

**MEDICAID PROVIDER BULLETIN**

May 2016

**Quarterly pharmacy formulary change notice**

**Summary of change:** The formulary changes listed in the table below were reviewed and approved at the 4th quarter Pharmacy and Therapeutics (P&T) committee meeting held on December 14, 2015.

✦ **What this means to you:** Effective May 1, 2016, 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 May 1, 2016			
Therapeutic class	Drug	Revised status	Potential alternatives
ACNE THERAPY	ACNE MEDICATION 5% GEL ACNE MEDICATION 10% GEL ACNE MEDICATION 5% LOTION ACNE MEDICATION 10% LOTION BENZOYL PEROXIDE 5.3% FOAM BENZOYL PEROXIDE 6% CLEANSER PANOXYL 3% CREAM BPO 8% CREAMY WASH PACK BPO 4% CREAMY WASH PACK BP WASH 2.5% LIQUID BP WASH 10% LIQUID BP WASH 7% LIQUID BP WASH ACNE 8% TREATMENT PACK BP WASH ACNE 4% TREATMENT PACK BENZEPRO 5.3% EMOLLIENT FOAM RIAX 5.5% FOAM RIAX 9.5% FOAM BP 5.3% FOAM BP 9.8% FOAM CVS ACNE CLEANSING BAR 10% BP 10% FOAMING WASH CVS CREAMY ACNE 4% FACE WASH CVS FOAMING ACNE FACE 10% WASH ACNE TREATMENT CLEANSING 10% ADVANCED ACNE 4.4% WASH BP 5.5% GEL	PREFERRED	N/A
ACNE THERAPY	BENZOYL PEROXIDE 9.8% FOAM BENZOYL PEROXIDE 5% GEL BENZOYL PEROXIDE 10% GEL BENZOYL PEROXIDE POWDER BENZOYL PEROX 4% CREAMY WASH BENZOYL PEROX 8% CREAMY WASH BENZOYL PEROXIDE 10% WASH	NON-PREFERRED	OTC BENZOYL PEROXIDE: PANOXYL 3% CREAM BENZOYL PEROXIDE 5.3% FOAM BENZOYL PEROXIDE 6% CLEANSER

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

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<b>ACNE THERAPY</b>	PR BENZOYL PEROXIDE 7% WASH DESQUAM-X 5% WASH BPO 6% FOAMING CLOTHS PACNEX MX 4.25% CLEANSER PACNEX HP 7% CLEANSING PADS PACNEX LP 4.25% CLEANSING PADS BENZEFOAM ULTRA 9.8% FOAM		
<b>ACNE THERAPY</b>	DERMAPAK PLUS KIT MYORISAN 30 MG ZENATANE 30 MG	ADD QUANTITY LIMIT (QL)	N/A
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>	APTENSIO XR METHYLPHENIDATE HCL DEXMETHYLPHENIDATE HCL STRATTERA KAPVAY CLONIDINE HCL ER INTUNIV GUANFACINE HCL ER AMPHETAMINE SULFATE DEXTROAMPHETAMINE SULFATE METHAMPHETAMINE HCL DEXTROAMPHETAMINE/AMPHETAMINE VYVANSE	ADD MAXIMUM AGE LIMIT- 18 YEARS OF AGE ( NEW STARTS ONLY)	N/A
<b>ANAPHYLAXIS THERAPY</b>	EPINEPHRINE INJ 0.3MG	NON- PREFERRED	EPIPEN 2-PAK 0.3MG AUTO-INJECT EPIPEN JR 2-PAK 0.15MG INJCTR
<b>ANTACIDS</b>	ROLAIDS CHEWABLE TABLET MAALOX ADVANCED TAB CHEW CALCIUM CARBONATE POWDER ALAMAG TABLET CHEW S-F PHILLIPS' MOM TABLET CHEW GAVISCON EXTRA STRENGTH LIQ GAVISCON LIQUID GAVISCON ES TABLET CHEW	NON- PREFERRED	MAALOX MAXIMUM STRENGTH SUSP MINTOX PLUS CHEW TAB GENERIC OTC ANTACID SUSPENSION
<b>ANTACIDS</b>	GENERIC OTC ANTACID SUSPENSIONS	PREFERRED	N/A
<b>ANTIDIARRHEALS</b>	LOPERAMIDE LIQ IMODIUM A-D LIQUID LOPERAMIDE SUSP	NON- PREFERRED	LOPERAMIDE 1MG/5ML LIQUID
<b>ANTIDIARRHEALS</b>	SOOTHE 262 MG CHEWABLE TABLET	PREFERRED	N/A
<b>ANTIINFECTIVES</b>	AUGMENTIN 125-31.25 MG/5 ML SUSPENSION	NON- PREFERRED	AMOX-CLAV 200-28.5 MG/5 ML SUS AMOX-CLAV 250-62.5 MG/5 ML SUS AMOX-CLAV 400-57 MG/5 ML SUSP AMOX-CLAV 600-42.9 MG/5 ML SUS
<b>ANTIDIURETIC AND VASOPRESSOR HORMONES</b>	DDAVP 10 MCG/0.1 ML SOLUTION	NON- PREFERRED	DESMOPRESSIN 0.01% SOLUTION
<b>ANTIEMETIC/ANTIVERTIGO AGENTS</b>	COMPRO 25 MG SUPPOSITORY PROCHLORPERAZINE 25 MG SUPP DRAMAMINE LESS DROWSY 25 MG TB	PREFERRED	N/A
<b>ANTIFLATULENTS</b>	GAS-X 166 MG SOFTGEL GAS-X ULTRA STRENGTH SOFTGEL PHAZYME 180 MG SOFTGEL V-R ANTI-GAS 166 MG SOFTGEL	NON- PREFERRED	GAS RELIEF 80MG CHEW TAB GAS RELIEF 180MG SOFTGEL
<b>ANTIFLATULENTS</b>	BICARSIM FORTE 125 MG TABLET EQUALIZER GAS RELIEF DROPS	PREFERRED	N/A

<b>ANTIHYPERTENSIVE AGENTS</b>	TARKA DILTIAZEM ER NORVASC 5 MG VERAPAMIL ER 200 MG	REVISED QL	N/A
<b>ANTIHYPERTENSIVE AGENTS</b>	PRESTALIA	ADD QL	N/A
<b>ANTHIECTIVES</b>	CIPRO 10% ORAL CIPRO 5% ORAL LEVAQUIN ORAL CIPRO IR ZITHROMAX	REVISED QL	N/A
<b>ANTIMALARIALS</b>	QUALAQUIN	REVISED QL	N/A
<b>ANTIMIGRAINE PREPARATIONS</b>	SUMATRIPTAN NASAL SUMATRIPTAN INJECTABLE	PREFERRED WITH STEP THERAPY	N/A
<b>ANTIPSORIATIC/ ANTISEBORRHEIC</b>	COSENTYX 150 MG/ML	ADD QL	N/A
<b>ANTISPASMODICS</b>	HYOMAX-SL 0.125 MG TABLET SL HYOSCYAMINE 0.125 MG ODT HYOSCYAMINE 0.125 MG TAB SL OSCIMIN 0.125 MG ODT OSCIMIN SL 0.125 MG TABLET SYMAX FASTABS 0.125 MG TABLET ANTISPASMODIC ELIXIR QUADRAPAX ELIXIR SE-DONNA PB HYOS ELIXIR	PREFERRED	N/A
<b>ANTIVERTIGO &amp; ANTIEMETIC AGENTS</b>	VARUBI	ADD QL	N/A
<b>ANTIVIRALS</b>	RELENZA DISKHALER TAMIFLU	REVISED QL	N/A
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>	ALCOH-GLOVE CONTOURED WIPE	NON-PREFERRED	ISOPROPYL ALCHOHOL 70% WIPES
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>	RA ISOPROPYL ALCOHOL 70% WIPES ALCOH-WIPE 12"X12" FLAT WIPE	PREFERRED	N/A
<b>CONTRACEPTIVES</b>	ORTHO ALL-FLEX DIAPHRAGM 65MM ORTHO ALL-FLEX DIAPHRAGM 70MM ORTHO ALL-FLEX DIAPHRAGM 75MM ORTHO ALL-FLEX DIAPHRAGM 80MM FC2 FEMALE CONDOM	PREFERRED	N/A
<b>DIABETIC AGENTS</b>	GLUMETZA ER 500 MG TABLET GLUMETZA ER 1,000 MG TABLET	NON-PREFERRED WITH STEP THERAPY REQUIRED	N/A
<b>DIABETIC AGENTS</b>	TRESIBA SYNJARDY	ADD QL	N/A
<b>H2 ANTAGONISTS</b>	TUMS DUAL ACTION TABLET CHEW	NON-PREFERRED	FAMOTIDINE TABLET
<b>HEMORRHOIDAL PREPARATIONS</b>	CVS HEMORRHOIDAL SUPP HEMORRHOIDAL SUPPOSITORIES RA HEMORRHOIDAL H SUPP RA HEMORRHOIDAL H SUPP ANALPRAM HC 2.5% LOTION PREP-HEM OINTMENT LIDOCAINE-HC 3-0.5% CREAM KIT HEMORRHOIDAL COOLING GEL CVS HEMORRHOIDAL OINTMENT TUCKS HEMORRHOIDAL OINTMENT	NON-PREFERRED	N/A

	CALMOL 4 SUPPOSITORY PREPARATION H OINTMENT CVS HEMORRHOIDAL SUPPOSITORIES HEMORRHOIDAL SUPPOSITORIES		
<b>HIV THERAPY</b>	GENVOYA	PREFERRED	N/A
<b>HIV THERAPY</b>	VIREAD	PA REQUIRED	N/A
<b>HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE</b>	DOXERCALCIFEROL 4 MCG/2 ML VL	NON- PREFERRED	N/A
<b>IMMUNOMODULATORS</b>	ACTIMMUNE	REMOVE QL	N/A
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>	NOVOTWIST NEEDLE 30G 8MM NOVOTWIST NEEDLE 32G 5MM VANISHPOINT 0.5 ML 30GX1/2" SY VANISHPOINT U-100 29X1/2 SYR CAREONE SYR 0.3 ML 29GX0.5" CAREONE SYR 0.3 ML 30GX5/16" CAREONE SYR 0.5 ML 29GX0.5" CAREONE SYR 0.5 ML 30GX5/16" CAREONE SYR 1 ML 29GX0.5" CAREONE SYR 1 ML 30GX5/16" NOVOFINE AUTOCOVER 30G NEEDLE SAFESNAP INSUL SYRINGE 0.5 ML SAFESNAP INSUL SYRINGE 0.3 ML SAFESNAP INSULIN SYRINGE 1 ML MAGELLAN INSUL SYRINGE 0.3 ML MAGELLAN INSULIN SYR 0.3 ML MAGELLAN INSULIN SYRINGE 1 ML MAGELLAN INSUL SYRINGE 0.5 ML MAGELLAN INSULIN SYR 0.5 ML CAREONE SYR 0.3 ML 30GX5/16" CAREONE SYR 0.3 ML 29GX0.5" CAREONE SYR 0.5 ML 30GX5/16" CAREONE SYR 0.5 ML 29GX0.5" CAREONE SYR 1 ML 30GX5/16" CAREONE SYR 1 ML 29GX0.5" NOVOTWIST NEEDLE 30G 8MM NOVOTWIST NEEDLE 32G 5MM NOVOFINE AUTOCOVER 30G NEEDLE SAFESNAP INSUL SYRINGE 0.5 ML SAFESNAP INSUL SYRINGE 0.3 ML SAFESNAP INSULIN SYRINGE 1 ML MAGELLAN INSULIN SYR 0.3 ML MAGELLAN INSUL SYRINGE 0.3 ML MAGELLAN INSULIN SYRINGE 1 ML MAGELLAN INSULIN SYR 0.5 ML MAGELLAN INSUL SYRINGE 0.5 ML	NON- PREFERRED	VARIOUS – SEE PREFERRED PRODUCTS BELOW
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT</b>	MONOJECT SAFETY SYRINGE EASY COMFORT PEN NDL 31GX1/4" EASY COMFORT PEN NDL 32GX5/32" UNIFINE PENTIP NEEDLES BD LUER-LOK SYRINGE 1 ML BD LUER-LOK SYRINGE 1ML 20GX1" BD ECLIPSE 30GX1/2" SYRINGE BD SAFETYGLIDE SYRINGE 27GX5/8 PRODIGY SYRNG 1 ML 29GX1/2" BD LUER-LOK SYRINGE 1 ML MONOJECT SAFETY SYRINGE UNIFINE PENTIP NEEDLES INSUPEN 33G 4MM PEN NEEDLE COMFORT EZ PEN NEEDLES 6MM 33G COMFORT EZ PEN NEEDLES 4MM 33G	PREFERRED	N/A

	COMFORT EZ PEN NEEDLES 5MM 33G COMFORT EZ PEN NEEDLES 5MM 32G COMFORT EZ PEN NEEDLES 8MM 33G COMFORT EZ PEN NEEDLES 6MM 32G COMFORT EZ PEN NEEDLES 8MM 32G BD ECLIPSE 30GX1/2" SYRINGE PRODIGY SYRNG 1 ML 29GX1/2" WM UNIFINE PENTIP PLUS 4MM 32G UNIFINE PENTIPS PLUS 32GX5/32" EASY COMFORT PEN ND 31GX1/4" CAREFINE PEN NEEDLE 4MM 32G CAREFINE PEN NEEDLES 8MM 31G CAREFINE PEN NEEDLE 12.7MM 29G CAREFINE PEN NEEDLE 6MM 31G SURE COMFORT PEN ND 32GX5/32" ULTILET PEN NEEDLE 4MM 32G COMFORT POINT PEN ND 31GX1/6" EASY TOUCH PEN NEEDLE 32GX5/32 1ST TIER UNIFINE PENTP 5MM 31G 1ST TIER UNIFINE PNTIP 31GX3/16 1ST TIER UNIFINE PNTIP 4MM 32G 1ST TIER UNIFINE PNTIP 32GX5/32 1ST TIER UNIFINE PNTIP 12MM 29G 1ST TIER UNIFINE PNTIP 29GX1/2" 1ST TIER UNIFINE PNTIP 6MM 31G 1ST TIER UNIFINE PNTIP 31GX1/4" ADVOCATE PEN ND 12.7MM 29G CAREONE UNIFINE PNTIP 32GX5/32"		
<b>KIDNEY STONE AGENTS</b>	<b>THIOLA</b>	<b>ADD QL</b>	<b>N/A</b>
<b>LANCING DEVICES</b>	<b>ALL PRODUCTS</b>	<b>PREFERRED</b>	<b>N/A</b>
<b>LAXATIVES AND CATHARTICS</b>	FLEET PEDIA-LAX SUPPOSITORIES CASTOR OIL CVS CASTOR OIL GNP CASTOR OIL HM CASTOR OIL PV CASTOR OIL QC CASTOR OIL SM CASTOR OIL FLEET MINERAL OIL ENEMA GNP MINERAL OIL ENEMA MINERAL OIL MINERAL OIL ENEMA MINERAL OIL EX-HVY VISCOSITY MINERAL OIL MED VISCOSITY MINERAL OIL; HEAVY DOCUSOL PLUS MINI-ENEMA ENEMEEZ PLUS MINI ENEMA DOCUSOL MINI-ENEMA ENEMEEZ MINI ENEMA PV FIBER LAXATIVE POWDER CITRUCEL POWDER S-F CHILD'S FIBER SELECT GUMMIES CVS FIBER GUMMIES TABLET CHEW CVS NATURAL DAILY FIBER POWDER METAMUCIL MULTIHEALTH POWDER METAMUCIL POWDER NATURAL FIBER LAXATIVE POWDER NATURAL PSYLLIUM FIBER POWDER KONSYL 20 MG CAPSULE KONSYL EASY MIX FIBER POWDER KONSYL ORIGINAL FIBER POWDER PSYLLIUM SEED POWDER	<b>NON-PREFERRED</b>	GLYCERIN SUPPOSITORY SANI-SUPP PEDIATRIC SUPP GENERIC MINERAL OIL ENEMA READY TO USE MINERAL OIL ENEMA FIBER CHOICE CHEW TAB GLYCOLAX POWDER FIBER LAXATIVE TAB

	KONSYL PSYLLIUM FIBER POWDER METAMUCIL POWDER NATURAL FIBER LAXATIVE POWDER NATURAL VEGETABLE FIBER POWDER PV NATURAL FIBER LAXATIVE PWD		
<b>LAXATIVES AND CATHARTICS</b>	SB GENTLE LAX-WOMEN TAB DOC-Q-LACE 50 MG/5 ML LIQUID CVS FIBER LAXATIVE 625 MG CPLT EQ FIBER THERAPY 625 MG CAPLET EQL FIBER LAXATIVE 625 MG CPLT FIBER 625 MG TABLET FIBER LAXATIVE 625 MG CAPLET FIBER TABLET FIBER TABS FIBERTAB 625 MG TABLET FIBER-TABS 625 MG CAPLET GNP FIBER TABS PUB FIBER 625 MG CAPLET PV FIBER LAXATIVE 625 MG CAPLT RA FIBERTAB 625 MG TABLET SB FIBER LAXATIVE 625 MG TAB SM FIBER LAXATIVE 625 MG TAB FIBER CHOICE CHEWABLE TABLET GLYCOLAX POWDER CVS WOMEN'S GENTLE LAX EC 5 MG	PREFERRED	N/A
<b>MISCELLANEOUS AGENTS</b>	CEREDASE 80 UNITS/ML VIAL ALDURAZYME 2.9 MG/5 ML VIAL	NON-PREFERRED	N/A
<b>MISCELLANEOUS ANTIBIOTICS</b>	DARAPRIM	NON-PREFERRED ADD QL	N/A
<b>MISCELLANEOUS ANTIINFECTIVES</b>	XIFAXIN 550MG SIVEXTRO TINDAMAX	REVISED QL	N/A
<b>MISCELLANEOUS ANTINEOPLASTIC DRUGS</b>	IRESSA	PA REQUIRED ADD QL	N/A
<b>MISCELLANEOUS ANTINEOPLASTIC DRUGS</b>	ARIMIDEX AROMASIN FEMARA	REMOVE PA	N/A
<b>MISCELLANEOUS ANTINEOPLASTIC DRUGS</b>	AFINITOR XELODA VIDAZA TARGRETIN (ORAL)	REMOVE QL	N/A
<b>MISCELLANEOUS ANTINEOPLASTIC DRUGS</b>	ODOMZO	ADD QL	N/A
<b>MISCELLANEOUS DERMATOLOGICAL AGENTS</b>	CONSTANT CARE CONDITION CRM CONSTANT CARE MOIST BARRIER	NON-PREFERRED	BETA CARE CREAM
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>	EPSOM SALT (BRAND ) RA EPSOM SALT	NON-PREFERRED	EPSOM SALT GENERIC
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>	EPSOM SALT (GENERIC)	PREFERRED	N/A
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>	KEYEYIS	ADD QL	N/A
<b>MISCELLANEOUS RHEUMATOLOGICAL AGENTS</b>	OTEZLA 28 DAY STARTER PACK	ADD QL	N/A

<b>MISCELLANEOUS RHEUMATOLOGICAL AGENTS</b>	HUMIRA	REVISED QL	N/A
<b>MYELOID STIMULANTS</b>	NEULASTA ON-BODY INJ.	ADD QL	N/A
<b>OPIOID DEPENDANCE</b>	BUNAVAIL SUBOXONE SL TAB AND FILM	ADD QL	N/A
<b>OPIOID DEPENDANCE</b>	ZUBSOLV	REVISED QL	N/A
<b>OPHTHALMIC AGENTS MISCELLANEOUS</b>	SYSTANE CONTACTS DROPS	NON-PREFERRED	N/A
<b>OTIC ANTIBIOTICS</b>	CIPROFLOXACIN 0.2% OTIC SOLN	PREFERRED	N/A
<b>PCSK-P INHIBITORS</b>	REPATHA 140 MG/ML SYRINGE REPATHA 140 MG/ML SURECLICK	PREFERRED WITH PA	N/A
<b>PEAK FLOW METERS</b>	IN-CHECK NASAL WITH MASK IN-CHECK ORAL FLOW METER MICROLIFE PEAK FLOW METER ONE FLOW FVC SCREEN SPIROMETER	PREFERRED	N/A
<b>TOPICAL ANTIFUNGALS</b>	NYSTATIN-TRIAMCINOLONE CREAM NYSTATIN-TRIAMCINOLONE OINTM UNDECYLENIC ACID LIQUID MENTAX 1% CREAM ECONAZOLE NITRATE 1% CREAM	NON-PREFERRED	LOTTRIMIN 1% CREAM TERBINAFINE 1% CREAM CERAM NYSTATIN 100;000UNITS/GM CREAM/OINT TRIAMCINOLONE CRM/OINT
<b>TOPICAL ANTIFUNGALS</b>	ANTI-FUNGAL 2% LIQ SPRAY ANTI-FUNGAL 2% CREAM LOTTRIMIN AF 2% POWDER ZEASORB-AF 2% GEL ATHLETE'S FOOT 2% POWDER MIRANEL AF 2% CREAM ANTIFUNGAL 2% OINT FUNGI-NAIL TINCTURE UNDELENIC OINT GORDOCHOM SOLUTION BLIS-TO-SOL 1% LIQ TINACTIN CRM, AEROSOL POWDER, DEO SPR POW EQ ATHLETE'S FOOT 1% CREAM PV FOOT ODOR CONTROL 1% POWDER KETOCONAZOLE 2% FOAM NIZORAL A-D 1% SHAMPOO KETODAN 2% FOAM CVS ITCH RELIEF 1% CREAM LOTTRIMIN AF 1% CREAM ALEVAZOL 1% OINTMENT ANTI-FUNGAL 25% LIQUID HONGO CURA ANTI-FUNGAL 25% SPR MYCO NAIL LIQUID LAMISIL ANTIFUNGAL 1% SPRAY LAMISIL AT 1% CREAM BAZA CREAM HOSPITAL CARE PK BREEZEE MIST FOOT POWDER DESENEX SPRAY POWDER KETODAN 2% FOAM KIT LAMISIL AT 1% GEL	PREFERRED	N/A
<b>TOPICAL ANTIFUNGALS</b>	LOTTRIMIN ULTRA	REVISED QL	N/A

TOPICAL TESTOSTERONE	ANDRODERM 4 MG/24HR PATCH ANDRODERM 2 MG/24HR PATCH ANDROGEL 1% GEL PUMP TESTIM 1% (50MG) GEL	NON-PREFERRED	TESTOSTERONE 25 MG/2.5 GM PKT TESTOSTERONE 50 MG/5 GRAM PKT TESTOSTERONE 12.5 MG/1.25 GRAM (PA REQUIRED)
TOPICAL TESTOSTERONE	TESTOSTERONE 50 MG/5 GRAM GEL TESTOSTERONE 25 MG/2.5 GM PKT TESTOSTERONE 50 MG/5 GRAM PKT TESTOSTERONE 12.5 MG/1.25 GRAM	PREFERRED	N/A

**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>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-855-661-2028.