

**MEDICAID PROVIDER BULLETIN**

April 2019

**Quarterly pharmacy formulary change notice**

The formulary changes listed in the table below were reviewed and approved at the first quarter pharmacy and therapeutics committee meeting held in March 2019. Effective May 1, 2019, the following formulary changes apply. This notice applies to Anthem Blue Cross and Blue Shield Medicaid members.

Effective for all patients on May 1, 2019			
Therapeutic class	Drug name	Revised status	Potential alternatives
BETA AGONISTS INHALERS	ALBUTEROL SUL HFA 90 MCG INH	PREFERRED WITH QUANTITY LIMIT	N/A
BETA-ADRENERGIC AND GLUCOCORTICOID COMBO; INHALED	WIXELA 100-50 INHUB WIXELA 250-50 INHUB WIXELA 500-50 INHUB FLUTICASONE-SALMETEROL 100-50 INHALER FLUTICASONE-SALMETEROL 250-50 INHALER FLUTICASONE-SALMETEROL 500-50 INHALER	PREFERRED	N/A
ANAPHYLAXIS THERAPY AGENTS	SYMJEPI 0.3 MG/0.3 ML SYRINGE	PREFERRED WITH QUANTITY LIMIT	N/A
HEPATITIS C THERAPY	SOFOSBUVIR-VELPATASVIR 400-100	PREFERRED WITH PRIOR AUTHORIZATION	N/A

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

Review these changes and work with your 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 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> > Pharmacy > Formularies.

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



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

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**PLEASE NOTE:** Information being presented is current as of the date of publication and is subject to change based on guidance from the Department for Medicaid Services.

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