

**MEDICAID PROVIDER BULLETIN**

August 29, 2014

**Quarterly Pharmacy Formulary Change Notice**

**Summary of Change:** The formulary changes listed in the table below were reviewed and approved at the 1<sup>st</sup> Quarter Pharmacy and Therapeutics (P&T) Committee meetings held on February 24, 2014 and March 26, 2014.

† **What this means to you:**

**Effective September 1, 2014, preferred formulary changes will apply.**

**Effective October 1, 2014, non-preferred and PA requirements will apply.**

**This notice applies to Anthem Blue Cross Blue Shield Medicaid benefits in Kentucky.**

**What is the impact of this change?**

Effective for all patients on September 1, 2014			
Therapeutic Class	Medication	Formulary Status Change	Potential Alternatives (preferred products)
<b>Acne Products</b>	BP Wash 5%	Preferred	N/A
	BP Wash 10%	Preferred	N/A
<b>Anticonvulsants</b>	Tegretol (Brand and generic)	Preferred	N/A
	Tegretol XR (Brand and generic)	Preferred	N/A
<b>Antiemetics</b>	Anti-Nausea	Preferred	N/A
	Formula EM	Preferred	N/A
<b>Antihistamines-Ethanolamines</b>	Carbinomaxine maleate tab	Preferred	N/A
<b>Antiparkinson Agents</b>	Carbidopa/levodopa/entacapone	Preferred	N/A
<b>B-Complex Vitamins</b>	All oral generic OTC and generic prescription B-Complex vitamins	Preferred	N/A

**Medicaid in Kentucky**

**[www.Anthem.com/KYMedicaidoc](http://www.Anthem.com/KYMedicaidoc)**

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, 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.

<b>Bile Acid Sequestrants</b>	Colestipol	Preferred	N/A
<b>Cephalosporins- 3rd Generation</b>	Ceftriaxone	Preferred with QL	N/A
<b>Cobalamins</b>	All generic prescription and generic OTC cobalamins	Preferred	N/A
	B12 500 mcg lozenge	Preferred	N/A
	Hydroxocobalamin Inj	Preferred	N/A
<b>Cough/Cold Products</b>	Saline Spray	Formulary for 2 years old and older	N/A
	Saline Drops	Formulary for 2 years old and older	N/A
	Dextromethorphan Syrup	Formulary for 2 years old and older	N/A
	Pseudoephedrine Tablets	Formulary for 2 years old and older	N/A
	Pseudoephedrine Syrup	Formulary for 2 years old and older	N/A
	Guaifenesin Syrup	Formulary for 2 years old and older	N/A
	Guaifenesin / Codeine Syrup	Formulary for 2 years old and older	N/A
	Promethazine / Dextromethorphan Syrup	Formulary for 2 years old and older	N/A
	Promethazine / Codeine Syrup	Formulary for 2 years old and older	N/A
	Benzonatate Capsules	Formulary for 2 years old and older	N/A
<b>Dental Products</b>	Sodium Fluoride Rinse	Preferred	N/A

	Stannous Fluoride Gel	Preferred	N/A
<b>Diabetic Supplies</b>	All lancets	Preferred	N/A
	TRUEtrack Control Solution TRUEtest Control Solution	Preferred	N/A
<b>Estrogens</b>	Menest 0.3mg, 0.625mg, 1.25mg, 2.5mg	Preferred	N/A
<b>Fibric Acid Derivatives</b>	Fenofibrate 43mg, 48mg, 130mg & 145mg Fenofibric Acid 35mg, 45mg, 105mg, 135mg	Preferred with Quantity Limits (QL)	N/A
<b>Genitourinary Irrigants</b>	Sodium Chloride Irrigation	Preferred	N/A
<b>H2 Antagonists</b>	Nizatidine 150mg & 300mg	Preferred	N/A
<b>Human Immunodeficiency Virus Retrovirals</b>	Tivicay	Preferred	N/A
	Isentress	Preferred	N/A
<b>Hydantoins</b>	Dilantin (Brand)	Preferred	N/A
	Phenytek (Brand)	Preferred	N/A
<b>Immunosuppressants</b>	azathioprine 50mg (ONLY)	Preferred	N/A
<b>Inflammatory Bowel Agents</b>	Delzicol	Preferred	N/A
<b>Inhaled Corticosteroids</b>	Pulmicort Respules	Formulary for 5 years old and younger	N/A
<b>Iron products</b>	All oral generic prescription and generic OTC iron products	Preferred	N/A
<b>Keratolytic/Antimitotic Agents</b>	All generic RX and generic OTC products	Preferred	N/A
<b>Laxatives - BULK</b>	Generic Fiber Laxatives: caplets, tablets, capsules, chewables, powder	Preferred	N/A
<b>Laxative combinations</b>	generic OTC senna combination products	Preferred	N/A

<b>Laxatives - Lubricants</b>	Mineral oil enema	Preferred	N/A
	Mineral oil heavy	Preferred	N/A
	Mineral oil oral	Preferred	N/A
<b>Laxatives - Saline</b>	All generic OTC Saline laxatives	Preferred	N/A
<b>Laxatives - Stimulant</b>	All oral generic OTC senna products	Preferred	N/A
<b>Laxatives - Surfactant</b>	All oral generic OTC surfactant laxatives	Preferred	N/A
	Pedia-Lax Stool softener	Preferred	N/A
<b>Magnesium</b>	All oral generic OTC and prescription magnesium products	Preferred	N/A
<b>Multivitamins</b>	All oral generic prescription and generic OTC multivitamins	Preferred	N/A
<b>Nasal Steroids</b>	Nasacort Allergy 24HR ( OTC )	Preferred	N/A
<b>Oil Soluble Vitamins</b>	D-5000 Maximum Strength, Maximum D3, Vitamin D2, Vitamin D3, Vitamin A, Vitamin E, Vitamin K	Preferred	N/A
<b>Ophthalmic Adrenergic Agents</b>	Apraclonidine	Preferred	N/A
	Tretinoin oral formulation	Preferred	N/A
<b>Pancreatic Enzymes</b>	Pancrelipase 5,000	Preferred	N/A
<b>Phenothiazines</b>	Prochlorperazine Inj 5mg/ml and 10mg/2ml	Preferred	N/A
<b>Prenatal Vitamins</b>	Generic prescription and generic OTC vitamins	Preferred	N/A
<b>Progestins</b>	Progesterone 100mg Caps	Preferred	N/A
	Progesterone 200mg Caps	Preferred	N/A
<b>Intra-Rectal Steroids</b>	All generic intra-rectal steroids	Preferred	N/A

<b>Rectal Combinations</b>	Lidocaine HC cream	Preferred	N/A
	phyenylephrine supp	Preferred	N/A
<b>Select Hematopoietic Mixtures</b>	All oral generic OTC and generic prescription Hematopoietic mixtures	Preferred	N/A
<b>Sickle Cell Anemia</b>	Droxia	Preferred	N/A
<b>Specialty vitamins</b>	All oral generic OTC and generic prescription specialty vitamins	Preferred	N/A
<b>Throat products</b>	Biotene moisturizing mouth spray	Preferred	N/A
	Biotene Oralbalance liquid	Preferred	N/A
	Caphosol solution	Preferred	N/A
	CVS Dry mouth spray	Preferred	N/A
	Moi-Stir spray	Preferred	N/A
	Mouthkote solution	Preferred	N/A
	Numoisyn liquid PV dry mouth spray	Preferred	N/A
<b>Thyroid Hormones</b>	Liothyronine	Preferred	N/A
	Synthroid (Brand)	Preferred	N/A
<b>Topical Antifungals</b>	Nystatin Powder	Preferred	N/A
	Tolnaftate powder	Preferred	N/A
	Undecylenic acid solution	Preferred	N/A
<b>Ulcer Therapy Combinations</b>	Acid Controller Complete	Preferred	N/A
	Acid Reducer Complete	Preferred	N/A

	Complete	Preferred	N/A
	Dual Action Complete	Preferred	N/A
<b>Urinary Antispasmodics</b>	Oxytrol ( OTC )	Preferred	N/A
<b>Urinary Anti-Infectives</b>	Methenamine products	Preferred	N/A
<b>Water Soluble Vitamins</b>	All generic prescription and generic OTC water-soluble vitamins	Preferred	N/A
<b>Zinc products</b>	All oral generic OTC and generic prescription zinc sulfate products	Preferred	N/A
	Zinc lozenge	Preferred	N/A
	Zinc 50 mg	Preferred	N/A
	Zinc sulfate 220 mg capsule	Preferred	N/A
	Zinc sulfate 220 mg tablet	Preferred	N/A
<b>Effective for all patients on October 1, 2014</b>			
<b>Therapeutic Class</b>	<b>Medication</b>	<b>Formulary Status Change</b>	<b>Potential Alternatives (preferred products)</b>
<b>Acne Products</b>	Clindamycin-benzoyl peroxide gel	Non-preferred	BP Wash 5% and 10 %
	Isotretinoin Products	PA Required and Quantity Limit (QL)	BP Wash 5% and 10 %
<b>Anaphylaxis Therapy</b>	Auvi-Q	PA Required	EpiPen, EpiPen Jr
<b>Antiadrenergic Antihypertensives</b>	Clonidine Patch	Non-Preferred Current utilizers will be grandfathered	Clonidine tabs

<b>Anticonvulsants</b>	Vimpat	Non-preferred with PA Current utilizers will be grandfathered	Lamictal, Keppra, Trileptal and Depakote
<b>Antihistamines-Ethanolamines</b>	Doxylamine succinate chewable tablets	Non-Preferred	loratadine, fexofenadine and diphenhydramine
<b>Antimetabolites</b>	Tabloid	Non-preferred Current utilizers will be grandfathered	N/A
	Xeloda (Brand and Generic)	Non-preferred with PA Current utilizers will be grandfathered	N/A
<b>Antimuscarinics</b>	Anora Ellipta	PA Required	Spiriva, Atrovent and Combivent
<b>Antineoplastics</b>	Gazvya	PA Required	N/A
	Xofigo	PA Required	N/A
	Emcyt	PA Required	N/A
	Provenge	PA Required	N/A
<b>Antispasmodics</b>	Ed-Spaz	Non-Preferred	hyoscyamine and dicyclomine
	Symax SL	Non-Preferred	hyoscyamine and dicyclomine
<b>Beta-Blockers Ophthalmic</b>	Betimol	Non-Preferred	Timoptic, levobunolol and metipranolol
<b>Cephalosporins- 3rd Generation</b>	Suprax	Non-Preferred	Omnicef, Spectracef and Vantin
<b>Diagnostic Tests</b>	Chemstrip uGK	Non-Preferred with QL	Ketostix

	Keto-Diastix Reagent	Non-Preferred	Ketostix
	Novamax Plus	Non-Preferred	Ketostix
	Pregnancy tests	Non-Preferred	N/A
<b>Estrogens</b>	Cenestin 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	Non-Preferred	Menest
<b>Hematopoietics</b>	Mozobil	PA Required	N/A
	Promacta	PA Required	N/A
	Methoxasalen caps	PA Required	methotrexate
<b>Inflammatory Bowel Agents</b>	Asacol	Non-Preferred	Asacol HD, Pentasa and Azulfidine
	Canasa	Non-Preferred	Asacol HD, Pentasa and Azulfidine
<b>Laxatives - BULK</b>	Generic Fiber Laxatives: sticks, wafers, packets	Non-Preferred	OTC surfactant laxatives, OTC saline laxatives and OTC Senna
<b>Laxative combinations</b>	Moviprep	Non-preferred	OTC saline laxatives
<b>Laxatives - Saline</b>	Osmoprep	Non-Preferred with QL	OTC saline laxatives
<b>Miscellaneous</b>	Buphenyl	PA Required	N/A
	Ravicti	PA Required	N/A
	Xeljanz	PA Required	N/A
<b>Multiple Sclerosis</b>	Copaxone	PA Required	All MS agents require PA
<b>Narcotic Analgesics</b>	Zohydro ER	PA Required	Vicodin, Lortab abd Lorcet
<b>Nasal Steroids</b>	RX triamcinolone nasal spray	Non-preferred	Nasacort OTC
<b>Oil Soluble Vitamins</b>	Calciferol	Non-preferred	Vitamin D2, D3, Maximum D3 and D-5000 Maximum



<b>Ophthalmic Corticosteroids and Combinations</b>	Lotemax	Non-preferred	Acular, prednisolone phosphate 1%
	Poly-Pred	Non-Preferred	Maxitrol and neomycin/polymyxin/hydrocortisone
	Pred Mild	Non-preferred	Pred Forte
	Vexol	Non-preferred	Pred Forte
	Tobradex ointment	Non-preferred	tobramycin solution
	Tobradex suspension	Non-preferred	tobramycin solution
	Tobradex ST suspension	Non-Preferred	tobramycin solution
<b>Ophthalmic Anti-Infectives</b>	Tobrex Ointment	Non-preferred	tobramycin solution
	Zirgan	Non-Preferred	Gentak, Moxeza and Zymaxid
<b>Oral Antineoplastics</b>	Fareston	Non-Preferred Current utilizers will be grandfathered	N/A
	Lysodren	Non-Preferred Current utilizers will be grandfathered	N/A
	Matulane	Non-Preferred Current utilizers will be grandfathered	N/A
	Nilandron	Non-Preferred Current utilizers will be	N/A

		grandfathered	
	Targretin	Non-Preferred Current utilizers will be grandfathered	N/A
	Zytiga	Non-Preferred Current utilizers will be grandfathered	N/A
	Aromasin	Non-Preferred with PA	N/A
	Femara	Non-Preferred with PA	N/A
	Arimidex	Non-preferred with PA	N/A
	Temodar	Non-Preferred with PA and QL	N/A
<b>Oral Fluoroquinolones</b>	Cipro Oral Suspension 500mg/5ml	Non-Preferred	levofloxacin
	Cipro Oral Suspension 250mg/5ml	Non-Preferred	levofloxacin
<b>Oxazolidinones</b>	Zyvox	Preferred with PA	vancomycin
<b>Pancreatic Enzymes</b>	Pancreaze	Non-Preferred Current utilizers will be grandfathered	Creon and Pancrelipase 5,000
	Zenpep	Non-Preferred, removing step	Creon and Pancrelipase 5,000

		Current utilizers will be grandfathered	
	Sucraid	Non- Preferred	Creon and Pancrelipase 5,000
<b>Phosphate Products</b>	Phos-Nak	Non- Preferred	Phospha
<b>Posterior Pituitary Hormones</b>	Stimate	Non- Preferred with PA	desmopressin spray
<b>Potassium-Sparing Diuretics</b>	Dyrenium	Non- Preferred	spironolactone and triamterene/ HCTZ
<b>Prenatal Vitamins</b>	Brand prenatal vitamins	Non- Preferred Current utilizers will be grandfathered	generic OTC and prescription prenatal vitamins
<b>Intra-Rectal Steroids</b>	Cortifoam	Non- Preferred	Colocort
<b>Thiazide Diuretics</b>	Diuril suspension	Non- preferred	hydrochlorothiazide
<b>Urinary Antispasmodics</b>	Tolterodine	Non- preferred Current utilizers will be grandfathered	oxybutynin
<b>Urinary Anti- Infectives</b>	Macrochantin 25mg	Non- preferred Current utilizers will be grandfathered	nitrofurantoin 50 and 100 mg

**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.