

Quarterly pharmacy formulary change notice Posted April 1, 2023

The formulary changes listed in the table below were reviewed and approved at the third quarter 2022 Pharmacy and Therapeutics Committee meeting.

What this means to me:

- Effective May 1, 2023, preferred formulary changes will apply.
- Effective May 1, 2023, nonpreferred and prior authorization requirements will apply.
- This notice applies to Healthy Blue.

EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2023			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ANTIHISTAMINES	(OTC) CHLOR-TRIMETON 12MG TABLET CR CHLOR-TRIMETON 4MG TABLET (OTC) XYZAL 5MG TABLET LEVOCETIRIZINE 5MG TABLET	PREFERRED	N/A
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TREXALL 5MG TABLET TREXALL 7.5MG TABLET TREXALL 10MG TABLET TREXALL 15MG TABLET	NON-PREFERRED WITH STEP THERAPY	METHOTREXATE 2.5MG TABLET
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	HUMIRA PEDIATRIC CROHNS INJECTION HUMIRA PEDIATRIC UC PEN KIT HUMIRA CD/UC/HS PEN HUMIRA CD/UC/HS PEN KIT HUMIRA PS/UV PEN HUMIRA PS/UV PEN KIT HUMIRA 20/0.2ML INJECTION HUMIRA 40/0.4ML INJECTION HUMIRA 40/0.4ML PEN HUMIRA 40MG/0.8 KIT HUMIRA 80/0.8ML PEN	NON-PREFERRED WITH STEP THERAPY	(PA REQUIRED) AMJEVITA 20 MG SYRINGE AMJEVITA 40 MG SURECLICK PEN
ANTIVIRALS	SUNLENCA 300MG TABLET SUNLENCA INJECTION	COVERED WITH PA	N/A
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>			
	AUVELITY 45 MG/105 MG TABLET		ADD PA AND QL

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To report fraud, call our confidential Fraud Hotline at **877-725-2702**. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at **888-364-3224** or email fraudres@scdhhs.gov.

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ANTIDEPRESSANTS		2 TABLETS PER DAY
ANTIDIABETICS	TZIELD 2MG/2ML INJECTION	ADD PA AND DOSING LIMITS
ANTIFUNGALS	VIVJOA 150MG CAPSULE	ADD PA AND QL 18 CAPSULES (1 CARTON) PER YEAR
ANTI-INFECTIVES - THROAT	NYSTATIN 100,000 UNITS/ML SUSPENSION	UPDATE QL 24 ML PER DAY
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*	LYTGOBI 12 MG, 16 MG, 20 MG CARTON	ADD PA AND QL 1 CARTON PER 7 DAYS
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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	REZLIDHIA 150MG CAPSULE	ADD PA AND QL 1 CAPSULES PER DAY
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	HYRIMOZ 10 MG/0.2 ML PREFILLED SYRINGE	ADD QL 2 SYRINGES PER 28 DAYS
ANTIVIRALS	FUZEON 90MG INJ	UPDATE QL: 2 VIALS PER DAY
CHELATING AGENTS	CUVRIOR 300 MG TABLET	ADD PA AND QL 10 TABLETS PER DAY
DERMATOLOGICALS	JUBLIA 10% SOLUTION	ADD QL 8 ML PER 30 DAYS
DERMATOLOGICALS	ZYCLARA 2.5% CREAM (PUMP) ZYCLARA 3.75% CREAM (PACKETS) ZYCLARA 3.75% CREAM (PUMP)	1 PUMP OR 1 BOX (28 PACKETS) PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
DERMATOLOGICALS	TOLNAFTATE 1% CREAM	UPDATE QL 30 GM PER 30 DAYS
DERMATOLOGICALS	FORMULA 7 RAPID GEL	ADD QL 28 GM PER 30 DAYS
DERMATOLOGICALS	FUNGIFOAM 1% AEROSAL	ADD QL 75 GM PER 30 DAYS
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
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
DIURETICS	FUROSCIX 80 MG/10 ML KIT	ADD PA AND QL 6 KITS 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
GASTROINTESTINAL AGENTS - MISC.	SKYRIZI 180 MG/ 1.2 ML PREFILLED CARTRIDGE	ADD NEW QL 1 KIT PER 56 DAYS (8 WEEKS)
CYSTINOSIS AGENTS	CYSTAGON 50MG CAPSULE CYSTAGON 150MG CAPSULE PROCYSBI 25MG GRANULES PROCYSBI 75MG GRANULES PROCYSBI 300MG GRANULES	ADD PA
GOUT AGENTS	ZYLOPRIM 100 MG TABLET	ADD QL 8 TABLETS PER DAY
GOUT AGENTS	ALLOPURINOL 200 MG TABLET	ADD QL 4 TABLETS PER DAY
GOUT AGENTS	ZYLOPRIM 300 MG TABLET	ADD QL 2 TABLETS PER DAY
HEMATOLOGICAL AGENTS - MISC.*	ULTOMIRIS 245 MG/ 3.5 ML PREFILLED CARTRIDGE	ADD QL 2 CARONS PER WEEK
INSULINS	INSULIN DEGLUDEC/INSULIN DEGLUDEC FLEXTOUCH U-100 INSULIN GLARGINE/INSULIN GLARGINE SOLOSTAR U-100*	ADD QL 30 ML PER 30 DAYS
INSULINS	INSULIN DEGLUDEC FLEXTOUCH U-200	ADD QL 18 ML PER 30 DAYS
INSULINS*	REZVOGLAR KWIKPEN U-100	ADD QL 30 ML PER 30 DAYS
MUSCULOSKELETAL THERAPY AGENTS	METHOCARBAMOL 1,000 MG TABLET	ADD QL 4 TABLETS PER DAY
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
OPHTHALMIC AGENTS	BEPREVE 1.5% DROPS	UPDATE QL 10 ML PER 30 DAYS
PROTON PUMP INHIBITORS*	KONVOMEK SOLUTION	ADD QL 20 mL per day
RESPIRATORY AGENTS - MISC.	PIRFENIDONE 534 MG TABLET	ADD QL 3 TABLETS PER DAY
RESPIRATORY AGENTS - MISC.	ORKAMBI 75-94MG GRANULES	ADD QL 2 PACKETS PER DAY
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 Healthy Blue 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 for medical reasons your Healthy Blue patient cannot be converted to a formulary alternative, call our Pharmacy department at **866-902-1689** and follow the voice prompts for pharmacy prior authorization.

You can find the *Preferred Drug List* on our website by visiting **www.HealthyBlueSC.com** and selecting **Providers**. If you need assistance with any other item, contact Provider Services at **866-757-8286**.