

**MEDICAID PROVIDER BULLETIN**

September 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 second quarter Pharmacy and Therapeutics Committee meeting held on June 27, 2016. Effective September 1, 2016, and October 1, 2016, the following formulary changes will apply. This notice applies to Anthem Blue Cross and Blue Shield Medicaid (Anthem) benefits in Kentucky.

<b>Effective for all patients on September 1, 2016</b>			
<b>Therapeutic class</b>	<b>Medication</b>	<b>Revised status</b>	<b>Potential alternatives</b>
<b>HEPATITIS C</b>	EPCLUSA	PREFERRED WITH PRIOR AUTHORIZATION (PA)	N/A
<b>PAH</b>	LETAIRIS	PREFERRED WITH PA	N/A
<b>HIV</b>	DESCOVY	PREFERRED	N/A
<b>LAMA/LABA</b>	ANORO ELLIPTA INHALER	PREFERRED	N/A
<b>LONG ACTING NARCOTICS</b>	MORPHINE ER TABS (GENERIC MS CONTIN) METHADONE (ALL DOSAGE FORMS) FENTANYL PATCH	PA REQUIRED (CURRENT UTILIZERS GRANDFATHERED)	N/A
<b>OVER ACTIVE BLADDER</b>	DARIFENACIN	PREFERRED	N/A
<b>NARCOTICS</b>	BELBUCA FILM MORPHABOND XTAMPZA ER CAPSULES	ADD QUANTITY LIMIT (QL)	N/A
<b>Effective for all patients on October 1, 2016</b>			
<b>SHORT-ACTING NARCOTICS</b>	ACETAMINOPHEN — COD #3 TAB	ADD QL (SEVEN-DAY SUPPLY PER FILL; 14-DAY SUPPLY PER 30 DAYS)	N/A
<b>HEPATITIS C</b>	DAKLINZA	NONPREFERRED WITH PA	N/A

Please review these changes and work with your Anthem members to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain PA to continue coverage beyond the applicable effective date.

We recognize the unique aspects of members' cases. If for medical reasons your Anthem member cannot be converted to a formulary alternative, call our Pharmacy department at **1-855-661-2028** and follow the voice prompts for pharmacy PA. 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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