

MEDICAID PROVIDER BULLETIN

May 29, 2015

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 meetings held on March 13, 2015.

✦ **What this means to you:** Effective July 1, 2015, non-preferred status and PA requirements will apply. This notice applies to Anthem Blue Cross Blue Shield Medicaid (Anthem) benefits in Kentucky.

What is the impact of this change?

Effective for all patients on July 1, 2015			
Therapeutic Class	Medication	Formulary Status Change	Potential Alternatives (preferred products)
BRONCHODILATOR COMBINATIONS	ADVAIR 100-50 MCG DISKUS ADVAIR 250-50 MCG DISKUS ADVAIR 500-50 MCG DISKUS ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 45-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER	NON-PREFERRED	SYMBICORT 80-4.5 MCG INHALER SYMBICORT 160-4.5 MCG INHALER DULERA 100 MCG/5 MCG INHALER DULERA 200 MCG/5 MCG INHALER

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**.

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