

MEDICAID PROVIDER BULLETIN

October 2017

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at the third quarter Pharmacy and Therapeutics Committee meeting held on September 28, 2017. Effective November 1, 2017, the following formulary changes will apply. This notice applies to Anthem Blue Cross and Blue Shield Medicaid benefits in Kentucky.

Effective for all patients on November 1, 2017			
Therapeutic class	Drug name	Revised status	Potential alternatives
HEPATITIS C	MAVYRET 100-40 MG TABLET	PREFERRED WITH PRIOR AUTHORIZATION REQUIRED	N/A

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 Anthem Blue Cross and Blue Shield Medicaid 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>.

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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