

MEDICAID PROVIDER BULLETIN

February 26, 2015

Quarterly Pharmacy Formulary Change Notice

Summary of Change: The formulary changes listed in the table below were reviewed and approved at our September 24, 2014, Value Assessment Committee (VAC) meeting.

What this means to you: Effective March 1, 2015, the changes outlined below apply to all Anthem Blue Cross and Blue Shield Medicaid (Anthem) patients. Don't forget to read the footnotes at the bottom of the tables.

What is the impact of this change?

| Effective for all patients on March 1, 2015 | | | |
|--|----------------------|--|-------------------------------|
| Therapeutic Class | Medication | Revised Status | Potential Alternatives |
| ADHD | ZENZEDI | QUANTITY LIMIT (QL) | N/A |
| | RITALIN LA | QL | N/A |
| ANTI-CONVULSANTS | QUDEXY XR | QL | N/A |
| ANTIFUNGALS – TOPICAL | LOTRIMIN CREAM 1% | QL | N/A |
| ANTIDOTE | EVZIO | PRIOR AUTHORIZATION (PA) REQUIRED QL | N/A |
| ANTI-INFECTIVE AGENTS | SIVEXTRO | PA REQUIRED QL | N/A |
| | DIFICID | PA REQUIRED QL | N/A |
| | VANCOCIN | PA REQUIRED | N/A |
| | ZITHROMAX | QL | N/A |
| ANTI-VIRAL AGENTS | TAMIFLU | QL | N/A |

www.Anthem.com/KYMedicaidoc

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

| | | | |
|----------------------------------|---------------------------|----------------------------------|------------------------|
| ANTILIPEMICS | EPANOVA | PA REQUIRED QL | GENERIC FENOFIBRATE |
| | JUXTAPID | PA REQUIRED | N/A |
| | SIMCOR | QL | N/A |
| ANTI- NEOPLASTIC | BELEODAQ | PA REQUIRED | N/A |
| | ZYDELIG | PA REQUIRED | N/A |
| ANTIPSYCHOTICS – ORAL | ABILIFY | AL | N/A |
| | CHLORPROMAZINE HCL TAB | AL | N/A |
| | CLOZAPINE | AL AND QL | N/A |
| | GEODON | AL | N/A |
| | EQUETRO | PREFERRED WITH AL QL ON 300MG | N/A |
| | FANAPT | AL | N/A |
| | FAZACLO ODT | AL AND QL | N/A |
| | FLUPHENAZINE | AL | N/A |
| | HALOPERIDOL TABLETS | AL | N/A |
| | INVEGA | AL | N/A |
| | LATUDA | AL | N/A |
| | LOXAPINE | AL | N/A |
| | ORAP | AL | N/A |
| | OLANZAPINE | AL | N/A |
| | OLANZAPINE ODT | NON-PREFERRED | OLANZAPINE |

| | | | |
|--|------------------------------------|---------------------|--|
| | | AL | TABLETS |
| | PERPHENAZINE | AL | N/A |
| | RISPERIDONE ODT | NON-PREFERRED AL | RISPERIDONE TABLETS OR SOLUTION |
| | RISPERDAL TABS AND SOLUTIONS | AL AND QL | N/A |
| | TRIFLUOPERAZINE | AL | N/A |
| | SAPHRIS | AL | N/A |
| | SYMBYAX | AL | N/A |
| | SEROQUEL AND SEROQUEL XR | AL | N/A |
| | THIOTHIXENE | AL | N/A |
| | VERSACLOZ | AL | N/A |
| ANTI-PSYCHOTICS- INJECTABLES | ABILIFY MAINTENA | NON-PREFERRED AL | RISPERDAL CONSTA or ZYPREXA RELPREVV |
| | FLUPHENAZINE DECONOATE INJ | AL | N/A |
| | GEODON INJECTION | NON-PREFERRED AL | RISPERDAL CONSTA or ZYPREXA RELPREVV |
| | HALDOL DECONATE 100MG/ML INJ | QL | N/A |
| | INVEGA SUSTENNA | NON-PREFERRED AL | RISPERDAL CONSTA or ZYPREXA RELPREVV |
| | RISPERDAL CONSTA | AL | N/A |
| | ZYPREXA RELPREVV | PREFERRED | N/A |
| ANTIPLATELET AGENT | ZONTIVITY | QL | N/A |
| BIOLOGIC RESPONSE MODIFIERS | ENTYVIO | PA REQUIRED QL | ENBREL OR HUMIRA |

| | | | |
|------------------------|---------------------------|-----------------------|--|
| DIABETIC – ORAL | INVOKANA | PA REQUIRED | JANUVIA, JANUMET, JANUMET XR OR BYETTA |
| | INVOKAMET | PA REQUIRED QL | JANUVIA, JANUMET, JANUMET XR OR BYETTA |
| | JARDIANCE | PA REQUIRED QL | JANUVIA, JANUMET, JANUMET XR OR BYETTA |
| | FARXIGA | PA REQUIRED QL | JANUVIA, JANUMET, JANUMET XR OR BYETTA |
| | JANUVIA | STEP THERAPY REQUIRED | METFORMIN OR METFORMIN ER |
| | JANUMET AND JANUMET XR | STEP THERAPY REQUIRED | METFORMIN OR METFORMIN ER |
| | ONGLYZA | STEP THERAPY REQUIRED | METFORMIN OR METFORMIN ER |
| | KOMBIGLYZE XR | STEP THERAPY REQUIRED | METFORMIN OR METFORMIN ER |
| | JEANTADUETO | NON-PREFERRED | JANUMET, JANUMET XR , ONGLYZA OR KOMBIGLYZE XR * STEP THERAPY REQUIRED |
| | NESINA | NON-PREFERRED | JANUMET, JANUMET XR , ONGLYZA OR KOMBIGLYZE XR * STEP THERAPY REQUIRED |
| | OSENI | NON-PREFERRED | JANUMET, JANUMET XR , ONGLYZA OR KOMBIGLYZE XR * STEP THERAPY REQUIRED |
| | TRADJENTA | NON-PREFERRED | JANUMET, JANUMET XR , ONGLYZA OR KOMBIGLYZE XR * STEP THERAPY REQUIRED |
| | KAZANO | NON-PREFERRED | JANUMET, JANUMET XR , ONGLYZA OR KOMBIGLYZE XR * STEP THERAPY REQUIRED |

| | | | |
|---|---|--------------------------|------------------|
| DIABETIC - INHALED INSULIN | AFREZZA | PA REQUIRED QL | APIDRA |
| DIABETIC - INSULINS | APIDRA SOLOSTAR AND U-100 VIAL | QL | N/A |
| | BYDUREON | QL | N/A |
| | BYETTA | QL | N/A |
| | VICTOZA | QL | N/A |
| DISEASE- MODIFYING ANTIRHEUMATIC DRUGS | OTEZLA | PA REQUIRED QL | ENBREL OR HUMIRA |
| ELECTROLYTE MIXTURES | CERALYTE 50/PEDIALYTE | QL | N/A |
| GROWTH HORMONES | TEV-TROPIN | NON-PREFERRED | NORDITROPIN |
| HEPATITIS B | BARACLUDE | AL | N/A |
| | EPIVIR HBV | AL ² | N/A |
| | HEPSERA | AL | N/A |
| | VIREAD | PA REQUIRED ² | N/A |
| HEREDITARY ANGIOEDEMA | RUCONEST | PA REQUIRED | N/A |
| IMMUNO- MODULATOR – TOPICAL | ELIDEL 1% CREAM | QL | N/A |
| | PROTOPIC 0.03% AND 0.1 % OINTMENT | QL | N/A |
| LAXATIVES | MIRALAX POWDER BULK AND PACKETS | QL | N/A |
| MONOCLONAL ANTIBODIES | SYLVANT | PA REQUIRED | N/A |

| | | | |
|--|--|-------------------|--|
| NARCOLEPSY AGENTS | XYREM | QL | N/A |
| SELECT NASAL STEROIDS | **FLONASE OTC | PREFERRED | N/A |
| | FLUNISOLIDE SPRAY | NON-PREFERRED | NASACORT ALLERGY OTC |
| | **FLUTICASONE (RX) | NON-PREFERRED | NASACORT ALLERGY OTC |
| | TRIAMCINOLONE SPRAY (RX) | NON-PREFERRED | NASACORT ALLERGY OTC |
| OPHTHALMIC DECONGESTANTS | NAPHAZOLINE SOL 0.1% | QL | N/A |
| OPHTHALMIC PROSTAGLANDINS | TRAVATAN DROPS 0.004% | QL | N/A |
| OPIOID ADDICTION | BUNAVAIL | PA REQUIRED QL | BUPRENORPHINE HCL/NALOXONE HCL TABLET |
| | BUPRENORPHINE SL | QL | N/A |
| PROTON PUMP INHIBITORS | NEXIUM OTC | PREFERRED | N/A |
| RESPIRATORY AGENTS | SPIRIVA RESPIMAT | PREFERRED | N/A |
| SELECT TOPICAL STEROIDS (SUPER POTENCY) | AUGMENTED BETAMETHASONE DIPROPIONTE OINTMENT | NON-PREFERRED | CLOBETASOL CREAM, CLOBETASOL E CREAM, CLOBETASOL GEL, CLOBETASOL OINTMENT AND SOLUTION |
| | CLOBETASOL E CREAM | PREFERRED | N/A |
| | CLOBETASOL GEL | PREFERRED | N/A |
| | CLOBETASOL OINTMENT | PREFERRED | N/A |
| | CLOBETASOL SOLUTION | PREFERRED | N/A |

| | | | |
|---|---|---------------|---|
| | DIFLORASONE OINTMENT | NON-PREFERRED | CLOBETASOL CREAM, CLOBETASOL E CREAM, CLOBETASOL GEL, CLOBETASOL OINTMENT AND SOLUTION |
| | HALOBETASOL CREAM | NON-PREFERRED | CLOBETASOL CREAM, CLOBETASOL E CREAM, CLOBETASOL GEL, CLOBETASOL OINTMENT AND SOLUTION |
| | HALOBETASOL OINTMENT | NON-PREFERRED | CLOBETASOL CREAM, CLOBETASOL E CREAM, CLOBETASOL GEL, CLOBETASOL OINTMENT AND SOLUTION |
| SELECT TOPICAL STERIODS (HIGH POTENCY) | AMCINONIDE CREAM | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM | PREFERRED | N/A |
| | AUGMENTED BETAMETHASONE DIPROPIONATE GEL | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |

| | | | |
|--|--|---------------|---|
| | AUGMENTED BETAMETHASONE DIPROPIONATE LOTION | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | BETAMETHASONE DIPROPIONATE CREAM | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | BETAMETHASONE DIPROPIONATE OINTMENT | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | BETAMETHASONE VALERATE OINTMENT | PREFERRED | N/A |
| | DESOXIMETASONE CREAM | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | DESOXIMETASONE GEL | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | DESOXIMETASONE OINTMENT | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, |

| | | | |
|---|------------------------------------|---------------|---|
| | | | BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | FLUOCINONIDE CREAM | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | FLUOCINONIDE E CREAM | PREFERRED | N/A |
| | FLUOCINONIDE GEL | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | FLUOCINONIDE OINTMENT | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| | FLUOCINONIDE SOLUTION | NON-PREFERRED | AUGMENTED BETAMETHASONE DIPROPIONATE CREAM, BETAMETHASONE VALERATE OINTMENT, FLUOCINOLIDE E CREAM |
| SELECT TOPICAL STEROIDS (MEDIUM POTENCY) | BETHAMETHASONE DIPROPIONATE LOTION | PREFERRED | N/A |
| | BETAMETHASONE VALERATE CREAM | PREFERRED | N/A |

| | | | |
|--|-------------------------------|---------------|--|
| | BETAMETHASONE VALERATE LOTION | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| | FLUOCINOLONE CREAM | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| | FLUOCINOLONE OIL | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| | FLUOCINOLONE SOLUTION | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |

| | | | |
|--|--|---------------|--|
| | HYDROCORTISONE BUTYRATE CREAM | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| | HYDROCORTISONE BUTYRATE OINTMENT | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| | HYDROCORTISONE BUTYRATE SOLUTION | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| | HYDROCORTISONE VALERATE CREAM | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |

| | | | |
|--|--|---------------|--|
| | | | |
| | HYDROCORTISONE VALERATE OINTMENT | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| | MOMETASONE SOLUTION | PREFERRED | N/A |
| | PREDNICARBATE CREAM | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| | TRIAMCINOLONE LOTION | NON-PREFERRED | BETHAMETHASONE VALERTAE CREAM, BETHAMETHASONE DIPROPIONATE LOTION FLUTICASONE CREAM/OINT, MOMETASONE CREAM/OINT/ SOL, TRIAMCINOLONE CREAM/OINT |
| SELECT TOPICAL STERIODS (LOW POTENCY) | ALCLOMETASONE CREAM | NON-PREFERRED | HYDROCORTISONE CREAM, OINTMENT OR SOLUTION |
| | ALCLOMETASONE OINTMENT | NON-PREFERRED | HYDROCORTISONE CREAM, OINTMENT OR SOLUTION |
| | DESONIDE CREAM | NON-PREFERRED | HYDROCORTISONE CREAM, OINTMENT OR SOLUTION |

| | | | |
|---|-------------------------|---------------|--|
| | DESONIDE LOTION | NON-PREFERRED | HYDROCORTISONE CREAM, OINTMENT OR SOLUTION |
| | DESONIDE OINTMENT | NON-PREFERRED | HYDROCORTISONE CREAM, OINTMENT OR SOLUTION |
| | HYDROCORTISONE GEL | NON-PREFERRED | HYDROCORTISONE CREAM, OINTMENT OR SOLUTION |
| | HYDROCORTISONE LOTION | NON-PREFERRED | HYDROCORTISONE CREAM, OINTMENT OR SOLUTION |
| | HYDROCORTISONE SOLUTION | PREFERRED | N/A |
| SYNTHETIC ERYTHROPOIETIN PROTEIN | MIRCERA | PA REQUIRED | N/A |
| AGENTS FOR THROMBOCYTOPENIA | NPLATE | NON-PREFERRED | N/A |
| | PROMACTA | NON-PREFERRED | N/A |

**Fluticasone spray (Rx) will be preferred until the release of Flonase OTC

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**.