[05/01/2025]

Pharmacy Comprehensive Drug List Change Notice

[Posted 04/01/2025]

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:

UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2025 *NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY*		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	WEGOVY 0.25MG INJECTION WEGOVY 0.5MG INJECTION WEGOVY 1MG INJECTION WEGOVY 1.7MG INJECTION WEGOVY 2.4MG INJECTION	ADD QL 1 PEN PER WEEK
ANALGESICS - ANTI-INFLAMMATORY	ERELZI 25 MG VIAL*	ADD QL 8 VIALS PER 28 DAYS
ANALGESICS - ANTI-INFLAMMATORY	ETICOVO 50 MG/ML PREFILLED SYRINGE/AUTO INJECTOR PEN*	ADD QL 4 SYRINGES/PENS PER 28 DAYS
ANALGESICS – OPIOID	TRAMADOL 75MG TABLET	ADD QL 5 TABLETS PER DAY
ANDROGENS	UNDECATREX CAPSULES*	ADD QL 200 MG: 4 CAPSULES PER DAY 100 AND 150 MG: 2 CAPSULES PER DAY
ANTIANXIETY AGENTS	ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.5 MG TABLET ALPRAZOLAM 1 MG TABLET ALPRAZOLAM 2 MG TABLET	UPDATE QL 4 TABLETS PER DAY
ANTIANXIETY AGENTS	LORAZEPAM 0.5 MG TABLET	UPDATE QL 4 TABLETS PER DAY
ANTICONVULSANTS	LYRICA 75MG CAPSULE	UPDATE QL 3 CAPSULES PER DAY
ANTIDIABETICS	GLIMEPIRIDE 3MG TABLET	ADD QL 2 TABLETS PER DAY
ANTIEMETICS	ONDANSETRON 16MG ODT	ADD QL 4 TABLETS PER 30 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	DANZITEN 71MG TABLET DANZITEN 95MG TABLET	ADD PA AND QL 4 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IMKELDI 80MG/ML SOLUTION	ADD PA AND QL 10 MLS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ITOVEBI 3MG TABLET ITOVEBI 9MG TABLET	ADD PA AND QL 3MG: 2 TABLETS PER DAY 9 MG: 1 TABLET PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TRUQAP 160MG TABLET TRUQAP 200MG TABLET	ADD QL 1 CARTON (64 TABLETS) PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TRUQAP 160MG THERAPY PACK TRUQAP 200MG THERAPY PACK	ADD QL 6 TABLETS PER 28 DAYS

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	LYTGOBI THERAPY PACK 4 MG (12 MG DAILY DOSE)	ADD QL 35 TABLETS PER 7 DAYS (1 CARTON PER 7 DAYS)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	LYTGOBI THERAPY PACK 4 MG (16 MG DAILY DOSE)	ADD QL 28 TABLETS PER 7 DAYS (1 CARTON PER 7 DAYS)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	LYTGOBI THERAPY PACK 4 MG (20 MG DAILY DOSE)	ADD QL 21 TABLETS PER 7 DAYS (1 CARTON PER 7 DAYS)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	REVUFORJ 110 MG TABLET REVUFORJ 160 MG TABLET	ADD PA AND QL 110 MG 4 TABLETS PER DAY 160 MG 2 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	REVUFORJ 25MG TABLET*	ADD QL 6 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ROZLYTREK PAK 50MG	UPDATE QL 12 PACKETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	XALKORI 20MG CAPSULE	UPDATE QL 8 CAPSULES PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	XALKORI 50MG CAPSULE	UPDATE QL 4 CAPSULES PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	XALKORI 150MG CAPSULE	UPDATE QL 6 CAPSULES PER DAY
ANTIPARKINSON AND RELATED THERAPY AGENTS	CREXONT 35-140MG CAPSULE	ADD QL 15 CAPSULES PER DAY
ANTIPARKINSON AND RELATED THERAPY AGENTS	CREXONT 52.5-210MG CAPSULE	ADD QL 10 CAPSULES PER DAY
ANTIPARKINSON AND RELATED THERAPY AGENTS	CREXONT 70-280MG CAPSULE	ADD QL 7 CAPSULES PER DAY
ANTIPARKINSON AND RELATED THERAPY AGENTS	CREXONT 87.5-350MG CAPSULE	ADD QL 6 CAPSULES PER DAY
ANTIPARKINSON AND RELATED THERAPY AGENTS	VYALEV 12-240MG INJECTION	ADD PA AND QL 42 VIALS (4200 ML) (6 CARTONS) PER 28 DAYS
ANTIPSYCHOTICS/ANTIMANIC AGENTS	COBENFY 50-20MG CAPSULE COBENFY 100-20MG CAPSULE COBENFY 125-30MG CAPSULE	ADD PA AND QL 2 CAPSULES PER DAY
ANTIPSYCHOTICS/ANTIMANIC AGENTS	COBENFY STARTER PACK CAPSULE	ADD PA AND QL 1 PACK (28-DAY SUPPLY), ONE TIME FILL
ANTIVIRALS	PREVYMIS 20MG PAK PREVYMIS 120MG PAK	ADD QL 810 PACKETS PER YEAR
CARDIOVASCULAR AGENTS - MISC.	ATTRUBY 356MG PAK	ADD PA AND QL 4 TABLETS PER DAY (1 PACK OF 112 TABLETS PER 28 DAYS)
DERMATOLOGICALS	BIMZELX 160MG/ML (2 PACK) INJECTION	ADD QL 1 CARTON (2 X 160 MG/ML AUTOINJECTORS/SYRINGES) EVERY 8 WEEKS
DERMATOLOGICALS	BIMZELX 160MG/ML (1 PACK) INJECTION	ADD QL 1 CARTON (1 X 160 MG/ML AUTOINJECTOR/SYRINGES) PER 28 DAYS
DERMATOLOGICALS	BIMZELX 320MG/2ML INJECTION (1 PACK)	ADD QL 1 CARTON (1 X 320 MG/2 ML AUTOINJECTOR/SYRINGE) EVERY 8 WEEKS
DERMATOLOGICALS	EMROSI 40MG CAPSULE	ADD QL 1 CAPSULE PER DAY
DERMATOLOGICALS	LEQSELVI 8 MG TABLET*	ADD QL 2 TABLETS PER DAY

ENDOCRINE AND METABOLIC AGENTS - MISC.	BYNFEZIA 2,500 MCG/ML PEN*	ADD QL 1 PEN PER 14 DAYS
GASTROINTESTINAL AGENTS - MISC.	CIMZIA 200MG VIAL KIT	ADD QL 1 VIAL KIT (2 X 200 MG VIALS) 2 VIALS PER 28 DAYS (4 WEEKS)
GASTROINTESTINAL AGENTS - MISC.	CIMZIA 200MG/ML PREFILLED KIT	ADD QL 1 SYRINGE KIT (2 X 200 MG/ML SYRINGES) 2 SYRINGES PER 28 DAYS (4 WEEKS)
GASTROINTESTINAL AGENTS - MISC.	ENTYVIO 108MG/0.68ML INJECTION	ADD QL 2 SYRINGES/PENS PER 28 DAYS (4 WEEKS)
GASTROINTESTINAL AGENTS - MISC.	OMVOH 100MG/ML INJECTION	ADD QL 2 PENS/SYRINGES PER 28 DAYS (4 WEEKS)
GASTROINTESTINAL AGENTS - MISC.	ZYMFENTRA 120MG/ML INJECTION	UPDATE QL 2 SYRINGES/PENS PER 28 DAYS (4 WEEKS)
INTERLEUKIN ANTAGONISTS	IMULDOSA 45 MG/0.5 ML INJECTION IMULDOSA 90 MG/1 ML INJECTION*	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
INTERLEUKIN ANTAGONISTS	OTULFI 45 MG/0.5 ML INJECTION OTULFI 90 MG/1 ML INJECTION	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
INTERLEUKIN ANTAGONISTS	PYZCHIVA 45 MG/0.5 ML INJECTION PYZCHIVA 90 MG/1 ML INJECTION	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
INTERLEUKIN ANTAGONISTS	SKYRIZI 90 MG/ML INJECTION*	ADD QL 2 PREFILLED PENS SYRINGES PER 56 DAYS (8 WEEKS)
INTERLEUKIN ANTAGONISTS	YESINTEK 45 MG/0.5 ML INJECTION YESINTEK 90 MG/1 ML INJECTION	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
MEDICAL DEVICES AND SUPPLIES	CEQUR SIMPLICITY PATCH	ADD QL 8 PATCHES PER 32 DAYS
MEDICAL DEVICES AND SUPPLIES	RELIZORB CARTRIDGE	UPDATE QL 6 CARTRIDGES PER DAY
MEDICAL DEVICES AND SUPPLIES	OMNIPOD GO KIT 20UNIT/DAY OMNIPOD GO KIT 40UNIT/DAY OMNIPOD GO KIT 25UNIT/DAY OMNIPOD GO KIT 15UNIT/DAY OMNIPOD GO KIT 35UNIT/DAY OMNIPOD GO KIT 10UNIT/DAY OMNIPOD GO KIT 30UNIT/DAY	ADD QL 10 PODS PER 30 DAYS
MUSCULOSKELETAL THERAPY AGENTS	CYCLOBENZAPRINE 5MG TABLET	UPDATE QL 6 TABLETS PER DAY
NEUROMUSCULAR AGENTS	TEGLUTIK 50MG/10ML SUSPENSION	ADD PA AND QL 40 ML PER DAY
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	LUMRYZ STARTER PACK	ADD QL 1 PACK (28 DAY SUPPLY), ONE TIME FILL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	MIPLYFFA 47MG CAPSULE MIPLYFFA 62MG CAPSULE MIPLYFFA 93MG CAPSULE MIPLYFFA 124MG CAPSULE	ADD PA AND QL 3 CAPSULES PER DAY
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	ZEPOSIA STARTER KIT	ADD QL 1 PACK PER FILL, ONE TIME

**THIS CHANGE WILL BE IMPLEMENTED ONCE THE MEDICATION IS ON THE MARKET*

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**.