

Medi-Cal Managed Care L. A. Care Major Risk Medical Insurance Program **Provider Bulletin** October 2018

# Medicaid-Approved Formulary

#### Introduction

The *Medicaid-Approved Formulary* is a list of drugs covered by Anthem Blue Cross (Anthem) for Medi-Cal Managed Care (Medi-Cal) members. The list includes commonly prescribed FDA-approved drugs that were chosen by Anthem because of their value and effectiveness. Select drugs may require prior authorization (PA). The formulary is updated quarterly and is subject to change without prior notification. To ensure you're viewing the most recent version, make sure you're accessing the digital formulary at <a href="https://mediproviders.anthem.com/ca">https://mediproviders.anthem.com/ca</a> or contact our Medi-Cal Customer Care Center at 1-800-407-4627 (outside L.A. County) or 1-888-285-7801 (inside L.A. County).

## **Brand names versus generics**

A brand-name drug is one that is developed, patented and marketed by the original drug manufacturer. Until the patent expires, no other companies can produce that same particular brand-name drug. A generic drug has the same active ingredients as its brand-name counterpart. A generic drug may be manufactured by various drug companies after the original patent expires. A generic drug is identical to the brand-name drug in dosage form, strength, route of administration, quality and intended uses. Generics may differ from their brand-name equivalent in color and/or shape. Both brand-name drugs and generic drugs have to meet the same strict safety, purity and performance standards governed by the FDA.

### **Quantity supply limit**

Quantity supply limit is the maximum amount of a drug that a pharmacy can dispense at a given time. The formulary adheres to FDA-approved dosing guidelines. If a prescribing provider feels a quantity supply greater than the defined maximum is medically necessary, the prescriber should submit a PA request detailing the need for exceeding the recommended quantity.

#### **Dose Optimization Program**

The Dose Optimization Program identifies claims where multiple capsules or tablets are used per day and encourages an optimal dose. In some situations, a single daily dose is encouraged. Without getting PA of benefits, the system will reject claims submitted with a quantity exceeding the set limit.

#### PA program

The PA program is designed to encourage appropriate use of medications. Drugs that require PA are generally those that either are part of a step therapy regimen, have a high side effect potential, should be reserved for specific FDA indication, have high misuse or abuse potential, or have lower-cost alternatives. In order to encourage utilization of appropriate generic alternatives as first-line therapies, brand-name drugs in which generic equivalents are available require PA. Prior to prescribing any brand-name medications, physicians are encouraged to consider using the preferred (or Tier 1) generic alternative.

## https://mediproviders.anthem.com/ca

Select medications on the formulary may require PA. If a medication requires PA, a *PA Form* needs to be completed by the prescriber for submission to Anthem. To obtain a *PA Form* and a list of drugs that require PA, please visit <a href="https://mediproviders.anthem.com/ca">https://mediproviders.anthem.com/ca</a> or contact us at 1-844-410-0746.

#### Carved-out medications\*

The following types of medications are covered directly by the Medi-Cal Fee-For-Service (FFS) program. For questions about a benefit or service listed here, please call Medi-Cal Support at **1-800-541-5555**.

- Antipsychotics
- Monoamine oxidase inhibitors
- Select anti-Parkinsonian agents
- Mood stabilizers
- HIV drugs
- Detoxification agents (substance abuse treatments)
- Hemophilia blood products

#### **Contact information**

If you have questions about the formulary, contact our Medi-Cal Customer Care Center at **1-800-338-6180** or fax **1-800-601-4829**. Hours of operation are Monday through Friday from 8 a.m. to 9 p.m. and Saturday and Sunday from 8 a.m. to 6 p.m. In addition, regular updates to the formulary are available by visiting <a href="https://mediproviders.anthem.com/ca">https://mediproviders.anthem.com/ca</a>.

<sup>\*</sup> Drugs that are carved out are identified by their ingredients rather than by indication. For this reason, certain drugs used for the treatment of hepatitis B such as Lamivudine (Epivir-HBV), Tenofovir disoproxil fumarate (TDF, Viread), Tenofovir alafenamide (TAF, Vemlidy) and Tenofovir disoproxil/emtricitabine (Truvada) are carved out and should be adjudicated as FFS-approvable benefits regardless of the indication. This also applies to transdermal forms of buprenorphine.