

MEDICAID PROVIDER BULLETIN

July 2017

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 on March 29, 2017. Effective July 1, 2017, 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 July 1, 2017			
Therapeutic class	Drug name	Revised status	Potential alternatives
SHORT ACTING OPIOIDS	HYDROCODONE-ACETAMINOPHEN TABLETS (2.5 mg-325 mg, 5 mg-300 mg, 5 mg-325 mg, 7.5 mg-300 mg, 7.5 mg-325 mg, 10 mg-300 mg, 10 mg-325 mg)	ADD QL (7 DAY SUPPLY PER FILL; 14 DAY SUPPLY PER 30 DAYS) WILL NOT APPLY TO MEMBERS USING ON A DAILY BASIS FOR CHRONIC PAIN	N/A
	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION (2.5 mg-108 mg/5 mL, 2.5 mg-167 mg/5 mL, 5 mg-163 mg/7.5 mL, 5 mg-217 mg/10 mL, 10 mg-300 mg/15 mL, 10 mg-325 mg/15 mL)		

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**.

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

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

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