION  | ADD QL<br>1 PER 28 DAYS   |
| <b>PRENATAL VITAMINS</b>                        | DUET DHA<br>DUET DHA BALANCED<br>NESTABS ABC<br>NESTABS DHA<br>OBTREX DHA<br>SELECT-OB+DHA<br>THERANATAL COMPLETE<br>VITAFOL FE+<br>VITAFOL-OB+DHA<br>BAL-CARE DHA ESSENTIAL | ADD QL<br>2 PER DAY   |
| <b>PRENATAL VITAMINS</b>                        | CITRANATAL B-CALM  | ADD QL<br>3 PER DAY   |
| <b>TOPICAL ANTIPRURITICS</b>                    | DOXEPIN HCL 5% CREAM,<br>ZONALON 5% CREAM, PRUDOXIN<br>5% CREAM  | ADD PA AND QL<br>QL 1 TUBE PER FILL; 1 FILL PER 3 MONTHS  |
| <b>TOPICAL ANESTHETIC COMBINATIONS</b>          | LIDOCAINE/PRILOCAINE CREAM   | REVISE QL<br>30 GM PER 30 DAYS  |
| <b>VACCINES</b>                                 | INFUENZA VACCINES  | REVISE QL<br>1 INJECTION PER 180 DAYS   |

\* Medication will be added to the formulary when it is available on the market.

### 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 patients' cases. If for medical reasons your Anthem patient cannot be converted to a formulary alternative, 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://mediproviders.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**.