

## Quarterly pharmacy formulary change notice Posted July 1, 2023

The formulary changes listed in the table below were reviewed and approved at the third quarter Pharmacy and Therapeutics Committee meeting held during the first quarter of 2023.

### What this means to me:

- Effective August 1, 2023, preferred formulary changes will apply.
- This notice applies to Healthy Blue.

<b>EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2023</b>			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
<b>ANTIDEPRESSANTS</b>	FLUOXETINE 10MG TABLET FLUOXETINE 20MG TABLET FLUOXETINE 60MG TABLET FLUVOXAMINE ER 100MG CAPSULE FLUVOXAMINE ER 150MG CAPSULE	PREFERRED	N/A
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	HUMIRA 10/0.1 ML INJECTION	NON-PREFERRED	AMJEVITA (PA REQUIRED)
<b>ORAL STEROIDS</b>	MILLIPRED 5MG TABLET	NON-PREFERRED	PREDNISOLONE ODT TABLET METHYLPREDNISOLONE TABLET PREDNISONE TABLET PREDNISOLONE SOLUTION PREDNISONE SOLUTION
<b>OVER THE COUNTER AGENTS</b>	(GENERIC) BROMPHENIRAMINE & PHENYLEPHRINE ELIXIR CAPSAICIN CREAM CHLORPHENIRAMINEIRAMINE & PHENYLEPHRINERINE LIQUID CHLORPHENIRAMINEIRAMINE & PHENYLEPHRINERINE TABLET CHLORPHENIRAMINEIRAMINE & PSEUDOEPHEDRINE TABLET CHLORPHENIRAMINEIRAMINE -DM LIQUID CHLORPHENIRAMINEIRAMINE -DM TABLET	PREFERRED	N/A

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<p><b>OVER THE COUNTER          AGENTS</b></p>	<p>DEXBROMPHENIRAMINE-          PHENYLEPHRINERINE TABLET          DEXTROMETHORPHAN-          GUAIFENESIN CAPSULE          DEXTROMETHORPHAN-          GUAIFENESIN LIQUID          DEXTROMETHORPHAN-          GUAIFENESIN TABLET          DEXTROMETHORPHAN-          GUAIFENESIN TABLET ER          DIPHENHYDRAMINE-          PHENYLEPHRINERINE LIQUID          DIPHENHYDRAMINE-          PHENYLEPHRINERINE          SOLUTION          DIPHENHYDRAMINE-          PHENYLEPHRINERINE TABLET          DIPHENHYDRAMINE-ZINC          ACETATE CREAM          DIPHENHYDRAMINE-ZINC          ACETATE LIQUID          DOCUSATE SODIUM ENEMA          DOXYLAMINE-DM LIQUID          DOXYLAMINE-          PHENYLEPHRINERINE TABLET          EPHEDRINE-GUAIFENESIN          TABLET          GUAIFENESIN TABLET ER          LIDOCAINE (ANORECTAL) GEL          LIDOCAINE (ANORECTAL)          SUPP          MENTHOL (TOPICAL          ANALGESIC) GEL          MENTHOL (TOPICAL          ANALGESIC) LIQUID          MENTHOL-METHYL          SALICYLATE CREAM          MENTHOL-METHYL          SALICYLATE OINTMENT          MENTHOL-METHYL          SALICYLATE STICK          OXYMETAZOLINE HCL          SOLUTION          PHENYLEPHRINERINE HCL          SOLUTION          PHENYLEPHRINERINE HCL          TABLET          PHENYLEPHRINERINE W/ DM-          GUAIFENESIN LIQUID          PHENYLEPHRINERINE W/ DM-          GUAIFENESIN SYRUP          PHENYLEPHRINERINE W/ DM-          GUAIFENESIN TABLET          PHENYLEPHRINERINE-          BROMPHENIRAMINE-DM          LIQUID</p>	<p>PREFERRED</p>	<p>N/A</p>
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	<p>PHENYLEPHRINERINE-          CHLORPHENIRAMINE-DM          LIQUID          PHENYLEPHRINERINE-DM          SOLUTION          PHENYLEPHRINERINE-          GUAIFENESIN LIQUID          PHENYLEPHRINERINE-          GUAIFENESIN TABLET          PHENYLEPHRINERINE-          IBUPROFEN TABLET          PSEUDOEPHEDRINEED-          BROMPHEN-DM SYRUP          PSEUDOEPHEDRINEEDRINE          HCL TABLET          PSEUDOEPHEDRINEEDRINE W/          DM-GUAIFENESIN LIQUID          PSEUDOEPHEDRINEEDRINE-          DEXCHLORPHENIRAMINEIRA          MINE-DEXTROMETHORPHAN          LIQUID          PSEUDOEPHEDRINEEDRINE-          GUAIFENESIN SYRUP          PSEUDOEPHEDRINEEDRINE-          GUAIFENESIN TABLET          PSEUDOEPHEDRINEEDRINE-          GUAIFENESIN TABLET ER          PSYLLIUM POWDER          WHEAT DEXTRIN POWDER</p>	<p>PREFERRED</p>	<p>N/A</p>
<p><b>OVER THE COUNTER          AGENTS</b></p>	<p>HYDROCODONE POLISTIREX-          CHLORPHENIRAMINE          POLISTIREX          10-8/5ML SUSPENSION          ALLEGRA-D 24 HOUR TABLET          BENADRYL ITCH GEL 2%          CLARINEX-D 2.5-120 MG          TABLET          CLARITIN-D 5-120MG TABLET          COLACE CLEAR 50MG          CAPSULE          DOCUSATE MINI ENENMA          283MG          ICY HOT PAD 5%          ITCH ERASER SPRAY 2%          KONSYL DAILY POW 100%          LIDOCAINE CREAM 5%          PHOS-NAK POWDER          CONCENTRATE          PROMETH VC 6.25-5/5 SYRUP          PROMETH VC/CODEINE SYRUP          ZOSTRIX HP CREAM 0.1%</p>	<p>NOT          COVERED</p>	<p>GENERIC          OTC COUGH AND COLD AGENTS          FEXOFENADINE- PSEUDOEPHEDRINE          LORATADINE- PSEUDOEPHEDRINE          XYZAL          DOCUSATE SODIUM ENEMA          MENTHOL GEL          LIDOCAINE GEL</p>
<p><b>PROTON PUMP          INHIBITORS</b></p>	<p>OMEPRAZOLE 10MG CAPSULE          OMEPRAZOLE 20MG CAPSULE          OMEPRAZOLE 40MG CAPSULE          PANTOPRAZOLE 20MG          TABLET</p>	<p>PREFERRED</p>	<p>N/A</p>

	PANTOPRAZOLE 40MG TABLET PANTOPRAZOLE 40MG ORAL PACKET	
<b>UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2023</b> NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY		
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	TEZSPIRE SOL 210MG	UPDATE QL 1 PEN/SYRINGE/VIAL PER 28 DAYS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	AIRSUPRA INHALER	ADD PA AND QL 3 INHALERS PER 30 DAYS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	ARMONAIR DIGIHALER 30 MCG	ADD QL 1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	NUCALA 40MG/0.4 INJ	ADD QL 40 MG (1 SYRINGE) EVERY 4 WEEKS
<b>ANTIDEPRESSANTS</b>	DULOXETINE 20MG CAPSULE	UPDATE QL 6 CAPSULES PER DAY
<b>ANTIDEPRESSANTS</b>	DULOXETINE 30MG CAPSULE	UPDATE QL 4 CAPSULE PER DAY AND CHANGE FROM DO TO QL
<b>ANTIDEPRESSANTS</b>	VENLAFAXINE ER 37.5 TABLET	UPDATE QL 6 TABLET/CAPSULE PER DAY AND CHANGE FROM DO TO QL
<b>ANTIDEPRESSANTS</b>	VENLAFAXINE ER 75MG TABLET	UPDATE QL 3 TABLET/CAPSULE PER DAY AND CHANGE FROM DO TO QL
<b>ANTIDIABETICS*</b>	BRENZAVVY 20 MG TABLET	ADD ST AND QL 1 TABLET PER DAY
<b>ANTIDIABETICS</b>	LYUMJEV TEMPO INJ 100/ML INJ HUMALOG TEMPO INJ 100/ML INJ BASAGLAR TEMPO INJ	ADD ST
<b>ANTIDIABETICS</b>	TEMPO REFILL KIT	2 KITS PER 30 DAYS
<b>ANTIDIABETICS</b>	TEMPO SMART BUTTON	1 SMART BUTTON EVERY 8 MONTHS
<b>ANTIFUNGALS</b>	POSACONAZOLE DR 100MG TABLET	UPDATE QL 93 TABLETS PER 30
<b>ANTIFUNGALS</b>	VIVJOA 150MG CAPSULE	UPDATE QL 18 CAPSULES (1 CARTON) PER 4 MONTHS
<b>ANTIFUNGALS</b>	VFEND 50MG TABLET	ADD QL 6 TABLETS PER DAY
<b>ANTIFUNGALS</b>	VFEND 200MG TABLET	ADD QL 2 TABLETS PER DAY
<b>ANTIFUNGALS</b>	VFEND 40MG/ML ORAL SUSPENSION	ADD QL 10 ML PER DAY
<b>ANTIFUNGALS</b>	NOXAFIL PAK 300MG	REMOVE QL
<b>ANTIHYPERLIPIDEMIC S</b>	EZETIMIBE/ATORVASTATIN 10MG/20MG	ADD ST AND QL 1 PER DAY

<b>ANTHYPERLIPIDEMICS</b>	EZETIMIBE/ATORVASTATIN 10MG/10MG EZETIMIBE/ATORVASTATIN 10MG/40MG EZETIMIBE/ATORVASTATIN 10MG/80MG	ADD QL 1 PER DAY
<b>ANTHYPERLIPIDEMICS</b>	ATORVALIQ 20MG/5ML SUSPENSION	ADD ST AND QL 20 ML PER DAY
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	NITROFURANTOIN MONOHYDRATE MACROCRYSTALS 100 MG CAPSULE NITROFURANTOIN MACROCRYSTALS 25 MG, 50 MG, 100 MG CAPSULE NITROFURANTOIN 25MG/5ML SUSPENSION FOSFOMYCIN 3GM POWDER CLEOCIN (CLINDAMYCIN) 150 MG/ML INJECTION CLEOCIN (CLINDAMYCIN) 75 MG CAPSULE CLEOCIN (CLINDAMYCIN) 150 MG CAPSULE CLEOCIN (CLINDAMYCIN) 300 MG CAPSULE	REMOVE QL
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	VIVIMUSTA 100/4ML INJ	ADD PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	CALQUENCE 100MG TABLET CALQUENCE 100MG CAPSULE	ADD QL 2 PER DAY
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>	ADSTILADRIN INJ	ADD PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	KRAZATI 200MG TABLET	ADD PA AND QL 6 TABLETS PER DAY
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	JAYPIRCA 50MG TABLET JAYPIRCA 100MG TABLET	ADD PA AND QL 50 MG: 1 TABLET PER DAY 100MG: 2 TABLETS PER DAY
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	LUNSUMIO 30MG/30 INJ	ADD PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	ORSERDU 86MG TABLET ORSERDU 345MG TABLET	ADD PA AND QL 86 MG: 3 TABLETS PER DAY 345 MG: 1 TABLET PER DAY
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	TURALIO 125MG CAPSULE	ADD QL 4 CAPSULES PER DAY
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>	RYKINDO ER INJ	ADD PA AND QL 2 INJ PER 28 DAYS
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	ABILIFY MYCITE 2 MG, 5 MG, 10 MG, 15 MG TABLET WITH SENSOR MAINTENACE KIT	ADD DOSE OP 1 TABLET PER DAY

<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	ABILIFY MYCITE 20 MG, 30 MG TABLET WITH SENSOR MAINTENACE KIT	ADD QL 1 TABLET PER DAY
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	ABILIFY MYCITE 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG TABLETS WITH SENSOR AND POD STARTER KIT	ADD QL 2 KITS PER YEAR
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	QUETIAPINE 200MG TABLET	UPDATE QL TO DO 3 TABLETS PER DAY
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	QUETIAPINE 150MG TABLET	ADD QL 5 TABLETS PER DAY
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	FLUPHENAZINE 5MG TABLET	UPDATE QL TO DO 4 TABLETS PER DAY
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	CAPLYTA 10.5MG CAPSULE CAPLYTA 21MG CAPSULE	ADD DO 1 PER DAY
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	HALOPERIDOL 2MG/ML ORAL CONCENTRATE SOLUTION	ADD QL 30 ML PER DAY
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	IDACIO 40 MG/0.8 ML PREFILLED PEN/SYRINGE	ADD QL 2 PENS/SYRINGES PER 28 DAYS
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	IDACIO CROHN'S DISEASE/ULCERATIVE COLITIS STARTER PACK 40 MG/0.8 ML PREFILLED PEN IDACIO PSORIASIS STARTER PACK 40 MG/0.8 ML PREFILLED PEN	ADD QL 1 PACK (28 DAY SUPPLY, ONE TIME FILL)
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 15 MG	UPDATE DO 4 TABLETS PER DAY
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 16.2 MG	UPDATE DO 7 TABLETS PER DAY
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 30 MG	UPDATE DO 4 TABLETS PER DAY
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 32.4 MG	UPDATE DO 7 TABLETS PER DAY
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 60 MG	UPDATE QL 4 TABLETS PER DAY
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 64.8 MG	UPDATE QL 4 TABLETS PER DAY
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 97.2 MG	UPDATE QL 4 TABLETS PER DAY
<b>BETA BLOCKERS</b>	KAPSPARGO 25MG CAPSULE	UPDATE QL 16 CAPSULES PER DAY AND CHANGE FROM DO TO QL
<b>BETA BLOCKERS</b>	KAPSPARGO 50MG CAPSULE	UPDATE QL 8 CAPSULES PER DAY AND CHANGE FROM DO TO QL
<b>BETA BLOCKERS</b>	KAPSPARGO 100MG CAPSULE	UPDATE QL

		4 CAPSULES PER DAY AND CHANGE FROM DO TO QL
<b>BETA BLOCKERS</b>	METOPROLOL TARTRATE 25 MG TABLET METOPROLOL SUCCINATE ER 25 MG	UPDATE QL 16 TABLETS PER DAY AND CHANGE FROM DO TO QL
<b>BETA BLOCKERS</b>	METOPROLOL TARTRATE 37.5 MG TABLET	UPDATE QL 10 TABLETS PER DAY AND CHANGE FROM DO TO QL
<b>BETA BLOCKERS</b>	METOPROLOL TARTRATE 50 MG TABLET METOPROLOL SUCCINATE ER 50 MG TABLET	UPDATE QL 8 TABLETS PER DAY AND CHANGE FROM DO TO QL
<b>BETA BLOCKERS</b>	METOPROLOL TARTRATE 75 MG TABLET	UPDATE QL 5 TABLETS PER DAY AND CHANGE FROM DO TO QL
<b>BETA BLOCKERS</b>	METOPROLOL SUCCINATE ER 100 MG TABLET	UPDATE QL 4 TABLETS PER DAY AND CHANGE FROM DO TO QL
<b>CARDIOVASCULAR AGENTS - MISC.</b>	TADLIQ 20MG/5ML ORAL SUSPENSION	ADD PA AND QL 10 ML PER DAY
<b>CEPHALOSPORINS</b>	CEFDINIR 125/5ML SUSPENSION CEFDINIR 250/5ML SUSPENSION CEFDINIR 300MG CAPSULE SUPRAX 100MG CHW SUPRAX 200MG CHW SUPRAX 400MG CAPSULE CEFIXIME 100/5ML SUSPENSION CEFIXIME 200/5ML SUSPENSION SUPRAX 500/5ML SUSPENSION	REMOVE QL
<b>COUGH/COLD/ ALLERGY</b>	DEXTROMETHORPHAN 15 MG CAPSULES DEXTROMETHORPHAN 30 MG/5 ML ORAL SUSPENSION DEXTROMETHORPHAN 15 MG/5 ML ORAL SOLUTION/SUSP/SYRUP DEXTROMETHORPHAN 12.5 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN 10 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN 7.5 MG/5 ML ORAL SOLUTION/SUSP/SYRUP DEXTROMETHORPHAN 7.5 MG ORAL STRIP/CHEW TABLET DEXTROMETHORPHAN 5 MG LOZENGE DEXTROMETHORPHAN/GUAIF ENESIN 20 MG/400 MG/5 ML LIQUID GUAIFENESIN 200 MG TABLET GUAIFENESIN 400 MG TABLET	REMOVE QL

	GUAIFENESIN ER TABLET 600 MG GUAIFENESIN ER TABLET 1200 MG GUAIFENESIN 100 MG/5 ML LIQUID GUAIFENESIN 150 MG/15 ML LIQUID GUAIFENESIN 200 MG/5 ML LIQUID DXTROMETHORPHAN/GUAIFENESIN SYRUP/SOLUTION PROMETHAZINE/DXTROMETHORPHAN SYRUP PROMETHAZINE/PHENYLEPHRINE SYRUP 6.25-5 MG/5 ML PSEUDOEPHEDRINE ER TABLET 12 HOUR 120 MG PSEUDOEPHEDRINE ER TABLET 24 HOUR 240 MG PSEUDOEPHEDRINE 30 MG TABLET PSEUDOEPHEDRINE 60MG TABLET PSEUDOEPHEDRINE ORAL SOLUTION 15 MG/5 ML, 30 MG/5 ML	
<b>DERMATOLOGICALS</b>	NEXOBRID 8.8% GEL	ADD PA AND QL 440 GRAMS PER 2 DAYS
<b>DERMATOLOGICALS</b>	KLISYRI 1% OINTMENT	UPDATE QL 5 PACKETS PER FILL;1 FILL PER YEAR
<b>DERMATOLOGICALS</b>	ACITRETIN 25MG CAPSULE	ADD QL 2 CAPSULES PER DAY
<b>DERMATOLOGICALS</b>	ACITRETIN 10MG CAPSULE ACITRETIN 17.5MG CAPSULE	ADD QL 1 CAPSULE PER DAY
<b>DIGESTIVE AIDS</b>	SUCRAID 8500/ML ORAL SOLUTION	UPDATE QL 360 ML PER 30 DAYS
<b>DIGESTIVE AIDS</b>	SUCRAID 17,000/2ML SINGLE USE CONTAINER	UPDATE QL 360 ML PER 30 DAYS
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	LAMZEDE 10MG INJ	ADD PA
<b>FLUOROQUINOLONES</b>	BAXDELA 450 MG TABLET MOXIFLOXACIN 400 MG TABLET CIPRO 100 MG, 250 MG, 500 MG, 750 MG TABLET CIPRO 10% (500 MG/5 ML, 100 ML BOTTLE) ORAL SUSPENSION CIPRO 5% (250 MG/5 ML, 100 ML BOTTLE) ORAL SUSPENSION LEVOFLOXACIN 250 MG, 500 MG,	REMOVE QL



	750 MG TABLET LEVOFLOXACIN 25 MG/ML (100 ML, 200 ML, AND 480 ML BOTTLE) ORAL SOLUTION OFLOXACIN 300 MG, 400 MG TABLET	
<b>GASTROINTESTINAL  AGENTS - MISC.</b>	REBYOTA FECAL SUSPENSION	ADD PA AND QL ONE 150 ML DOSE, ONE TIME
<b>GENITOURINARY  AGENTS – MISC.</b>	FILSPARI 200MG TABLET FILSPARI 400MG TABLET	ADD PA AND QL 1 TABLET PER DAY
<b>HEMATOLOGICAL  AGENTS - MISC.</b>	SOLIRIS 300 MG/30 ML VIAL	ADD QL 8 VIALS PER 28 DAYS
<b>HEMATOLOGICAL  AGENTS - MISC.*</b>	JESDUVROQ TABLET	ADD PA AND QL 1MG, 2MG, 4MG TABLET: 1 PER DAY 6MG TABLET: 2 PER DAY 8MG TABLET: 3 PER DAY
<b>HEMATOLOGICAL  AGENTS - MISC.</b>	TAKHZYRO 300/2ML INJ TAKHZYRO 150MG/ML INJ	ADD QL 1 SYRINGE/VIAL PER 28 DAYS
<b>LAXATIVES</b>	CLENPIQ SOLUTION	UPDATE QL 350 ML PER 30 DAYS
<b>MACROLIDES</b>	ZITHROMAX TABLETS AND Z- PAK 250 MG ZITHROMAX TABLETS AND TRI-PAK 500 MG AZITHROMYCIN 600 MG TABLETS ZITHROMAX 1G POWDER PACKETS ZITHROMAX SUSPENSION 100 MG/5 ML (15 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (15 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (22.5 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (30 ML BOTTLE) CLARITHROMYCIN 250 MG, 500 MG CLARITHROMYCIN GRANULES FOR SUSPENSION 125 MG/5 ML, 250 MG/5 ML	REMOVE QL
<b>METABOLIC  MODIFIERS*</b>	OLPRUYA POWDER PACKET	ADD QL 1 KIT (90 DOSAGE ENVELOPES) PER 30 DAYS
<b>MISCELLANEOUS  THERAPEUTIC  CLASSES</b>	JOENJA 70MG TABLET	ADD PA AND QL 2 TABLETS PER DAY
<b>MISCELLANEOUS  THERAPEUTIC  CLASSES</b>	VIJOICE 50MG TABLET VIJOICE 125MG TABLET	UPDATE QL 28 TABLETS PER 28 DAYS
<b>MISCELLANEOUS  THERAPEUTIC  CLASSES</b>	VIJOICE 250MG TABLET	ADD QL 56 TABLETS PER 28 DAYS
<b>NEUROMUSCULAR  AGENTS</b>	SKYCLARYS 50MG CAPSULE	ADD PA AND QL 3 CAPSULES PER DAY

<b>NEUROMUSCULAR AGENTS</b>	DAYBUE 200MG/ML SOLUTION	ADD PA AND QL 120 ML PER DAY (60 ML TWICE DAILY)
<b>OPHTHALMIC AGENTS</b>	SYFOVRE 15/0.1ML INJ	ADD PA
<b>OPHTHALMIC AGENTS</b>	ALPHAGAN P SOL 0.1% ALPHAGAN P SOL 0.15% BRIMONIDINE SOL 0.2%	UPDATE QL 30 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	TIMOLOL MAL SOL 0.25% OP TIMOPTIC SOL 0.5% OP	UPDATE QL 20 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	TRAVATAN Z DROP 0.004%	UPDATE QL 10 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	VYZULTA SOL 0.024%	UPDATE QL 5 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	LATANOPROST SOL 0.005% XELPROS EMU 0.005%	UPDATE QL 5 ML PER 30 DAYS
<b>PENICILLINS</b>	AMOXICILLIN 125 MG/5 ML, 200 MG/5 ML, 250 MG/5 ML, 400 MG/5 ML SUSPENSION AMOXICILLIN/CLAVULANATE POTASSIUM 1,000 MG/62.5 MG 12HR TABLET	REMOVE QL
<b>PSYCHO-THERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	TASCENSO ODT TAB 0.5MG	ADD QL 1 TABLET PER DAY
<b>PSYCHO-THERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	BRIUMVI 150/6ML INJ	ADD PA AND QL 3 VIALS EVERY 24 WEEKS
<b>VAGINAL AND RELATED PRODUCTS</b>	XACIATO GEL 2%	ADD PA 1 APPLICATOR (5 GRAMS OF GEL CONTAINING 100 MG CLINDAMYCIN) PER FILL, 1 FILL PER 30 DAYS

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

### What action do I need to take?

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](http://www.HealthyBlueSC.com) and selecting **Providers**. If you need assistance with any other item, contact Provider Services at **866-757-1689**.