

HOT TOPIC

2018 FORMULARY CHANGES!

DO ANY OF YOUR PATIENTS NEED NEW PRESCRIPTIONS?

If you received a mailing from Highmark with specific patient information identifying those impacted, please be sure that you follow up with your patients. They may need an alternative prescription (when appropriate) or a request for coverage determination.

This past fall, we issued multiple communications alerting prescribing physicians if any of their patients would be impacted by formulary changes effective Jan. 1, 2018. The changes included:

- Not covered: a medication will be removed from the Formulary
- Tier change: a medication will move up a tier, meaning a higher patient cost-sharing
- Quantity level limits: a medication will have limits in place so only a certain amount can be received at one time; limits are in place to ensure safe and effective use of the medication
- Prior authorization: a medication may only be covered if the plan determines that the use is medically necessary based on pharmacy policies approved by the Pharmacy & Therapeutics Committee

Thank you for your attention to this important matter for our members, your patients.