

MEDICAID PROVIDER BULLETIN

January 2017

This is an update about information in the provider manual. For access to the latest manual, go online to <https://mediproviders.anthem.com/ky>.

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 19, 2016. Effective March 1, 2017, and April 1, 2017, the following formulary changes will apply. This notice applies to Anthem Blue Cross and Blue Shield Medicaid (Anthem) benefits in Kentucky.

What is the impact of this change?

Effective for all patients on March 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
HEPATITIS C AGENTS	HARVONI TABLET	NONPREFERRED	ZEPATIER EXCLUSIVE IN GENOTYPE 1 (OVER HARVONI FOR 12 WEEKS); ZEPATIER AND EPCLUSA CO-PREFERRED IN GENOTYPE 4
HYLAURONIC ACIDS	EUFLEXXA SYRINGE GELSYN SYRINGE SUPRATZ FX SYRINGE	PREFERRED WITH PRIOR AUTHORIZATION	N/A
SHORT-ACTING OPIOIDS	ALL SHORT-ACTING OPIOIDS	ADD QL (7-DAY SUPPLY PER FILL; 14-DAY SUPPLY PER 30 DAYS) WILL NOT APPLY TO MEMBERS USING ON A DAILY BASIS FOR CHRONIC PAIN	N/A
Effective for all patients on April 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
PEDICULICIDES (HEAD LICE)	SPINOSAD 0.9% TOPICAL SUSPENSION	PREFERRED	N/A
PEDICULICIDES (HEAD LICE)	MALATHION 0.5% LOTION	NONPREFERRED (STEP THERAPY REQUIRED)	SPINOSAD SUSPENSION (OTC) LICE KILLING SHAMPOO (OTC) LICE PYRINYL SHAMPOO (OTC) RID COMPLETE LICE KIT (OTC) RID PEDICULICIDES SPRAY

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.

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

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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**.