Anthem BlueCross

Negative Formulary Update

This is to inform you of a change to our formulary for our Medicare Part D membership.

Effective on June 01, 2014, the following drug(s) will need the addition of a Prior Authorization Edit to ensure proper adjudication under Part B or under Part D

Drug(s) Affected by Prior Authorization Addition

CYCLOSPORINE MODIFIED 25 MG CAPSULE
LEVALBUTEROL 0.63 MG/3ML NEBULIZER SOLUTION
LEVALBUTEROL 0.31 MG/3ML NEBULIZER SOLUTION

Letters will be sent to our impacted pharmacy network to inform them of this change. Members currently taking any of the drugs listed above will continue to receive prescriptions, however the Part B versus Part D determination will take place to calculate the proper billing designation.

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