

MEDICAID PROVIDER BULLETIN

February 2018

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at the fourth quarter Pharmacy and Therapeutics Committee meeting held on December 20, 2017. Effective February 15, 2018, and May 1, 2018, 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 February 15, 2018	
Medication	Formulary status change
Flovent® HFA 110 mcg inhaler Flovent HFA 44 mcg inhaler Flovent HFA 220 mcg inhaler Flovent 50 mcg Diskus Flovent 100 mcg Diskus Flovent 250 mcg Diskus	Preferred for members 11 years of age and younger
Effective for all patients on May 1, 2018	
Aerospan* 80 mcg inhaler	Nonpreferred
Inhaled corticosteroid coverage	
Arnuity® Ellipta®	Preferred
Flovent HFA/Diskus	Preferred for members 11 years of age and younger
Budesonide for nebulization	Preferred for members 5 years of age and younger
QVAR® HFA	Covered for members 11 years of age and younger
Asmanex Twisthaler	Covered for members 5 years of age and younger
QVAR® RediHaler™ Asmanex HFA Pulmicort flexhaler® ArmonAir™ RespiClick® Aerospan	Nonpreferred

* Currently being removed from the market.

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**.

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

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