

**MEDICAID PROVIDER BULLETIN**

December 2017

**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, 2018, 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 February 1, 2018		
Therapeutic class	Drug name	Revised status
ATYPICAL ANTIPSYCHOTICS ORAL AGENTS*	ARIPIRAZOLE ODT TABLETS ARIPIRAZOLE SOLUTION ARIPIRAZOLE TABLETS CLOZAPINE TABLETS FANAPT TABLETS FAZACLO ODT TABLETS LATUDA TABLETS OLANZAPINE ODT TABLETS OLANZAPINE TABLETS PALIPERIDONE ER TABLETS QUETIAPINE (IR AND XR) TABLETS RISPERDAL ODT TABLETS RISPERIDONE ORAL TABLETS RISPERIDONE SOLUTION SAPHRIS SUBLINGUAL TABLETS SYMBYAX CAPSULE VERSACLOZ ORAL SUSPENSION VRAYLAR CAPSULE ZIPRASIDONE CAPSULES	Add age limit — PA required for members < 18 years of age
TRADITIONAL ANTIPSYCHOTICS*	ADASUVE INHALATION POWDER FLUPHENAZINE DECANOATE INJECTION HALOPERIDOL TABLETS, INJECTION LOXITANE, LOXAPINE CAPSULES NAVANE (THIOTHIXENE) CAPSULES PIMOZIDE TABLETS PROLIXIN/PERMITIL (FLUPHENAZINE HYDROCHLORIDE) TABLETS, ELIXIR, LIQUID CONCENTRATE STELAZINE (TRIFLUOPERAZINE) TABLETS THORAZINE (CHLORPROMAZINE) TABLETS TRILAFON (PERPHENAZINE)	Add age limit — PA required for members < 18 years of age

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

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

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	TABLETS	
MISCELLANEOUS ANALGESICS — CODEINE CONTAINING AGENTS*	ALL RX AND OTC PRODUCTS THAT CONTAIN CODEINE	Add age limit — PA required for all members < 12 years of age
MISCELLANEOUS ANALGESICS — TRAMADOL CONTAINING AGENTS*	CONZIP 100 MG CAPSULE CONZIP 200 MG CAPSULE CONZIP 300 MG CAPSULE TRAMADOL HCL 50 MG TABLET TRAMADOL HCL ER 100 MG CAPSULE TRAMADOL HCL ER 100 MG TABLET TRAMADOL HCL ER 150 MG CAPSULE TRAMADOL HCL ER 200 MG CAPSULE TRAMADOL HCL ER 200 MG TABLET TRAMADOL HCL ER 300 MG CAPSULE TRAMADOL HCL ER 300 MG TABLET TRAMADOL — ACETAMINOPHN 37.5-325 ULTRACET TABLET ULTRAM 50 MG TABLET	Add age limit — PA required for all members < 18 years of age

\* No changes in preferred/nonpreferred status revision or addition to utilization management edit only.

**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 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**.