

February 2018

Pharmacy tools

This update serves as a reminder on how to access information regarding Anthem Blue Cross and Blue Shield Healthcare Solutions pharmacy benefits and covered drugs.

To access pharmacy information online, go to <https://medproviders.anthem.com/nv>, then select **Pharmacy**. There are multiple tools available to assist you with your pharmacy needs.

To find out if a drug is covered, select **Formulary** from the **Pharmacy** page and enter the drug you're looking for into the online search tool, or use the hyperlink below. Using this tool allows you to view various restrictions, such as quantity limits, prior authorization (PA) requirements, preferred status and benefit exclusion. Use the hyperlink for the therapeutic class to sort by status, which will list preferred medications that don't require PA.

<https://medproviders.anthem.com/nv/pages/formulary.aspx>

The screenshot shows the Anthem Nevada Providers website. At the top left is the Anthem BlueCross BlueShield logo. A purple banner reads "Nevada Providers". Below this is a navigation menu with categories: Home, Join Our Network, Claims, Precertification, Medical, Pharmacy, Members, and Provider Education & Support. The "Pharmacy" category is highlighted in blue, and a red arrow points to it. Under "Pharmacy", "Formulary" is highlighted in purple. To the right, the "Formulary" page content is visible, including a description of the Preferred Drug List (PDL) and links for "How to use the Preferred Drug List", "Searchable Formulary", "Nevada Medicaid Preferred Drug List", and "Specialty Drug List".

<https://medproviders.anthem.com/nv>

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Below is a screenshot of the search results for Prozac. Fluoxetine, the generic drug for Prozac, is on the formulary, whereas Prozac is the nonpreferred medication. This means PA is required for the brand name drug (Prozac), but not for the generic drug (fluoxetine).

[Drug Search](#) [Main Content](#)

Anthem BlueCross and BlueShield Healthcare Solutions Medicaid Formulary

The medications included in the Anthem formulary are reviewed and approved by the Anthem Pharmacy and Therapeutics Committee, which includes Practitioners and Pharmacists from the Anthem Provider community.

Medications not listed in the formulary are considered to be non-formulary and are subject to prior authorization.

Some medications listed may have additional requirements or limitations of coverage. These requirements and limits may include prior authorization, quantity limits, age limits or step therapy.

Additionally, if a medication is available as a generic formulation, this will be Anthem's preferred agent, unless otherwise noted.

Members, if you have any questions about coverage of a certain product, please contact us at 844-396-2329.

Providers, if you have any questions about coverage of a certain product, please contact us at 844-396-2330.

Machine Readable Data for Prescription Drug Formulary: [Nevada Medicaid Machine Readable File](#)

[Start Over](#)

Please select a drug from the list below to continue.

- [F fluoxetine 10 mg capsule](#)
- [F fluoxetine 20 mg capsule](#)
- [F fluoxetine 40 mg capsule](#)
- [F fluoxetine 90 mg capsule, delayed release](#)
- [NP Prozac 10 Mg Capsule](#)
- [NP Prozac 20 Mg Capsule](#)
- [NP Prozac 40 Mg Capsule](#)

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Formulary Id:	NV-1-14-15
Formulary Effective Date:	07/25/2017
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You can also select the *Preferred Drug List* when prescribing for our members. This guide does not contain a complete list of drugs. Rather, it lists preferred drugs within the most commonly prescribed therapeutic categories. Though most medications on the *Preferred Drug List* are covered without PA, a few agents will require you to contact our Pharmacy department for authorization. You can reach our Pharmacy department at **1-844-396-2330** from 8 a.m. to 8 p.m. ET Monday through Friday and 10 a.m. to 2 p.m. ET on Saturday. You can also fax PA requests to our Pharmacy department at **1-844-490-4874**.

Providers, if you have any questions about coverage of a certain product or cannot locate a specific drug, please contact the Pharmacy department at **1-844-396-2330** for assistance. If a drug isn't listed, it may require PA to be covered.