



Quarterly pharmacy formulary change notice

Summary of change: Effective February 1, 2021, the preferred formulary changes detailed in the table below will apply to Healthy Blue members. Additionally, effective February 1, 2021, there will be changes to the non-preferred and prior authorization requirements of these formulary items. These formulary changes were reviewed and approved at the third quarter 2020 Pharmacy and Therapeutics Committee meeting.

Formulary changes effective February 1, 2021			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ANTISPASMODICS	GLYCOPYRROLATE TAB 1.5MG	NON-PREFERRED	GLYCOPYRROLATE TAB 1MG GLYCOPYRROLATE TAB 2MG
ALLERGY PRODUCTS	RX DIPHENHYDRAMINE ELIXIR 12.5/5ML	EXCLUDED	OTC DIPHENHYDRAMINE ELIXIR 12.5/5ML
CONTRACEPTIVES	CAYA DIAPHRAGM OMNIFLEX DIAPHRAGM	PREFERRED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2021 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ADRENAL STEROID INHIBITORS	ISTURISA TAB 1MG ISTURISA TAB 5MG		ADD PA ADD QL: 1 MG, 5 MG TABS: 4 TABS PER DAY (2 CARTONS IN 30 DAYS)
	ISTURISA TAB 10MG		ADD PA ADD QL: 6 TABLETS PER DAY (3 CARTONS IN 30 DAYS)
ALKYLATING AGENTS	ZEPZELCA SOL 4MG		ADD PA
ANTI-CATAPLECTIC AGENTS	XYWAV SOL 0.5GM/ML		ADD PA ADD QL: 18 ML PER DAY
ANTICONVULSANTS	FINTEPLA SOL 2.2MG/ML		ADD PA ADD QL: 26 MG PER DAY
	VALTOCO SPR 5MG VALTOCO SPR 10MG VALTOCO LIQ 15MG VALTOCO LIQ 20MG		UPDATE QL: 10 BLISTER PACKS PER 30 DAYS*
	XCOPRI TITRATION PAK XCOPRI MAINTENANCE PAK		UPDATE QL: 1 BLISTER PACK FOR 28 DAYS
	XCOPRI TAB 50MG XCOPRI TAB 100MG XCOPRI TAB 150MG		UPDATE QL: 1 TABLET PER DAY
	XCOPRI TAB 200MG		UPDATE QL: 2 TABLETS PER DAY

<https://provider.healthybluene.com>

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BNEPEC-0384-20 February 2021

State approval: 12/03/2020

	ZONEGRAN CAP 25MG ZONEGRAN CAP 100MG	UPDATE QL: 6 CAPSULES PER DAY
	LAMOTRIGINE KIT START 35 (BLUE) SUBVENITE KIT START 35 (BLUE)	UPDATE QL: 1 KIT PER 28 DAYS
	LAMOTRIGINE KIT START 49 (ORANGE) SUBVENITE KIT START 49 (ORANGE) LAMOTRIGINE KIT START 98 (GREEN) SUBVENITE KIT START 98 (GREEN)	UPDATE QL: 1 KIT PER 35 DAYS
ANTINEOPLASTICS	KEYTRUDA INJ 100MG/4M	ADD QL: 4 VIALS PER 6 WEEKS
	BLNREP INJ 100MG	ADD PA
	MONJUVI INJ 200MG	ADD PA
	PHEGO SOL 80 MG-40 MG-2000 UNT/ML PHEGO SOL 60 MG-60 MG-2000 UNT/ML	ADD PA ADD QL: 80MG-40MG-2000UNIT/ML: 1 VIAL PER 42 DAYS 60MG-60MG-2000UNIT/ML: 1 VIAL PER 21 DAYS
CONTRACEPTIVES	DEPO-PROVERA INJ 150MG/ML	ADD QL: 1 INJECTION (1 ML) PER 3 MONTHS
DIABETIC SUPPLIES	MINIMED 630G KIT INSULIN	ADD QL: 1 PUMP PER YEAR
	MINIMED 670G MIS INS PUMP	ADD QL: 1 PUMP EVERY 4 YEARS
	OMNIPOD PDM OMNIPOD DASH PDM	ADD QL: 1 PDM EVERY 4 YEARS
	OMNIPOD POD OMNIPOD DASH POD	ADD QL: 15 PODS PER 30 DAYS
	T:SLIM X2 MIS	ADD QL: 1 PUMP EVERY 4 YEAERS
	INSULIN INFUSION PUMP SUPPLIES	ADD QL: 15 INFUSION SETS/RESERVOIRS PER 30 DAYS
	DEXCOM G5 MIS RECEIVER DEXCOM G6 MIS RECEIVER	ADD QL: 1 PER YEAR
	DEXCOM G5 MIS TRANSMIT DEXCOM G6 MIS TRANSMIT	ADD QL: 1 PER 90 DAYS
	DEXCOM G5 MIS SENSOR	ADD QL: 5 PER 30 DAYS
	DEXCOM G6 MIS SENSOR	ADD QL: 3 PER 30 DAYS
	FREESTY LIBR MIS 2 READER	ADD QL: 1 PER YEAR
	FREESTY LIBR KIT 2 SENSOR	ADD QL: 2 PER 28 DAYS
	GUARDIAN CON MIS TRANSMIT	ADD QL: 2 PER YEAR
	GUARDIAN MIS SENSOR 3	ADD QL: 5 PER 30 DAYS

	EVERSENSE MIS TRANSMTR	ADD QL: 1 PER YEAR
INTERLEUKIN-1BETA BLOCKERS	ILARIS INJ 150MG/ML	UPDATE QL: 2 VIALS PER 28 DAYS
METABOLIC MODIFIERS	PALYNZIQ INJ 2.5/0.5 PALYNZIQ INJ 10/0.5ML PALYNZIQ INJ 20MG/ML	UPDATE QL: 1 SYRINGE PER DAY
OPHTHALMICS - MISC.	UPNEEQ SOL 0.1%	ADD PA ADD QL: 30 SINGLE USE CONTAINERS PER 30 DAYS
SOMATOSTATIC AGENTS	MYCAPSSA CAP 20MG	ADD PA ADD QL: 1 BLISTER PACK PER 7 DAYS (4 BLISTER PACKS PER 28 DAYS)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)	EVRYSDI SOL	ADD PA ADD QL: 5 MG PER DAY
VASOPRESSIN RECEPTOR ANTAGONISTS	JYNARQUE PAK	ADD QL: 1 CARTON PER 28 DAYS
INFLUENZA VACCINES	FLUZONE HD INJ PF 20-21	ADD QL: 0.7 ML PER FILL
IMMUNOSUPPRESSIVE AGENTS	UPLIZNA SOL 100MG	ADD PA ADD QL: 3 VIALS (300 MG) EVERY 6 MONTHS

What action do I need to take?

Please review these changes and work with your 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 your patient cannot be converted to a formulary alternative for medical reasons, call our Pharmacy department at **1-833-388-1406**. Follow the voice prompts for pharmacy prior authorization.

You can find the *Preferred Drug List* on our provider website at <https://provider.healthybluene.com> via the following steps:

- Select View Pharmacy Information
- Select preferred drug list (PDL)

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at **1-833-388-1406** from 8 a.m. to 9 p.m. CT Monday to Friday.