

**MEDICAID PROVIDER BULLETIN**

December 2015

**Quarterly pharmacy formulary change notice**

The formulary changes listed in the table below were reviewed and approved at the Pharmacy and Therapeutics (P&T) Committee meeting held on **September 14, 2015**. Effective **February 1, 2016**, the following formulary changes will apply to Anthem Blue Cross and Blue Shield Medicaid (Anthem) members.

Therapeutic class	Medication	Revised status	Potential alternatives
<b>SHORT-ACTING BETA AGONISTS (SABAS)</b>	PROAIR HFA 90 MCG INHALER PROVENTIL HFA 90MCG INHALER	NONPREFERRED STEP THERAPY REQUIRED	VENTOLIN HFA 90 MCG INHALER
<b>ADHD THERAPY</b>	RITALIN LA 60	QUANTITY LIMIT REVISION	N/A
<b>ANDROGENS</b>	NATESTO	QUANTITY LIMIT REVISION	N/A
<b>ANTIDEPRESSANTS</b>	IRENKA	QUANTITY LIMIT REVISION	N/A
<b>ANTIFUNGAL AGENT</b>	CRESEMBA	QUANTITY LIMIT REVISION	N/A
<b>ANTIHISTAMINES</b>	CLARITIN 5MG REDITABS CHILD'S CLARITIN 5MG CHEW TAB	NONPREFERRED	LORATADINE 10 MG ODT LORATADINE 5 MG/5 ML SYRUP CHILD ALLEGRA ALLERGY 30 MG ODT
<b>ANTIMALARIALS</b>	DARAPRIM 25MG TABLET	PREFERRED PRIOR AUTHORIZATION (PA) REQUIRED	HYDROXYCHLOROQUINE 200 MG MEFLOQUINE HCL 250 MG ATOVAQUONE-PROGUANIL CHLOROQUINE PHOSPHATE
<b>ANTINEOPLASTICS</b>	LUPRON PED 7.5MG LUPRON 3.75MG	QUANTITY LIMIT REVISION	N/A
<b>ANTIPSYCHOTIC</b>	INVEGA TRINZA REXULTI	QUANTITY LIMIT REVISION	N/A
<b>BILE SALTS</b>	CHOLBAM	QUANTITY LIMIT REVISION	N/A
<b>BONE DENSITY REGULATORY AGENTS</b>	ZOLEDRONIC ACID 4MG VIAL	NONPREFERRED	N/A
<b>COUGH AND COLD PRODUCTS</b>	PECTIN THROAT 2MG DROPS PECTIN THROAT 2.8MG DROPS CHLORASEPTIC THROAT SPRAY	PREFERRED	N/A
<b>COUGH AND COLD PRODUCTS</b>	SORE THROAT LOZENGE CHLORASEPTIC MAX LOZENGE CEPACOL SORE THROAT LOZENGE ANTISEPTIC SORE THROAT SPRAY CEPASTAT 14.5MG LOZENGE	NONPREFERRED	CHLORASEPTIC SORE THROAT SPRAY
<b>DENTAL AIDS AND PREPARATIONS</b>	NEUTRAL SODIUM FLUORIDE SF 1.1% GEL DENTAGEL 1.1% GEL FLUORIDEX DEFENSE 1.1% GEL	PREFERRED	N/A
<b>GROWTH HORMONES</b>	NODRITROPIN OMNITROPE	NONPREFERRED	ZOMACTON

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

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<b>GROWTH HORMONES</b>	ZOMACTON	PREFERRED (PA REQUIRED)	N/A
<b>HEPARINS FOR IV LINE MAINTENANCE AGENTS</b>	HEPARIN LOCK FLUSH PRODUCTS	NONPREFERRED	N/A
<b>HEPATITIS C</b>	DAKLINZA TABLET	PREFERRED PA REQUIRED	N/A
<b>HEPATITIS C</b>	MODERIBA	NONPREFERRED	RIBAVIRIN 200 (PA REQUIRED)
<b>HEREDITARY ANGIOEDEMA AGENTS</b>	BERINERT 500 UNIT KIT	NONPREFERRED	N/A
<b>KERATOLYTICS</b>	X-SEB T PEARL SHAMPOO SEBEX SHAMPOO	PREFERRED	N/A
<b>KERATOLYTICS</b>	CARB-O-LAC5 CREAM CARB-O-LAC HP CREAM CVS FOOT SOFTENER OINTMENT RA EXFOLIATING MOISTURIZER CARB-O-SAL5 CREAM CORN & CALLUS REMOVER SALKERA 6% FOAM	NONPREFERRED	MEDIPLAST CORN-CALLUS-WART PAD AMMONIUM LACTATE 12% CREAM
<b>MISC NEUROLOGICAL THERAPY</b>	NAMZARIC	QUANTITY LIMIT REVISION	N/A
<b>MISC PULMONARY AGENT</b>	KALYDECO GRANULES STIOLTO RESPIMAT BREO ELLIPTA	QUANTITY LIMIT REVISION	N/A
<b>MISC DERMATOLOGICALS</b>	DERMADROX 1.2% OLIVE OIL SWEET OIL PRETTY FEETS & HANDS CREAM BODI LOTION CETAPHIL CLEANSER CETAPHIL CLEANSING LOTION CVS GENTLE SKIN CLEANSER LOTION GENTLE SKIN CLEANSER SM SKIN CLEANSER PUB CALAMINE LOTION CALAMINE POWDER DESITIN DIAPER RASH 40% PASTE DIAPER RASH 40% PASTE PETERSON'S OINTMENT FLANDERS BUTTOCKS OINTMENT AMERIGEL PREMIUM CARE LOTION BOUDREAUXS BUTT PASTE DELAZINC 25% OINTMENT TRIPLE PASTE MEDICATED OINT ZINC OXIDE PASTE, POWDER SECURA EXTRA PROTECTIVE CREAM	NONPREFERRED	NUTRADERM LOTION DIAPER RASH 40% OINTMENT TRIPLE ANTIBIOTIC OINTMENT (GENERIC)

<p><b>MISC DERMATOLOGICALS</b></p>	<p>GORDOFILM SOLUTION          CALICYLIC CRÈME          BENSAL HP 3% OINTMENT          BETASAL SHAMPOO          DHS SAL 3% SHAMPOO          KERALYT 3% GEL          OIL-FREE 2% ACNE WASH          PSORIASIN 3% MEDICATED          WASH          SALICYLIC ACID          CRYSTALS/POWDER          SALICYLIC ACID ER 28.5%          SOLUTION          TRANS-VER-SAL PATCH          AVEENO CLEAR COMPLEXION          BAR          CVS FAST CLEARING SPOT 2%          GEL          VIRASAL ANTIVIRAL WART          REMOVER          CVS ACNE SPOT TRTMNT 2%          CREAM          ULTRASAL-ER 28.5% SOLUTION          PODOCON-25 LIQUID          SALVAX DUO PLUS COMBO          PACK          NOBLE FORMULA S SPRAY          LIQUID CORN &amp; CALLUS          REMOVER</p>	<p>NONPREFERRED</p>	<p>SEE FORMULARY</p>
<p><b>MISC DERMATOLOGICALS</b></p>	<p>BENGAY GEL          ICY HOT          BIOFREEZE 4% GEL          BERRI-FREEZ GEL, SPRAY          SOMBRA COOL THERAPY GEL          ZIM'S MAX-FREEZE 3.7% GEL          Z-CLINZ CLEANSER          SEPTI-SOFT CONC LIQUID SOAP          LANAPHILIC WITH UREA 20%          OINT          HYDRISINOL CREME          SARATOGA 1% OINTMENT</p>	<p>NONPREFERRED</p>	<p>SEE FORMULARY</p>

<p><b>MISC DERMATOLOGICALS</b></p>	<p>SPECTRO-JEL JELLY  ALOE VESTA 43% PROTECTIVE  OINT  AQUAPHOR OINT  DERMAPHOR OINT  PETROLEUM JELLY  AQUAPHILIC OINT  KERODEX 71 (WET) CREAM  OINTMENT BASE  FLUOROPLEX 1% CREAM  CASTELLANI PAINT  PHENOLL CRYSTALS/LIQUID  AMERIGEL BARRIER LOTION  SWEEN 24 CREAM  BAZA PROTECT CREAM  CONDYLOX 0.5% GEL  CVS FIRST AID OINTMENT  PELEVERUS 0.9% OINTMENT  GERI PROTECT BARRIER OINT  ZYCLARA 2.5% CREAM PUMP  DANDRUFF 1% SHAMPOO  SELSUN BLUE 1% SHAMPOO</p>	<p>NONPREFERRED</p>	<p>SEE FORMULARY</p>
<p><b>MISC DERMATOLOGICALS</b></p>	<p>SORBOLENE CREAM  PERISHIELD OINTMENT  PERIGUARD OINTMENT  CRITIC-AID CLEAR OINTMENT  RESINOL OINTMENT  FLEXALL GEL  POLAR FROST GEL  A&amp;D ZINC OXIDE CREAM  RADIGEL ACEMANNAN  HYDROGEL  EUCERIN CALM ITCH-RELIEF  LOT  GOLDBOND ULTIMATE CR/OINT  PENTRAVAN PLUS CREAM</p>	<p>NONPREFERRED</p>	<p>SEE FORMULARY</p>
<p><b>MISC DERMATOLOGICALS</b></p>	<p>CALAMINE PHENOLATED  LOTION  DIAPER RASH 10% OINTMENT  CVS MENTHOL GEL  SM PAIN RELIEF GEL  NUTRAPLUS 10%  CREAM/LOTION  ULTRA MIDE 25 LOTION  UREA 45% NAIL GEL, LOTION  UREA 10% CREAM, LOTION  UREA 40% LOTION  X-VIATE 40% LOTION  TL 45% UREA LOTION  ANTISEPTIC SKIN CLEANSER 4%  CHLORHEXIDINE 2% SOLUTION  AMMONIUM LACTATE 12%  CREAM, LOTION  CERAVE CREAM,  LOTION,CLEANSER</p>	<p>PREFERRED</p>	<p>N/A</p>

<b>MISC PREPARATIONS</b>	ACETIC ACID 2% EAR SOLUTION CORTANE-B OTIC DROPS EXOTIC-HC EAR DROPS AERO OTIC EAR DROPS OTOMAX-HC EAR DROPS OTO-END 10 EAR DROPS PRAMOXINE-HC OTIC DROPS TREAGAN OTIC DROPS ANTIPYRINE-BENZOCAINE OTIC SOL	PREFERRED	N/A
<b>PARATHYROID HORMONES</b>	NATPARA	QUANTITY LIMIT REVISION	N/A
<b>PHOSPHATE BINDERS</b>	VELPHORO 500MG CHEW TAB	PREFERRED PA REQUIRED	N/A
<b>PHOSPHATE BINDERS</b>	FOSRENOL CHEW TAB RENAGEL 400MG & 800MG TAB	NONPREFERRED	CALCIUM ACETATE 668MG VELPHORO 500MG CHEW TAB (PA REQUIRED)
<b>PROTON PUMP INHIBITORS</b>	NEXIUM 24 HR OTC NEXIUM PACKETS PRILOSEC PACKETS ZEGERID OTC/RX	QUANTITY LIMIT REVISION	N/A
<b>SELECT ANTIBIOTIC AGENTS</b>	VANCOMYCIN VIAL	NONPREFERRED CURRENT UTILIZERS GRANDFATHERED FOR SIX MONTHS	N/A
<b>SELECT ANTIBIOTIC AGENTS</b>	KETEK TABLET	NONPREFERRED	LEVOFLOXACIN TABLET AZITHROMYCIN TAB OR SUSP
<b>SELECT ANTIBIOTIC AGENTS</b>	ZYVOX IV SOLN	NONPREFERRED	ZYVOX 100MGMG/5ML SUSP LINEZOLID 600MG TAB
<b>SELECT ANTI-EMETIC AGENTS</b>	ONDANSETRON 40MG/20ML VIAL ONDANSETRON 4MG/5ML SOLUTION ONDANSETRON HCL 4MG TABLET ONDANSETRON HCL 8MG TABLET ONDANSETRON 4MG/2ML AMPULE ONDANSETRON 4MG/2ML ISECURE ONDANSETRON HCL 4MG/2ML SYR ONDANSETRON HCL 4MG/2ML VIAL GRANISETRON VIAL DROPERIDOL 2.5MG/ML AMP/VIAL	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	ONDANSETRON ODT
<b>SELECT ANTIFUNGAL</b>	AMPHOTERICIN B 50MG VIAL	NONPREFERRED	N/A
<b>SELECT ANTIFUNGAL</b>	GRISEOFULVIN MICRO 500MG TAB	NONPREFERRED	GRISEOFULVIN 125MG/5ML SUSP GRISEOFULVIN ULTRA 125/250
<b>SELECT ANTIHEMOPHILIC AGENTS</b>	ALL PRODUCTS	NONPREFFERED	N/A
<b>SELECT ANTIHYPERGLYCEMIC AGENTS</b>	GLUMETZA ER 1;000 MG TAB	NONPREFERRED	METFORMIN ER (GENERIC)

<b>SELECT ANTIHYPERGLYCEMIC AGENTS</b>	KYNAMRO 200MG/ML SYR	NONPREFERRED QUANTITY LIMIT	N/A
<b>SELECT ANTIPARKINSONISM</b>	APOKYN 30MG/3ML CARTRIDGE	NONPREFERRED	ROPINIROLE, PRAMIPEXOLE, CARBIDOPA-LEVODOPA, CARBIDOPA-LEVODOPA-ENTACAPONE, ENTACAPONE, TRIHEXYPHENIDYL
<b>SELECT ANTITUBERCULOSIS</b>	RIFATER TABLET	NONPREFERRED	RIFAMPIN, ISONIAZID, ETHAMBUTOL, RIFABUTIN, PYRAZINAMIDE
<b>SELECT ANTIVIRAL AGENTS</b>	VIRAZOLE 6GM VIAL CIDOFOVIR 375MG/5ML	NONPREFERRED	N/A
<b>SELECT ELECTROGLYTE</b>	GALZIN 25MG & 50MG CAPSULE	NONPREFERRED	N/A
<b>SELECT GASTROINTESTINAL</b>	IPECAC SYRUP	NONPREFERRED	N/A
<b>SELECT HISTAMINE H2-RECEPTOR FOR INHIBITORS</b>	FAMOTIDINE 20MG/2ML VIAL RANITIDINE 150MG CAPSULE ZANTAC 150MG TABLET	PREFERRED	N/A
<b>SELECT THIRD GENERATION CEPHALOSPORIN AGENTS</b>	SPECTRACEF 200MG DOSE PACK TB	NONPREFERRED	CEFDINIR 300MG CAPSULE
<b>SELECT TOPICAL LOCAL ANESTHETICS</b>	LIDOCAINE 5% PATCH	PREFERRED	N/A
<b>SELECT TOPICAL STEROIDS (SUPER POTENCY)</b>	HALOBETASOL PROP 0.05% CREAM AND OINTMENT	PREFERRED	N/A
<b>SELECT VASOPRESSOR</b>	DESMOPRESSIN AC 4MCG/ML AMP DESMOPRESSIN 40 MCG/10ML VIAL	NONPREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	DESMOPRESSIN NASAL SOLUTION/SPRAY, DESMOPRESSIN TABLET
<b>SPACER DEVICES</b>	MICROCHAMBER AEROTRACH HOLDING CHAMBER ACE AEROSOL CLOUD ENHANCER PRIMEAIRE CHAMBER VORTEX MASK INSPIRACHAMBER FLEXICHAMBER	PREFERRED	N/A
<b>TESTOSTERONE REPLACEMENT</b>	TESTOSTERONE CYP INJ TESTOSTERONE ENAN INJ	PREFERRED	N/A

<b>THERAPY FOR ACNE</b>	BP WASH 10% LIQ SOD SULFACETAMIDE - SULFUR CREAM VIRTI-SULF EMOLLIENT CREAM SSS 10-5 CREAM PERNOX SCRUB CLEANSER BENZAC AC WASH 10% LIQUID BENZOYL PEROXIDE 9.8% FOAM BENZOYL PEROXIDE POWDER PR BENZOYL PEROXIDE 7% WASH ON-THE-SPOT 2.5% ACNE CREAM PANOXYL 10% ACNE CLEANSING BAR BPO FOAMING CLOTHS CLINDAREACH 1% KIT SEBASORB LOTION PACNEX CLEANSER/PAD DUAL ACTION 3.5% CLEANSER-MASK TL 4.25% BPO MX CLEANSER BENZEFOAM ULTRA 9.8% FOAM DELOS 3.5% LOTION	NONPREFERRED	ADAPALENE GEL ,BENZOYL PEROXIDE 10% WASH , BENZOYL PEROXIDE 5% WASH ,BENZOYL PEROXIDE 2.5% GEL BENZOYL PEROXIDE 5% GEL
<b>THERAPY FOR ACNE</b>	CVS ACNE SPOT TREATMENT 2.5% CR BENZEPRO 9.8% FOAM OC8 GEL SOD SULF-SULFUR CLNSR/LOT/SUSP AVAR CLEANSER PRASCION CLEANSER NORITATE 1% CREAM ADAPALENE 0.3% GEL PUMP BENZAACLIN GEL PUMP SE BPO 7% WASH	NONPREFERRED	ADAPALENE GEL ,BENZOYL PEROXIDE 10% WASH , BENZOYL PEROXIDE 5% WASH ,BENZOYL PEROXIDE 2.5% GEL BENZOYL PEROXIDE 5% GEL
<b>TOPICAL ANESTHETICS</b>	LIDOCAINE HCL 2% JELLY/GEL LIDOCAINE HCL 4% SOLUTION	PREFERRED	N/A
<b>TOPICAL ANESTHETICS</b>	LIDOCAINE-PRILOCAINE CREAM	NONPREFERRED	LIDOCAINE-HYDROCORTISONE CR
<b>TOPICAL ANTIBACTERIALS</b>	CENTANY 2% OINTMENT	NONPREFERRED	MUPIROCIN 2% OINTMENT
<b>TOPICAL ANTIBACTERIALS</b>	PERI-WASH 10% CONCENTRATE ANTISEPTIC SOLUTION POVIDONE-IODINE 10% PAD/SOL EQ FIRST AID ANTISEPTIC SOL GRX DYNE 10% SOL PROCOMYCIN CREAM	NONPREFERRED	N/A
<b>TOPICAL ANTIBACTERIALS</b>	BACTROBAN NASAL 2% OINTMENT	PREFERRED	N/A
<b>TOPICAL ANTIBACTERIALS</b>	TRIPLE ANTIBIOTIC OINTMENT	PREFERRED	N/A
<b>TOPICAL ANTIFUNGALS</b>	TINACTIN 1% AEROSOL POWDER TINACTIN 1% DEODORANT SPRY POWD LAMISIL AT 1% CREAM	PREFERRED	N/A

<b>TOPICAL ANTIFUNGALS</b>	ALOE VESTA 2% ANTIFUNGAL OINT CRITIC-AID CLEAR AF 2% OINT DESENE X 2% SPRAY LIQUID FUNGOID 2% TINCTURE DERMAFUNGAL 2% OINTMENT TRIPLE PASTE AF 2% OINTMENT AZOLEN 2% TINCTURE FUNGI-NAIL TOE AND FOOT OINTMENT TINACTIN 1% LIQUID SPRAY FUNGI CURE INTENSIVE 1% SPRAY UNDECYLENIC ACID LIQUID UNDELENIC TINCTURE DESENE X MAX 1% CREAM EQ TERBINAFINE HCL 1% CREAM MENTAX 1% CREAM TERBINAFINE HCL 1% CREAM	NONPREFERRED	TINACTIN 1% POWDER TOLNAFTATE 1% CREAM TOLNAFTATE 1% SPRAY POWDER CLOTRIMAZOLE AF 1% CR CLOTRIMAZOLE 1% SOL
<b>TOPICAL ANTI-FLAMMATORY STEROID COMBINATION PRODUCT</b>	HYDROCORTISONE-PRAMOXINE CREAM	PREFERRED	N/A
<b>TOPICAL ANTIPARASITICS</b>	MALATHION 0.5% LOTION	PREFERRED	N/A
<b>TOPICAL IMMUNOMODULATORS</b>	ELIDEL 1% CREAM	NONPREFERRED STEP THERAPY REQUIRED	TACROLIMUS 0.03% OINT TACROLIMUS 0.1% OINT (PA REQUIRED)
<b>TOPICAL SCABICIDES /PEDICULICIDES</b>	DANDRUFF SHAMPOO 2 IN 1 DANDRUFF SHAMPOO	NONPREFERRED	X-SEB T PEARL SHAMPOO SEBEX SHAMPOO
<b>VISCOSUPPLEMENT AGENTS</b>	HYALGAN 20MG/2ML SYR & VIAL ORTHOVISC 15MG/ML SYRINGE EUFLEXXA 20MG/2ML SYR SYNVISC	NONPREFERRED	N/A

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.

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**.