



Quarterly pharmacy formulary change notice

Summary of change

Effective May 1, 2023, the preferred formulary changes detailed in the table below will apply to Healthy Blue members. Additionally, effective May 1, 2023, 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 fourth quarter 2022 Pharmacy and Therapeutics Committee meetings.

EFFECTIVE FOR ALL PATIENTS ON MAY 1, 2023			
Therapeutic class	Drug	Revised status	Potential alternatives
HEMATOPOIETIC AGENTS	INFED 50MG/ML INJECTION	NON-PREFERRED WITH PA	(PA REQUIRED) FERUMOXYTOL 510/17ML INJECTION
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2023 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ANTIDEPRESSANTS	AUVELITY 45 MG/105 MG TABLET		ADD PA AND QL 2 TABLETS PER DAY
ANTIDIABETICS	TZIELD 2MG/2ML INJECTION		ADD PA AND DOSING LIMITS
ANTIMETABOLITES*	JYLAMVO 2 MG/ML ORAL SOLUTION		ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IMJUDO 25/1.25ML INJECTION IMJUDO 300/15ML INJECTION		ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	PEDMARK 12.5GM INJECTION		ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TECVAYLI 30MG/3ML INJECTION TECVAYLI 153/1.7 INJECTION		ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	VEGZELMA 100 MG, 400 MG VIAL		ADD PA AND QL 1.25 MG PER EYE
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ELAHERE 5MG/ML INJECTION		ADD PA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	HYRIMOZ 10 MG/0.2 ML PREFILLED SYRINGE		ADD QL 2 SYRINGES PER 28 DAYS
CHELATING AGENTS	CUVRIOR 300 MG TABLET		ADD PA AND QL 10 TABLETS PER DAY
DIABETIC SUPPLIES	OMNIPOD 5 POD		ADD QL 15 PODS PER 30 DAYS
DIABETIC SUPPLIES	DEXCOM G7 RECEIVER		ADD QL 1 RECEIVER PER YEAR
DIABETIC SUPPLIES	DEXCOM G7 SENSOR		ADD QL 3 SENSORS/TRANSMITTERS PER 30 DAYS

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

DIABETIC SUPPLIES	FREESTYLE LIBRE 3 SENSOR FREESTYLE LIBRE 14 DAY SENSOR	ADD QL 2 SENSORS PER 28 DAYS
DIGESTIVE AIDS	SUCRAID 17,000 UNITS/2 ML SINGLE- USE ORAL SOLUTION	ADD QL 300 ML PER 30 DAYS
ENDOCRINE AND METABOLIC AGENTS - MISC.	PHEBURANE 483/GM ORAL PELLETT	ADD QL 8 BOTTLES PER 30 DAYS
ESTROGEN COMBINATIONS*	BIJUVA 0.5MG/100MG CAPSULE	ADD QL 1 CAPSULE PER DAY
ESTROGENS	ELESTRIN GEL 0.06%	UPDATE QL 52 GRAMS PER 30 DAYS
ESTROGENS	EVAMIST 1.53MG SPRAY	UPDATE QL 16.2 ML PER 30 DAYS
ESTROGENS	ESTROGEL GEL	UPDATE QL 50 GRAMS PER 30 DAYS
CYSTINOSIS AGENTS	CYSTAGON 50MG CAPSULE CYSTAGON 150MG CAPSULE PROCYSBI 25MG GRANULES PROCYSBI 75MG GRANULES PROCYSBI 300MG GRANULES	ADD PA
HEMATOLOGICAL AGENTS - MISC.*	ULTOMIRIS 245 MG/ 3.5 ML PREFILLED CARTRIDGE	ADD QL 2 CARONS PER WEEK
NEUROMUSCULAR AGENTS	RELYVRIO 3-1GM PAK	ADD PA AND QL 7 PACKETS- 3 CARTONS ONCE, ONE TIME FILL 56 PACKETS- 1 CARTON PER 28 DAYS
VAGINAL ESTROGENS	ESTRACE VAGINAL CREAM 0.01%	ADD QL 42.5 GRAMS PER 30 DAYS

* This change will be implemented once the medication is on the market.

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 **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)**.

Contact Us

Availity* Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to [availity.com](https://www.availity.com)

and select the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section at the bottom of our provider website for the appropriate contact.



Email is the quickest and most direct way to receive important information from Healthy Blue.



To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3oXHYBP>).