

**MEDICAID PROVIDER BULLETIN**

October 2016

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 Pharmacy and Therapeutics Committee meeting held on June 27, 2016.

Effective November 1, 2016, the following formulary changes will apply to Anthem Blue Cross and Blue Shield Medicaid benefits in Kentucky.

Effective for all patients on November 1, 2016			
Therapeutic class	Medication	Revised status	Potential alternatives
<b>RESPIRATORY SPACERS</b>	<b>SPACERS:</b> AEROCHAMBER AEROCHAMBER Z-STAT PLUS AEROCHAMBER PLUS EASIVENT E-Z SPACER FLEXICHAMBER INSPIRACHAMBER	NONPREFERRED	OPTICHAMBER DIAMOND POCKET CHAMBER VORTEX LITEAIRE MICROSPACER MICROCHAMBER BREATHRITE
<b>PROTON PUMP INHIBITORS</b>	PANTOPRAZOLE SOD DR 20 MG TAB PANTOPRAZOLE SOD DR 40 MG TAB	NONPREFERRED	NEXIUM 24HR 20 MG TABLET (OTC) NEXIUM 24HR 22.3 MG CAPSULE (OTC) OMEPRAZOLE MAG DR 20.6 MG CAP (OTC) OMEPRAZOLE DR 20 MG TABLET (OTC) PREVACID 24HR DR 15 MG CAPSULE(OTC) HEARTBURN TREATMNT 24HR 15 MG (OTC)
<b>ALCOHOL PREP PADS</b>	<b>BY MANUFACTURER:</b> ONE PHARMACEUTICAL PHOENIX HEALTHCARE SPECIALTY MED HOME AID DIAGNOSTICS SIMPLE DIAGNOSTICS SMITH & N/UNITED BOCA PHARMACAL	NONPREFERRED	<b>BY MANUFACTURER:</b> MCKESSON DRUG TARGET CORP. RITE AID CORP. WALGREEN CO. LEADER CVS WALMART STORES BD DIABETES
<b>LONG-ACTING INJECTABLE ANTIPSYCHOTICS</b>	INVEGA SUSTENNA INVEGA TRINZA ABILIFY MAINTENA ER ARISTADA ER	PREFERRED WITH PRIOR AUTHORIZATION (PA) REQUIRED	N/A
<b>LONG-ACTING INJECTABLE ANTIPSYCHOTICS</b>	ZYPREXA RELPREVV RISPERDAL CONSTA	PREFERRED WITH PA (CURRENT UTILIZERS WILL BE GRANDFATHERED)	N/A

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<b>ALKYLATING AGENTS</b>	CYCLOPHOSPHAMIDE CAPS	PREFERRED	N/A
<b>ALPHA PROTEINASE INHIBITOR</b>	PROLASTIN C 1;000 MG VIAL	NONPREFERRED	N/A
<b>ANTICONVULSANTS</b>	BRIVIACT TABLET BRIVIACT 10 MG/ML ORAL SOLN BRIVIACT 50 MG/5 ML VIAL	ADD PA AND QL	N/A
<b>ANTIDEPRESSANTS</b>	ESCITALOPRAM TABLETS ESCITALOPRAM SOLUTION	PREFERRED	N/A
<b>ANTIDEPRESSANTS</b>	FLUOXETINE HCL 60 MG TABLET	NONPREFERRED	FLUOXETINE HCL 10 MG CAPSULE FLUOXETINE HCL 20 MG CAPSULE FLUOXETINE HCL 20 MG TABLET
<b>ANTIDIURETIC AND VASOPRESSOR HORMONES</b>	DDAVP 0.2 MG TABLET	QL REVISION	N/A
<b>ANTIFUNGAL AGENTS</b>	MYCELEX TROCHE NOXAFIL 40 MG/ML SUSPENSION	QL REVISION	N/A
<b>ANTIHYPERTENSIVE AGENTS</b>	TARKA ER 2-180 MG TABLET NICARDIPINE 30 MG CAPSULE PRINIVIL 5 MG TABLET PRINIVIL 10 MG TABLET PRINIVIL 20 MG TABLET ZESTORETIC 10-12.5 MG	QL REVISION	N/A
<b>ANTIMETABOLITES</b>	METHOTREXATE INJ TABLOID TABLET TREXALL TABLET	PREFERRED	N/A
<b>ANTIMETABOLITES</b>	ADRUCIL VIAL FLUOROURACIL VIAL GEMCITABINE VIAL	NONPREFERRED	N/A
<b>ANTIMIGRAINE PREPARATIONS</b>	ZEMBRACE SYMTOUCH ONZETRA XSAIL NASAL SPRAY	STEP THERAPY (ST) REQUIRED ADD QL	N/A
<b>ANTIMIGRAINE PREPARATIONS</b>	IMITREX 6 MG/0.5 ML VIAL	QL REVISION	N/A
<b>ANTINEOPLASTIC INJECTIONS</b>	AVASTIN 100 MG/4 ML VIAL AVASTIN 400 MG/16 ML VIAL LEUPROLIDE 2WK 1 MG/0.2 ML KIT HERCEPTIN 440 MG VIAL INTRON VIALS LEUPROLIDE 2WK 1 MG/0.2 ML KIT LUPRON DEPOT KITS SYNRIBO 3.5 MG/ML VIAL TORISEL 25 MG KIT TRELSTAR SYRINGE VECTIBIX VIAL ZALTRAP VIAL ZOLADEX IMPLANT SYRN	NONPREFERRED	N/A
<b>MISCELLANEOUS ANTINEOPLASTIC DRUGS</b>	SIGNIFOR LAR VIAL SOMATULINE DEPOT	ADD PA AND QL	N/A

<b>MISCELLANEOUS ANTINEOPLASTIC DRUGS</b>	FIRMAGON KIT SANDOSTATIN VIALS/AMPULS SANDOSTATIN LAR DEPOT VIALS/KITS	ADD QL	N/A
<b>ANTIPSORIATIC/ ANTISEBORRHEIC</b>	TALTZ 80 MG/ML AUTOINJECTOR TALTZ 80 MG/ML SYRINGE	ADD PA AND QL	N/A
<b>ANTIVERTIGO &amp; ANTIEMETIC AGENTS</b>	EMEND CAPSULE EMEND TRIPACK EMEND 150 MG VIAL	ADD QL	N/A
<b>BARBITURATE COMBINATION AGENTS</b>	BUTALBITAL-ACETAMINOPHEN 25- 325 MG BUTALBITAL-ACETAMINOPHEN 50 MG-300 MG TABLET BUTALBITAL-ACETAMINOPHEN 50 MG-325 MG TABLET BUTALBITAL-ACETAMINOPHEN 50 MG-650 MG BUTALBITAL-ACETAMINOPHEN- CAFFEINE 50 MG-325 MG-40 MG/15 ML SOLUTION BUTALBITAL-ACETAMINOPHEN- CAFFEINE 50 MG-300 MG-40 MG CAPSULE BUTALBITAL-ACETAMINOPHEN- CAFFEINE 50 MG-325 MG-40 MG CAPSULE BUTALBITAL-ACETAMINOPHEN- CAFFEINE 50 MG-325 MG-40 MG TABLET BUTALBITAL-ASPIRIN-CAFFEINE 50 MG-325 MG-40 MG CAPSULE BUTALBITAL-ASPIRIN-CAFFEINE- CODEINE 50 MG-325 MG-40 MG-30 MG CAPSULE	ADD QL	N/A
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>	VISTOGARD 10 GRAM PACKET	ADD QL	N/A
<b>MISCELLANEOUS DERMATOLOGICALS</b>	CARAC 0.5% CREAM EFUDEX 5% CREAM TOLAK 4% CREAM FLUOROURACIL 5% TOP SOLUTION FLUOROURACIL 2% TOPICAL SOLUTION FLUOROPLEX 1% CREAM ALDARA 5% CREAM PICATO 0.015% GEL PICATO 0.05% GEL SOLARAZE 3% GEL	ADD QL	N/A
<b>GNRH AGENTS</b>	LUPANETA PACK 3.75/5 MG LUPANETA PACK 11.25/5 MG LUPRON DEPOT PED 30 MG LUPRON DEPOT PED 11.25 OR 15 MG LUPRON DEPOT 7.5 MG LUPRON DEPOT 11.25 MG, 22.5 MG LUPRON DEPOT 30 MG SUPPRELIN LA SYNAREL	ADD QL	N/A

<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>	SOMAVERT 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	ADD QL	N/A
<b>HIV</b>	INTELENCE	PA REMOVED	N/A
<b>LAXATIVES AND CATHARTICS</b>	MIRALAX	ADD QL	N/A
<b>MISCELLANEOUS AGENTS</b>	CHEMET DESFERAL	PA REQUIRED	N/A
<b>MITOTIC INHIBITORS</b>	IXEMPRA 15 MG KIT IXEMPRA 45 MG KIT	NONPREFERRED	N/A
<b>NASAL STEROIDS</b>	RHINOCORT ALLERGY (OTC) NASONEX/ MOMETASONE	ADD QL	N/A
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>	GRALISE ER 300MG GRALISE ER 600 MG HORIZANT 300MG, 600 MG	ADD QL	N/A
<b>NON-SEDATING ANTIHISTAMINES (NSA)</b>	CLARINEX 0.5 MG/ML (2.5 MG/5) CHILD'S CLARITIN 5 MG TAB CHEW CLARITIN 5 MG REDITABS	NONPREFERRED	FEXOFENADINE HCL 60 MG TABLET (OTC) FEXOFENADINE HCL 180 MG TABLET (OTC) LORATADINE ALLERGY 5 MG/5 ML (OTC) LORATADINE 10 MG ODT (OTC)
<b>NSAID</b>	VIVLODEX CAPSULE	ADD QL	N/A
<b>OPHTHALMIC ANGIOGENESIS INHIBITORS</b>	LUCENTIS 0.5 MG VIAL LUCENTIS 0.3 MG VIAL	NONPREFERRED	N/A
<b>OPIOID DEPENDANCE</b>	EVZIO	QL REVISION	N/A
<b>OPIOID DEPENDANCE</b>	NARCAN NASAL SPRAY NALOXONE INJECTION	ADD QL	N/A
<b>OSTEOPOROSIS THERAPY</b>	ALENDRONATE SOD 70 MG/75 ML	PREFERRED	N/A
<b>OSTEOPOROSIS THERAPY</b>	FORTEO 600 MCG/2.4 ML PEN INJ	NONPREFERRED	N/A
<b>SKELETAL MUSCLE RELAXANTS</b>	AMRIX 30MG METHOCARBAMOL 750 MG	ADD QL	N/A
<b>TOPICAL ANTI-INFLAMMATORY-NSAIDS</b>	FLECTOR PATCH PENNSAID 1.5% PENNSAID 2% VOLTAREN GEL	ADD QL	N/A
<b>PAH AGENTS</b>	TYVASO INHALATION	NONPREFERRED WITH PA	N/A
<b>PAH AGENTS</b>	ATROVENT HFA ATROVENT SOLUTION	QL REVISION	N/A
<b>PRENATAL VITAMINS</b>	ENBRACE HR FOCALGIN 90 DHA COMBO PACK;	ADD QL	N/A

	FOCALGIN CA COMBO PACK NIVA-PLUS OB COMPLETE GOLD PREFERA-OB PLUS DHA COMBO PACK PROVIDA DHA TRISTART DHA VITAFOL FE + DOCUSATE COMBO PACK		
<b>PROTON PUMP INHIBITORS</b>	DEXILANT SOLUTAB	ADD QL	N/A
<b>RH IMMUNE GLOBULIN</b>	MICRHOGAM ULTRA-FILTD PLUS SYR RHOGAM ULTRA-FILTERED WINRHO SDF HYPERRHO S-D RHOPHYLAC 300 MCG/2 ML SYRINGE	NONPREFERRED	N/A
<b>MISCELLANEOUS RHEUMATOLOGICAL AGENTS</b>	SAVELLA TITRATION PACK SAVELLA TABLET	NONPREFERRED WITH PA	N/A
<b>MISCELLANEOUS RHEUMATOLOGICAL AGENTS</b>	KINERET 100 MG/0.67 ML SYRINGE	NONPREFERRED	N/A
<b>MISCELLANEOUS RHEUMATOLOGICAL AGENTS</b>	XELJANZ XR TABLET	ADD PA AND QL	N/A
<b>UTI PROPHYLAXIS</b>	NITROFURANTOIN MCR 25 MG CAP	PREFERRED	N/A
<b>UTI PROPHYLAXIS</b>	NITROFURANTOIN 25 MG/5 ML SUSP	NONPREFERRED	NITROFURANTOIN MCR 25 MG, 50 MG AND 100 MG CAP NITROFURANTOIN MONO-MCR 100 MG
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>	CYTOGAM 2.5 GM/50 ML VIAL	NONPREFERRED	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, 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 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**.