

February 2018

## Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at our fourth quarter Pharmacy and Therapeutics Committee meeting.

Effective May 1, 2018, the changes outlined below apply to all Healthy Blue members. Please reference the footnote below the table.

Effective for all members on May 1, 2018	
Drug	Revised status
Aerospan* 80 mcg inhaler	Nonpreferred
Inhaled corticosteroid coverage	
Arnuity® Ellipta® Flovent HFA/Diskus Pulmicort flexhaler®	Preferred
Budesonide for nebulization	Preferred for members 5 years of age and younger
QVAR® HFA	Covered for members 11 years of age and younger
Asmanex Twisthaler	Covered for members 5 years of age and younger
QVAR® RediHaler™ Asmanex HFA ArmonAir™ RespiClick® Aerospan	Nonpreferred

\* Currently being removed from the market.

Please review these changes and work with your Healthy Blue members to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific members, you will need to obtain prior authorization to continue coverage beyond the applicable effective date.

We recognize the unique aspects of patients' cases. If, for medical reasons, your Healthy Blue member cannot be converted to a formulary alternative, call our Pharmacy department at **1-844-521-6942** and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our provider website at <https://providers.healthybluel.com>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.

<https://providers.healthybluel.com>

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