

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**, the following formulary changes will apply. This notice applies to Anthem Blue Cross and Blue Shield Medicaid (Anthem) benefits in Kentucky.

Effective for all patients on September 1, 2016			
Therapeutic class	Medication	Revised status	Potential alternatives
ICS	QVAR 40 MCG ORAL INHALER QVAR 80 MCG ORAL INHALER	NONPREFERRED FOR MEMBERS 12 YEARS OF AGE AND OLDER	AEROSPAN 80 MCG INHALER ARNUITY ELLIPTA 100 MCG INH ARNUITY ELLIPTA 200 MCG INH

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**.

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