[06/01/2025]

Pharmacy Comprehensive Drug List Change Notice

[Posted 05/01/2025]

We want to tell you about some upcoming changes to the Comprehensive Drug List. The Comprehensive Drug List is a list of drugs covered by Healthy Blue. Please see the table below:

EFFECTIVE FOR ALL MEMBERS NO LATER THAN JUNE 1, 2025			
Therapeutic class	**Drug**	**Revised status**	**Potential alternatives**
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	TEZSPIRE SOL 210MG PREFILLED SYRINGE	Non-covered / PA required	N/A
DERMATOLOGICALS	AZELAIC ACID GEL 15%	Covered	N/A
VACCINES	IMOVAX RABIE INJ 2.5/ML	Covered (ages ≥ 19 years)	N/A
VACCINES	PFIZER-BIONTECH COVID-19 VACCINE/5-11Y/2024-25	Covered	N/A
VACCINES	PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y/2024-25	Covered	N/A
VACCINES	MODERNA COVID-19 VACCINE /6MO-11Y/2024-25	Covered	N/A
VACCINES	RABAVERT INJ	Covered (ages ≥ 19 years)	N/A

UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN JUNE 1, 2025 *NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY*		
ANALGESICS - ANTI-INFLAMMATORY	ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN)	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN)	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	ADALIMU-AATY KIT 80/0.8ML	Update QL: 2 pens per 28 days
ANALGESICS - ANTI-INFLAMMATORY	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	ADALIMUMAB-ADBM PSORIASIS / UVEITIS STARTER	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	Update QL: 1 kit per 180 days

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ANALGESICS - ANTI-INFLAMMATORY	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	CYLTEZO STARTER PACKAGE FOR PSORIASIS	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	HUMIRA PEN INJ 80/0.8ML	Update QL: 2 pens per 28 days
ANALGESICS - ANTI-INFLAMMATORY	HUMIRA PEN-CD/UC/HS STARTER	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	HUMIRA PEN-PS/UV STARTER	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	HYRIMOZ PLAQUE PSORIASIS STARTER PACK	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	HYRIMOZ PLAQUE PSORIASIS / UVEITIS STARTER PACK	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	HYRIMOZ SENSOREADY PENS STARTER PACK	Update QL: 1 kit per 180 days
ANALGESICS - ANTI-INFLAMMATORY	SIMLANDI KIT 80/0.8ML	Add QL: 2 syringes per 28 days
ANALGESICS - ANTI-INFLAMMATORY	YUFLYMA 1PEN KIT 80/0.8ML	Update QL: 2 pens per 28 days
ANALGESICS - ANTI-INFLAMMATORY	YUFLYMA CD/UC/HS STARTER	Update QL: 1 kit per 180 days
ANTIHISTAMINES	CLARITIN CHW 5MG CLARITIN CHW 10MG	Remove PA (age limit)
ANTIHISTAMINES	LORATADINE CHW 5MG	Remove PA (age limit)
ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS	CYTOTEC TAB 100MCG CYTOTEC TAB 200MCG	Add PA
ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS	MISOPROSTOL TAB 100MCG MISOPROSTOL TAB 200MCG	Add PA

What action do I need to take?

Some drugs may no longer be covered. Determine if a change to a covered drug can be done. If so, a new prescription needs to be sent to the pharmacy.

If the non-covered drug cannot be changed, a prior authorization may be needed.

What if I have questions?

For members, call Pharmacy Customer Service at **866-781-5094 (TTY 1-866-773-9634)**, 24 hours a day, seven days a week.

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