

MEDICAID PROVIDER BULLETIN

September 2017

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at the second quarter Pharmacy and Therapeutics Committee meeting held on June 29, 2017. Effective November 1, 2017, the following formulary changes will apply. This notice applies to benefits from Anthem Blue Cross and Blue Shield Medicaid (Anthem) in Kentucky.

Effective for all patients on November 1, 2017			
Therapeutic class	Drug name	Revised status	Potential alternatives
ABORTIFACIENTS	MIFEPREX 200 MG TABLET	NON-PREFERRED	N/A
TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)	DEXMETHYLPHENIDATE ER CAPS	PREFERRED	N/A
ADRENERGIC ANTAGONISTS & RELATED DRUGS	CLONIDINE HCL ER 0.1 MG TABLET	ADD PA*	GENERIC STIMULANT MEDICATIONS (I.E., METHYLPHENIDATE, DEXTROAMPHETAMINE /AMPHETAMINE, DEXTROAMPHETAMINE)
CONTRACEPTIVES	TODAY CONTRACEPTIVE SPONGE	PREFERRED	N/A
DRY EYE	XIIDRA 5% EYE DROPS	PREFERRED WITH PA	NATURAL TEARS
DRY EYE	RESTASIS 0.05% EYE EMULSION	NON-PREFERRED WITH PA/ST	NATURAL TEARS
GLAUCOMA	ISTALOL 0.5% EYE DROPS TIMOPTIC 0.25% OCUDOSE DROP TIMOPTIC 0.5% OCUDOSE DROP	NON-PREFERRED	TIMOLOL OPHTHALMIC SOLUTION
GLAUCOMA	AZOPT 1% EYE DROPS	NON-PREFERRED	DORZOLAMIDE OPHTHALMIC SOLUTION
GLAUCOMA	BETAXOLOL HCL 0.5% EYE DROP	PREFERRED	N/A
HIV ANTIRETROVIRALS	REYATAZ 50 MG POWDER PACKET VIREAD POWDER RETROVIR 200 MG/20 ML VIAL VIDEX 2 GM PEDIATRIC SOLN VIDEX 4 GM PEDIATRIC SOLN TYBOST 150 MG TABLET	PREFERRED	N/A
HUNTINGTON'S DISEASE	INGREZZA 40 MG CAPSULE	ADD PA AND QL* 2 CAPS PER DAY	N/A
IMMUNOSUPPRESSANT DRUGS	MYCOPHENOLIC ACID DR 180 MG TB MYCOPHENOLIC ACID DR 360 MG TB	PREFERRED	N/A
MACULAR DEGENERATION	VISUDYNE 15 MG VIAL MACUGEN 0.3 MG/90 MICROLITERS	NON-PREFERRED	N/A
POVIDONE - ARTIFICIAL TEARS	SOOTHE HYDRATION 1.25% EYE DROPS	NON-PREFERRED	NATURAL TEARS
TOPICAL ANTIFUNGALS	KETOCONAZOLE 2% FOAM	NON-PREFERRED WITH ST	KETOCONAZOLE CREAM/SHAMPOO

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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WILSON'S DISEASE - CHELATING AGENTS	SYPRINE 250 MG CAPSULE DEPEN 250 MG TITRATAB	PREFERRED WITH PA	N/A
WILSON'S DISEASE - CHELATING AGENTS	CUPRIMINE 250 MG CAPSULE	NON-PREFERRED WITH PA	N/A
ACROMEGALY	SOMAVERT 15 MG VIAL	ADD QL* 1 VIAL PER DAY	N/A
ANTIBIOTIC	SUPRAX 500 MG/5 ML SUSPENSION	ADD QL* 40ML PER FILL 1 FILL PER 30 DAYS	N/A
OTIC ANTIBIOTICS	ACETASOL HC	REVISE QL* 10ML PER 30 DAYS	N/A
OTIC ANTIBIOTICS	CETRAXAL 0.2% EAR SOLUTION CIPROFLOXACIN 0.2% OTIC SOLN	ADD QL* 28 DOSES PER 30 DAYS	N/A
OTIC ANTIBIOTICS	CIPRO HC OTIC SUSPENSION	ADD QL* 10ML PER 30 DAYS	N/A
OTIC ANTIBIOTICS	CIPRODEX OTIC SUSPENSION	REVISE QL* 7.5ML PER 30 DAYS	N/A
OTIC ANTIBIOTICS	OTOVEL 0.3%-0.025% EAR DROPS	ADD QL* 28 VIALS PER 30 DAYS	N/A
INJECTABLE ANTICOAGULANTS	ENOXAPARIN SODIUM FONDAPARINUX SODIUM FRAGMIN	REMOVE PA*	N/A
ANTIHISTAMINES	KARBINAL ER 4 MG/ 5 ML SUSP	ADD QL* 40ML PER DAY	N/A
ANTIHISTAMINES	RYVENT 6 MG TABLET	ADD QL* 4 TABS PER DAY	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	RYDAPT 25 MG CAPSULE	ADD PA AND QL* 8 CAPS PER DAY	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	KISQALI ZEJULA	ADD PA*	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	ALUNBRIG 30MG TAB	ADD PA AND QL* 6 TABS PER DAY	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	ALUNBRIG 90MG	ADD PA AND QL* 2 TABS PER DAY	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	XERMELO	ADD PA AND QL* 3 TABS PER DAY	N/A
BOWEL PREPS	GOLYTELY PACKET COLYTE WITH FLAVOR PACKETS GAVILYTE-C SOLUTION GAVILYTE-G SOLUTION GAVILYTE-N SOLUTION NULYTELY WITH FLAVOR PACKS SOL TRYLYTE	ADD QL* 4000 MLS PER 30 DAYS	N/A
BOWEL PREPS	PREPOPIK POWDER PACKET	ADD QL* 32 TABS PER 30 DAYS	N/A
BOWEL PREPS	SUPREP BOWEL PREP KIT	ADD QL* 1 KIT PER 30 DAYS	N/A

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THIRD GENERATION CEPHALOSPORINS	CEFTRIAZONE VIALS	ADD QL* 1 INJ PER FILL 1 FILL PER 30 DAYS	N/A
CYSTIC FIBROSIS	ORKAMBI 125MG/100MG	ADD PA AND QL* 4 PER DAY	N/A
DIABETES (SGLT2/DPP4 COMBO)	QTERN	ADD QL* 1 TAB PER DAY	N/A
MISCELLANEOUS GASTROINTESTINAL AGENTS	VIBERZI	ADD QL* 2 TABS PER DAY	N/A
HEPATITIS B	VEMLIDY 25 MG TABLET	ADD PA AND QL* 1 TAB PER DAY	N/A
HIGH BLOOD PRESSURE	DUTOPROL 100-12.5 MG TABLET DUTOPROL 25-12.5 MG TABLET DUTOPROL 50-12.5 MG TABLET	ADD QL* 2 TABS PER DAY	N/A
HIGH BLOOD PRESSURE	METOPROLOL TARTRATE 100 MG TAB	ADD QL* 4 TABS PER DAY	N/A
HIGH BLOOD PRESSURE	METOPROLOL TARTRATE 50 MG TAB	ADD QL* 2 TABS PER DAY	N/A
HIGH BLOOD PRESSURE	VERAPAMIL 40 MG TABLET	ADD QL* 4 TABLETS PER DAY	N/A
IBD	UCERIS 2 MG RECTAL FOAM	ADD QL* 2 KITS PER 28 DAYS	N/A
NEUROGENIC ORTHOSTATIC HYPOTENSION	NORTHERA 100 MG CAPSULE	ADD QL* 3 TABS PER DAY	N/A
NEUROGENIC ORTHOSTATIC HYPOTENSION	NORTHERA 200 MG CAPSULE	ADD QL* 6 TABS PER DAY	N/A
NOCTURNAL POLYURIA	NOCTIVA	ADD PA AND QL* 1 BOTTLE PER 30 DAYS	N/A
PRENATAL VITAMINS	KOSHER PRENATAL PLUS IRON TAB	ADD QL* 1 TAB PER DAY	N/A
PRENATAL VITAMINS	OBSTETRIX ONE SOFTGEL	ADD QL* 1 CAP PER DAY	N/A
PRENATAL VITAMINS	PRENATAL PLUS-DHA COMBO PACK	ADD QL* 2 TABS/CAPS PER DAY	N/A
PRENATAL VITAMINS	PRIMACARE SOFTGEL	ADD QL* 1 CAP PER DAY	N/A
PRENATAL VITAMINS	TRICARE PRENATAL CHEWABLE TAB	ADD QL* 1 TAB PER DAY	N/A
PRENATAL VITAMINS	TRICARE PRENATAL WITH DHA PACK	ADD QL* 2 TABS/CAPS PER DAY	N/A
PRENATAL VITAMINS	VITAFOL GUMMIES	ADD QL* 1 CHEW TAB PER DAY	N/A
PRENATAL VITAMINS	VITATRUE COMBO PACK	ADD QL* 2 TABS/CAPS PER DAY	N/A

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PRENATAL VITAMINS	PRENA1 TRUE COMBO PACK	ADD QL* 2 TABS/CAPS PER DAY	N/A
PULMONARY ARTERIAL HYPERTENSION	ADCIRCA 20 MG TABLET	ADD QL* 2 TABS PER DAY	N/A
PULMONARY ARTERIAL HYPERTENSION	LETAIRIS 10 MG TABLET	ADD QL* 1 TAB PER DAY	N/A
PULMONARY ARTERIAL HYPERTENSION	REVATIO 10 MG/12.5 ML VIAL	ADD QL* 3 VIALS PER DAY	N/A
PULMONARY ARTERIAL HYPERTENSION	REVATIO 10 MG/ML ORAL SUSP	ADD QL* 6ML PER DAY	N/A
SUPPLEMENTS	CRANBERRY 400 MG TABLET CRANBERRY 400MG CAPSULE CRANBERRY 500 MG CAPSULE	ADD QL* 4 PER DAY	N/A
TOPICAL CORTICOSTEROIDS LOW POTENCY	NUCORT LOTION	ADD QL* 60GM PER 30 DAYS	N/A

* No changes in Preferred/Non-Preferred status revision or addition to UM edit only

What action do I need to take?

Please review these changes and work with your Anthem Blue Cross and Blue Shield Medicaid 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/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**.