

Special Bulletin

For professional and facility providers

December 12, 2022

2023 Medicare Advantage Drug Formulary and Preauthorization Changes

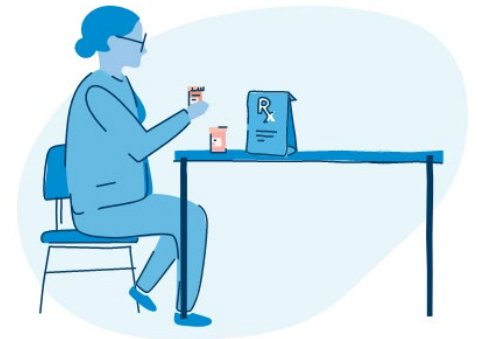
Beginning **January 1, 2023**, some of your Highmark Medicare Advantage (MA) patients may be affected by changes to Highmark's pharmacy drug formulary. These changes include removing some medications from the drug formulary, quantity limits, and moving medications to a higher coverage tier. Additionally, coverage determination requests will be submitted to and reviewed by our Utilization Management (UM) team.

Medications moving to a higher tier can result in a higher copay for your patients. Some of the medications changing tiers in 2023 include:

- Oxybutynin chloride
- Euthyrox/levoxy and Unithroid
- Travoprost
- Trosipium

Check Your Mail for Letters With More Information

Letters detailing select medication changes that will impact your patients should arrive this week. Once you receive your letter, you can either submit a coverage determination or request a different drug that MA would cover. Please save this letter and speak with your affected patients about changing medications to a covered alternative, if you feel this is appropriate. Some covered alternatives will be provided but additional alternatives can be found in the patient's Medicare formulary.



To review the full 2023 Medicare formularies, go to **PHARMACY PROGRAM/FORMULARIES > Medicare Formularies** here on the Provider Resource Center.

Submitting Coverage Determination Requests

Coverage determination requests for the **2023** plan year will be **submitted to and reviewed by Highmark** and can be requested beginning today, **December 12, 2022**. If a coverage determination is submitted, Highmark will review the request and notify you and the member of the decision.

[NaviNet®](#) is the preferred method for submitting coverage determination requests.

You can also call Highmark at 800-600-2227 (Monday–Friday, 8:30 a.m.–4:30 p.m. EST) or submit your request on the [Prescription Drug Medication Request Form](#).

To complete the form, you must:

1. Include only **one member** per request
2. Include only **one prescription** per request
3. Include **all** supporting clinical documentation
4. **Check form** for missing information and accuracy
5. **Fax** form to 866-240-8123 or mail to:

Clinical Services
120 Fifth Ave, MC P4207
Pittsburgh, PA 15222

This form is also available on the Provider Resource Center under **FORMS > Pharmacy Prior Authorization Forms > Request for Non-Formulary Drug Coverage**.

Please note: Any preauthorization requests needed for 2022 coverage should still be sent to Express Scripts. While the process for medication preauthorization requests is changing for 2023, Express Scripts will remain our pharmacy benefits manager.

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