

## Quarterly pharmacy formulary change notice Posted by January 1, 2023

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

### What this means to me:

- Effective December 15, 2022, preferred formulary changes will apply.
- Effective February 1, 2023, nonpreferred and prior authorization requirements will apply.
- This notice applies to Healthy Blue.

Effective for all patients on February 1, 2023, unless otherwise noted			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
<b>Alcohol swabs</b>	<b>Alcohol Swab Manufacturer:</b> ALLISON MEDICAL ARISE MEDICAL BECTON DICKINSON COVIDIEN MEDICAL SUPPLIES CVS PHARMACY HEALTHCARE S DYNAREX CORPORATION MCKESSON MHC MEDICAL PRODUCTS PERRIGO PERRIGO-WALMART RITE AID CORPORATION RUGBY LABORATORIES WALGREENS	PREFERRED	N/A
<b>Alcohol swabs</b>	<b>Alcohol Swab Manufacturer:</b> ACCESS LLC APPLIED DIABETES RESEARCH	NON-PREFERRED	SEE LIST ABOVE

### [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.

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	AUM PHARMACEUTICALS BOCA MEDICAL PRODUCTS CARDINAL HEALTH DIABETIC SUPPLY OF SUNCOA EQUALINE FIFTY50 MEDICAL FUTURE DIAGNOSTICS H E BUTT GROCERY COMPANY HOME AIDE DIAGNOSTICS HTL-STREFA MEDISCA MEIJER PHOENIX HEALTHCARE SOLUTION RAYA PHARMACEUTICALS SDI USA SELECT BRAND SIMPLE DIAGNOSTICS US DIAGNOSTICS		
<b>Corticosteroids**</b>	SOLU-CORTEF INJ 100MG SOLU-CORTEF INJ 250MG SOLU-CORTEF INJ 500MG	COVERED	N/A
<b>Digestive enzymes**</b>	PANCREAZE 2600 UNIT CAPSULE PANCREAZE 4200 UNIT CAPSULE PANCREAZE 10500 UNIT CAPSULE PANCREAZE 16800 UNIT CAPSULE PANCREAZE 21000 UNIT CAPSULE PANCREAZE 37000 UNIT CAPSULE	PREFERRED	N/A
<b>Growth hormones**</b>	ZOMACTON 5MG INJ ZOMACTON 10MG INJ	PREFERRED WITH PA	N/A
<b>Iron agents**</b>	FERUMOXYTOL 510/17ML INJ	PREFERRED WITH PA	N/A
<b>Nasal antihistamines**</b>	ASTEPRO 205.5MCG NASAL SPRAY (OTC)	PREFERRED	N/A

<b>Nonsteroidal anti-inflammatory agents (nsaids)*</b>	KETOPROFEN 50MG CAPSULE	NOT COVERED	KETOPROFEN 25MG CAPSULE KETOPROFEN 75MG CAPSULE
<b>Peak flow meters</b>	CLEVER CHOICE PEAK FLOW METER PERSONAL BEST FULL RANGE POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM AEROGEAR ASTHMA ACTION TRUZONE PEAK FLOW METER MICROLIFE DIGITAL PEAK FLOW METER POCKETPEAK PEAK FLOW METER LOW RANGE PURE COMFORT PEAK FLOW METER ADULT PURE COMFORT PEAK FLOW METER CHILD BREATHE EASE PEAK FLOW METER ASSESS PEAK FLOW METER FULL RANGE ASSESS PEAK FLOW METER LOW RANGE	NON-PREFERRED	PIKO 1 ELECTRONIC MINI WRIGHT PEAK FLOW METER STANDARD RANGE PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC MINI WRIGHT PEAK FLOW METER STANDARD RANGE AIRZONE PEAK FLOW METER PERSONAL BEST FULL RANGE POCKET PEAK FLOW METER MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE LUNG PERFORMANCE PEAK FLOW METER
<b>UM edits – effective for all members no later than February 1, 2023</b> <i>No changes in preferred/non-preferred status revision or addition to UM edit only</i>			
<b>Acne products</b>	FABIOR 0.1% AEROSAL	UPDATE QL: 100 GRAMS PER 30 DAYS	
<b>ADHD agents*</b>	RELEXXII 18MG TABLET RELEXXII 27MG TABLET RELEXXII 36MG TABLET RELEXXII 54MG TABLET RELEXXII 72MG TABLET	ADD QL: 1 TABLET PER DAY	
<b>Androgens</b>	TLANDO 112.5 MG CAPSULE	ADD QL: 4 CAPSULES PER DAY	
<b>Androgens</b>	KYZATREX 150MG CAPSULE KYZATREX 100MG CAPSULE	ADD QL: 2 CAPSULES PER DAY	

	KYZATREX 200MG CAPSULE	
<b>Anticonvulsants</b>	ZONISADE 100MG/5 ML SUSPENSION	ADD ST AND QL QL: 6 BOTTLES PER 30 DAYS
<b>Anticonvulsants</b>	LAMOTRIGINE 200 MG TABLET ER	UPDATE QL: 3 TABLETS PER DAY
<b>Anticonvulsants</b>	LAMOTRIGINE 25MG TABLET ER LAMOTRIGINE 50MG TABLET ER	UPDATE QL: 4 TABLETS PER DAY (CHANGING FROM QL TO DO ALONG WITH QL AMOUNT)
<b>Anticonvulsants</b>	LAMOTRIGINE 25MG TABLET	NEW DOSE OPT (DO) QL: 6 TABLETS PER DAY
<b>Anticonvulsants</b>	LAMOTRIGINE 100MG TABLET LAMOTRIGINE 150MG TABLET LAMOTRIGINE 200MG TABLET	UPDATE QL: 3 TABLETS PER DAY (CHANGING FROM QL TO DO ALONG WITH QL AMOUNT)
<b>Anticonvulsants</b>	GABAPENTIN 100MG CAPSULE/TABLET GABAPENTIN 400MG CAPSULE/TABLET	CHANGING FROM QL TO DO (6 CAPSULES/TABLETS PER DAY)
<b>Anticonvulsants</b>	GABAPENTIN 300MG CAPSULE	CHANGING FROM QL TO DO (9 CAPSULES/TABLETS PER DAY)
<b>Anticonvulsants</b>	OXTELLAR XR 150MG TABLET OXTELLAR XR 300MG TABLET	CHANGING FROM QL TO DO (3 TABLETS PER DAY)
<b>Anticonvulsants</b>	QUDEXY XR 25/24HR CAPSULE	CHANGING FROM QL TO DO (3 CAPSULES PER DAY)
<b>Anticonvulsants</b>	TOPIRAMATE 25MG TABLET TOPIRAMATE 50MG TABLET TOPIRAMATE 100MG TABLET	CHANGING FROM QL TO DO (3 TABLETS PER DAY)
<b>Anticonvulsants</b>	TOPIRAMATE 25MG CAPSULE ER	CHANGING FROM QL TO DO (3 CAPSULES PER DAY)
<b>Antidementia agents</b>	MEMANTINE 10MG/5ML SOLUTION	ADD QL: 10 ML PER DAY
<b>Antihistamines- nasal</b>	AZELASTINE 0.1% SPRAY AZELASTINE 0.15% SPRAY	UPDATE QL: 30 ML PER 25 DAYS
<b>Antihistamines- nasal</b>	PATANASE 0.6% SPRAY	UPDATE QL: 30.5 GM PER 30 DAYS

<b>Antihistamines-oral</b>	CETIRIZINE 5MG CHEWABLE CETIRIZINE 10MG CHEWABLE CETIRIZINE 2.5MG TABLET CETIRIZINE 5MG TABLET	ADD QL: 1 PER DAY
<b>Antineoplastics agents</b>	IMBRUVICA 70MG/ML SUSPENSION	ADD PA AND QL: 8 ML PER DAY
<b>Antineoplastics agents</b>	CALQUENCE 100MG TABLET	ADD QL: 2 TABLETS PER DAY
<b>Antineoplastics agents</b>	PEMAZYRE 13.5MG TABLET	UPDATE QL: 1 TABLET PER DAY
<b>Antineoplastics agents</b>	TALZENNA 0.25MG CAPSULE TALZENNA 0.5MG CAPSULE TALZENNA 0.75MG CAPSULE	ADD QL: 1 CAPSULE PER DAY
<b>Antipsoriatics</b>	SPEVIGO 450/7.5 INJ	ADD PA AND QL: 2 VIALS [1 CARTON] PER YEAR
<b>Antipsoriatics</b>	VTAMA 1% CREAM ZORYVE 0.3% CREAM	ADD PA AND QL: 60 GM PER 30 DAYS
<b>Antipsoriatics</b>	SOTYKTU 6MG TABLET	ADD ST AND QL: 1 TABLET PER DAY
<b>Antirheumatic - enzyme inhibitors</b>	OLUMIANT 4MG TABLET	ADD QL: 1 TABLET PER DAY
<b>Barbiturate hypnotics</b>	PHENOBARBITAL 15MG TABLET	CHANGING FROM QL TO DO (800 TABLETS PER 30 DAYS)
<b>Barbiturate hypnotics</b>	PHENOBARBITAL 16.2MG TABLET	CHANGING FROM QL TO DO (741 TABLETS PER 30 DAYS)
<b>Barbiturate hypnotics</b>	PHENOBARBITAL 30MG TABLET	CHANGING FROM QL TO DO (400 TABLETS PER 30 DAYS)
<b>Barbiturate hypnotics</b>	PHENOBARBITAL 32.4MG TABLET	CHANGING FROM QL TO DO (370 TABLETS PER 30 DAYS)
<b>Central muscle relaxants</b>	LYVISPAH 5MG GRANULES LYVISPAH 10MG GRANULES LYVISPAH 20MG GRANULES	ADD PA AND QL: 5 MG AND 10 MG QL: 3 PACKETS PER DAY 20 MG QL: 4 PACKETS PER DAY
<b>Eczema agents</b>	DUPIXENT 200/1.14 PREFILLED SYRINGE/PEN DUPIXENT 300/2ML PREFILLED SYRINGE/PEN	11 YEARS OLD OR YOUNGER: 1 SYRINGE/PEN EVERY 28 DAYS 12 YEARS OLD OR OLDER: 2 SYRINGES/PENS EVERY 28 DAYS

<b>Enzymes</b>	XIAFLEX 0.9MG INJ	ADD DOSING QL: DUPUYTREN'S CONTRACTURE: UP TO 2.32 MG PER 28 DAYS LIFETIME MAXIMUM: 3 INJECTIONS PER AFFECTED CORD PEYRONIE'S CURVATURE: 1.16 MG PER 7 DAYS LIFETIME MAXIMUM: 8 INJECTIONS PER PEYRONIE'S PLAQUE
<b>Hematopoietic agents</b>	FYLNETRA 6MG/0.6 INJ STIMUFEND INJ ROLVEDON 13.2MG INJ	ADD ST AND QL: 2 SYRINGES PER 28 DAYS
<b>Hematopoietic agents</b>	INJECTAFER 100/2ML INJ	ADD QL: 7 VIALS PER 7 DAYS
<b>Hmg coa reductase inhibitors</b>	FLUVASTATIN 20MG CAPSULE FLUVASTATIN 40MG CAPSULE LOVASTATIN 10MG TABLET LOVASTATIN 20MG TABLET	UPDATE DO: 2 CAPSULES PER DAY
<b>Imidazole-related antifungals</b>	POSACONAZOLE DR 100MG TABLET	ADD QL: 8 TABLETS PER DAY
<b>Immunosuppressive agents - topical</b>	HYFTOR 0.2% GEL	ADD PA AND QL: 10 GRAMS PER 30 DAYS
<b>Inflammatory bowel agents</b>	SKYRIZI 360MG/2.4ML SOLUTION	ADD QL: 1 KIT PER 56 DAYS (8 WEEKS)
<b>Inflammatory bowel agents</b>	SKYRIZI 600MG/10ML SOLUTION	ADD QL: 3 VIALS TOTAL TO LAST 12 WEEKS
<b>Local anesthetics - topical</b>	LIDOCAINE 0.5% AEROSOL	ADD QL: 227 GRAMS PER 30 DAYS
<b>Local anesthetics - topical</b>	LIDOCAINE 4% AEROSOL	ADD QL: 128 GRAMS/ML PER 30 DAYS
<b>Local anesthetics - topical</b>	LIDOCAINE 3% CREAM	ADD QL: 85 GRAMS PER 30 DAYS
<b>Local anesthetics - topical</b>	LIDOCAINE 1% LOTION	ADD QL: 113 GRAMS PER 30 DAYS
<b>Local anesthetics - topical</b>	LIDOCAINE 4% OINTMENT	ADD QL: 100 GRAMS PER 30 DAYS
<b>Local anesthetics - topical</b>	LIDOCAINE 4% PAD	ADD QL: 4 PATCHES PER DAY
<b>Metabolic modifiers</b>	XENPOZYME 20MG SOLUTION	ADD PA AND DOSING: 3 MG/KG EVERY 2 WEEKS
<b>Movement disorder drug therapy</b>	INGREZZA 40-80MG CAPSULE	ADD QL: 1 PACK, ONE TIME FILL

<b>Multiple sclerosis agents</b>	MAYZENT 1MG STARTER PAK	ADD QL: 1 PACK PER FILL, ONE TIME (STARTING DOSE, 4 DAY SUPPLY)
<b>Multiple sclerosis agents</b>	MAYZENT 2MG STARTER PAK	ADD QL: 1 PACK PER FILL, ONE TIME (STARTING DOSE, 5 DAY SUPPLY)
<b>Multiple sclerosis agents</b>	MAYZENT 1MG TABLET	ADD QL: 1 TABLET PER DAY
<b>Multiple sclerosis agents</b>	TASCENSO 0.25MG ODT TABLET	ADD ST AND QL: 1 TABLET PER DAY
<b>Muscle relaxant combinations</b>	NORGESIC TABLET ORPHENGESIC FORTE TABLET	ADD ST
<b>Ophthalmic agents</b>	CIMERLI 0.3MG INJ CIMERLI 0.5MG INJ	ADD PA AND DOSING QL: DIABETIC MACULAR EDEMA AND DIABETIC RETINOPATHY: 0.3 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS AGE RELATED MACULAR DEGENERATION, BRANCH OR CENTRAL RETINAL VEIN OCCLUSION, MYOPIC CHOROIDAL NEOVASCULARIZATION, AND RADIATION RETINOPATHY: 0.5 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS
<b>Ophthalmic agents</b>	ALOCRIAL 2% SOLUTION EPINASTINE 0.05% DROPS OLOPATADINE 0.1% DROPS KETOTIFEN FUMARATE 0.025% SOLUTION	UPDATE QL: 5 ML PER 30 DAYS
<b>Ophthalmic agents</b>	ALOMIDE 0.1% SOLUTION	UPDATE QL: 10 ML PER 30 DAYS
<b>Ophthalmic agents</b>	AZELASTINE 0.05% DROPS	UPDATE QL: 6 ML PER 30 DAYS
<b>Ophthalmic agents</b>	CROMOLYN SODIUM 4% SOLUTION	UPDATE QL: 20 ML PER 30 DAYS
<b>Ophthalmic agents</b>	LASTACAFT 0.25% SOLUTION	UPDATE QL: 3 ML PER 30 DAYS
<b>Ophthalmic agents</b>	OLOPATADINE 0.2% SOLUTION PATADAY 0.7% SOLUTION PAZEO 0.7% DROPS	UPDATE QL: 2.5 ML PER 30 DAYS
<b>Ophthalmic agents</b>	ZERVIAE 0.24% DROPS	UPDATE QL: 2 BOXES (60 SINGLE-USE CONTAINERS) PER 30 DAYS
<b>Ophthalmic agents</b>	VYZULTA 0.024% SOLUTION	UPDATE QL: 5ML PER 56 DAYS

<b>Serotonin-norepinephrine reuptake inhibitors (snris)</b>	VENLAFAXINE 112.5MG TABLET	ADD ST AND QL
<b>Uremic pruritus agents</b>	KORSUVA 50MCG/ML INJ	ADD PA