

**MEDICAID PROVIDER BULLETIN**

September 2016

**Quarterly pharmacy formulary change notice**

**Summary of change:** The formulary changes listed in the table below were reviewed and approved at the First Quarter Pharmacy and Therapeutics (P&T) Committee meeting held on **March 29, 2016**.

✦ **What this means to you:** Effective **October 1, 2016**, the following formulary changes will apply. This notice applies to Anthem Blue Cross Blue Shield Medicaid (Anthem) benefits in Kentucky.

**What is the impact of this change?**

Therapeutic class	Medication	Revised status	Potential alternatives
<b>Effective for all patients on October 1, 2016</b>			
<b>ORAL INHALED CORTICOSTEROIDS</b>	ARNUITY ELLIPTA 100 MCG INH ARNUITY ELLIPTA 200 MCG INH	Preferred	N/A
<b>ORAL INHALED CORTICOSTEROIDS</b>	ASMANEX TWISTHALER 110 MCG ASMANEX TWISTHALER 220 MCG FLOVENT HFA 110 MCG INHALER FLOVENT HFA 44 MCG INHALER FLOVENT HFA 220 MCG INHALER FLOVENT 50 MCG DISKUS FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS QVAR 40 MCG ORAL INHALER QVAR 80 MCG ORAL INHALER	Non-preferred  Step therapy (ST) required for members 6 years of age and older. For members less than 6 years of age, Asmanex Twisthaler, Flovent Diskus/HFA and Qvar will not require a trial of a preferred agent.	ARNUITY ELLIPTA AERSOPAN
<b>ORAL INHALED CORTICOSTEROIDS</b>	ASMANEX HFA 100 MCG INHALER ASMANEX HFA 200 MCG INHALER PULMICORT 180 MCG FLEXHALER PULMICORT 90 MCG FLEXHALER	Non-preferred	ARNUITY ELLIPTA AERSOPAN
<b>ORAL INHALED CORTICOSTEROIDS COMBINATION</b>	BREO ELLIPTA 200-25 MCG INH BREO ELLIPTA 100-25 MCG INH	Preferred ST required	N/A
<b>ORAL INHALED CORTICOSTEROIDS COMBINATION</b>	SYMBICORT 80-4.5 MCG INHALER SYMBICORT 160-4.5 MCG INHALER	Non-preferred	BREO ELLIPTA DULERA ST REQUIRED

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

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

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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**.