

Quarterly pharmacy formulary change notice

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

What this means to me:

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

EFFECTIVE FOR ALL PATIENTS ON NOVEMBER 1, 2023			
Therapeutic class	Drug	Revised status	Potential alternatives
ANTIHISTAMINES	CETIRIZINE 5MG CHEWABLE CETIRIZINE 10MG CHEWABLE CETIRIZINE HCL 10 MG CAPSULE CETIRIZINE 10MG TABLET CETIRIZINE 1MG/ML SOLUTION/SYRUP CETIRIZINE-PSEUDOEPHEDRINE 5-120MG TABLET	PREFERRED	NA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	HADLIMA 40/0.4ML INJECTION HADLIMA 40/0.8ML INJECTION	PREFERRED WITH PA	N/A
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	AMJEVITA 10MG SYRINGE	PREFERRED WITH PA	N/A
HEMATOPOIETIC AGENTS	UDENYCA 6MG/0.6 AUTOINJECTOR	PREFERRED WITH PA	N/A
PRENATAL VITAMINS	VITA-PAC CAPSULE	NOT COVERED	NESTAB TABLETS RX OTC PRENATAL S
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	PAROXETINE 10MG/5ML	PREFERRED	N/A
UM EDITS — EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2023 <i>No changes in Preferred/Non-Preferred status revision or addition to UM edit only</i>			
ALS AGENTS	QALSODY 100 MG/15 ML VIAL INTRATHECAL SOLUTION	ADD PA AND QL 1 VIAL EVERY 4 WEEKS	

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ANALGESICS - ANTI-INFLAMMATORY*	COMBOGESIC (ACETAMINOPHEN 325 MG-IBUPROFEN 97.5MG) TABLET	ADD ST AND QL 12 TABLETS PER DAY
ANALGESICS - ANTI-INFLAMMATORY	ADVIL DUAL ACTION (IBUPROFEN 125 MG /ACETAMINOPHEN 250 MG) TABLET	ADD QL 6 TABLETS PER DAY
ANALGESICS - ANTI-INFLAMMATORY	MELOXICAM 7.5MG/5ML ORAL SUSPENSION	ADD QL 10 ML PER DAY
ANTI-ANXIETY AGENTS	BUSPIRONE 5 MG, 7.5 MG, 10 MG, 15 MG TABLET	REMOVE QL 3 TABLETS PER DAY
ANTI-ANXIETY AGENTS	BUSPIRONE 30 MG TABLET	REMOVE QL 2 TABLETS PER DAY
ANTI-ANXIETY AGENTS	HYDROXYZINE HYDROCHLORIDE 10 MG, 25 MG TABLET HYDROXYZINE PAMOATE 25 MG, 50 MG, 100 MG CAPSULE	REMOVE QL 4 PER DAY
ANTI-ANXIETY AGENTS	HYDROXYZINE HYDROCHLORIDE 50 MG TABLET	REMOVE QL 8 TABLETS PER DAY
ANTI-ANXIETY AGENTS	HYDROXYZINE HYDROCHLORIDE 10 MG/5 ML SYRUP/SOLUTION	REMOVE QL 100 ML PER DAY
ANTI-ANXIETY AGENTS	MEPROBAMATE 200 MG AND 400 MG TABLET	REMOVE QL 4 TABLETS PER DAY
ANTI-CATAPLECTIC AGENTS	LUMRYZ PKG 4.5GM, 6 GM, 7.5 GM AND 9 GM	ADD PA AND QL LUMRYZ 4.5 G, 6 G, 7.5 G, 9 G (CARTON OF 7 PACKETS)- 4 CARTONS PER 28 DAYS LUMRYZ 4.5 G, 6 G, 7.5 G, 9 G (CARTON OF 30 PACKETS)- 1 CARTON PER 30 DAYS
ANTIDEPRESSANTS	MIRTAZAPINE 7.5 MG, 15 MG MIRTAZAPINE 30 MG, 45 MG TABLET REMERON SOLTAB (MIRTAZAPINE ORALLY DISINTEGRATING TABLET) 15 MG, 30 ,45 MG TABLET CELEXA (CITALOPRAM) 40 MG TABLET LEXAPRO (ESCITALOPRAM) 20 MG TABLET FLUOXETINE 60 MG TABLET PAROXETINE HYDROCHLORIDE/MESYLATE (PAXIL/PEXEVA) 20 MG TABLET PAXIL CR (PAROXETINE EXTENDED-RELEASE) 12.5 MG TABLET	REMOVE QL/DOSE OP 1 TABLET PER DAY
ANTIDEPRESSANTS	CITALOPRAM 30 MG CAPSULE FLUOXETINE (PROZAC) 10 MG CAPSULE SERTRALINE 150 MG, 200 MG CAPSULE	REMOVE QL/DOSE OP 1 CAPSULE PER DAY
ANTIDEPRESSANTS	CELEXA (CITALOPRAM) 10 MG, 20 MG TABLET LEXAPRO (ESCITALOPRAM) 5 MG, 10 MG TABLET FLUOXETINE (PROZAC, SARAFEM) 10 MG TABLET FLUVOXAMINE 25 MG, 50 MG TABLET PAROXETINE HYDROCHLORIDE/MESYLATE (PAXIL/ PEKEVA) 10 MG AND 40 MG TABLET ZOLOFT (SERTRALINE) 25 MG, 50 MG TABLET	REMOVE QL/DOSE OP 1.5 TABLETS PER DAY

ANTIDEPRESSANTS	CITALOPRAM 10 MG/5 ML SOLUTION ESCITALOPRAM 5 MG/5 ML SOLUTION	REMOVE QL 20 ML PER DAY
ANTIDEPRESSANTS	FLUOXETINE (PROZAC) 40 MG CAPSULE FLUVOXAMINE EXTENDED-RELEASE 100 MG AND 200 MG CAPSULE	REMOVE QL 2 CAPSULES PER DAY
ANTIDEPRESSANTS	FLUOXETINE (PROZAC, SARAFEM) 20 MG TABLET/CAPSULE	REMOVE QL 4 TABLETS OR CAPSULES PER DAY
ANTIDEPRESSANTS	FLUOXETINE 20 MG/5 ML SOLUTION	REMOVE QL 20 ML PER DAY
ANTIDEPRESSANTS	FLUOXETINE WEEKLY DELAYED-RELEASE 90 MG CAPSULE	REMOVE QL 4 CAPSULES PER 28 DAYS
ANTIDEPRESSANTS	FLUVOXAMINE 100 MG TABLET	REMOVE QL 3 TABLETS PER DAY
ANTIDEPRESSANTS	PAROXETINE HYDROCHLORIDE/MESYLATE (PAXIL/PEXEVA) 30 MG TABLET PAXIL CR (PAROXETINE EXTENDED-RELEASE) 25 MG, 37.5 MG TABLET ZOLOFT (SERTRALINE) 100 MG TABLET	REMOVE QL 2 TABLETS PER DAY
ANTIDEPRESSANTS	PAXIL (PAROXETINE HYDROCHLORIDE) 10 MG/5 ML SUSPENSION	REMOVE QL 30 ML PER DAY
ANTIDEPRESSANTS	ZOLOFT (SERTRALINE) 20 MG/ ML SOLUTION	REMOVE QL 10 ML PER DAY
ANTIHYPERTENSIVES	GUANFACINE 1 MG AND 2 MG TABLET	REMOVE QL/ DOSE OP 1 TABLET PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	KISQALI (RIBOCICLIB) 200 MG TABLET	UPDATE QL 21 TABLETS PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	KISQALI (RIBOCICLIB) 400 MG TABLET	ADD QL 42 TABLETS PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	KISQALI (RIBOCICLIB) 600 MG TABLET	ADD QL 63 TABLETS PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	KISQALI FEMARA CO-PACK (RIBOCICLIB/LETROZOLE) 600 MG/2.5 MG TABLET	UPDATE QL 91 TABLETS PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	KISQALI FEMARA CO-PACK (RIBOCICLIB/LETROZOLE) 400 MG/2.5 MG TABLET	UPDATE QL 70 TABLETS PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	KISQALI FEMARA CO-PACK (RIBOCICLIB/LETROZOLE) 200 MG/2.5 MG TABLET	UPDATE QL 49 TABLETS PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VERZENIO (ABEMACICLIB) 50 MG, 100 MG, 150 MG, 200 MG TABLET	UPDATE 56 TABLETS PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	MEKINIST (TRAMETINIB) 4.7 MG SOLUTION/BOTTLE	ADD QL 40 ML PER DAY

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ERLEADA (APALUTAMIDE) 240 MG TABLET	ADD QL 1 TABLET PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TAFINLAR (DABRAFENIB) 10 MG TABLETS FOR ORAL SUSPENSION	ADD QL 15 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ZYNYZ 500 MG/ 20 ML VIAL	ADD PA AND QL 500 MG EVERY 28 DAYS
BETA BLOCKERS	ACEBUTOLOL 200 MG CAPSULE	REMOVE QL 6 CAPSULES PER DAY
BETA BLOCKERS	ACEBUTOLOL 400 MG	REMOVE QL 3 CAPSULES PER DAY
BETA BLOCKERS	TENORMIN (ATENOLOL) 25 MG, 50 MG, 100 MG TABLET BETAXOLOL 20 MG TABLET BISOPROLOL 10 MG TABLET TOPROL XL (METOPROLOL SUCCINATE ER) 200 MG TABLET BYSTOLIC (NEBIVOLOL) 20 MG TABLET	REMOVE QL/DOSE OP 2 TABLETS PER DAY
BETA BLOCKERS	BETAXOLOL 10 MG TABLET BISOPROLOL 5 MG BYSTOLIC (NEBIVOLOL) 2.5 MG, 5 MG, 10 MG	REMOVE DOSE OP 1 TABLET PER DAY
BETA BLOCKERS	TOPROL XL (METOPROLOL SUCCINATE ER) 25 MG METOPROLOL TARTRATE 25 MG	REMOVE QL 16 TABLETS PER DAY
BETA BLOCKERS	TOPROL XL (METOPROLOL SUCCINATE ER) 50 MG LOPRESSOR (METOPROLOL TARTRATE) 50 MG	REMOVE QL 8 TABLETS PER DAY
BETA BLOCKERS	TOPROL XL (METOPROLOL SUCCINATE ER) 100 MG LOPRESSOR (METOPROLOL TARTRATE) 100 MG	REMOVE QL 4 TABLETS PER DAY
BETA BLOCKERS	KAPSPARGO SPRINKLE (METOPROLOL SUCCINATE ER) 25 MG CAPSULE	REMOVE QL 16 CAPSULE PER DAY
BETA BLOCKERS	KAPSPARGO SPRINKLE (METOPROLOL SUCCINATE ER) 50 MG CAPSULE	REMOVE QL 8 CAPSULES PER DAY
BETA BLOCKERS	KAPSPARGO SPRINKLE (METOPROLOL SUCCINATE ER) 100 MG CAPSULE	REMOVE QL 4 CAPSULES PER DAY
BETA BLOCKERS	KAPSPARGO SPRINKLE (METOPROLOL SUCCINATE ER) 200 MG CAPSULE	REMOVE QL 2 CAPSULES PER DAY
BETA BLOCKERS	METOPROLOL TARTRATE 37.5 MG TABLET	REMOVE QL 10 TABLETS PER DAY
BETA BLOCKERS	METOPROLOL TARTRATE 75 MG TABLET	REMOVE 5 TABLETS PER DAY
DIURETICS	ALDACTONE (SPIRONOLACTONE) 25 MG, 50 MG TABLET	REMOVE QL 2 TABLETS PER DAY
DIURETICS	ALDACTONE (SPIRONOLACTONE) 100 MG	REMOVE QL 4 TABLETS PER DAY
DIURETICS	ALDACTAZIDE (SPIRONOLACTONE/HYDROCHLOROTHIAZIDE) 25 MG/25 MG	UPDATE DOSE OP TO QL 2 8 TABLETS PER DAY
DIURETICS	CAROSPIR (SPIRONOLACTONE ORAL SUSPENSION) 25 MG/5 ML	REMOVE QL 20 ML PER DAY

ENDOCRINE AND METABOLIC AGENTS - MISC.	SOGROYA (SOMAPACITAN-BECO) 15 MG/1.5 ML PREFILLED PEN	ADD QL 4 PENS PER 28 DAYS
GASTROINTESTINAL AGENTS - MISC.	VOWST (FECAL MICROBIOTA SPORES, LIVE - BRPK)	ADD PA AND QL 12 CAPSULES PER FILL: ONE TIME ONLY
HEMATOPOIETIC AGENTS	UDENCYA (PEGFILGRASTIM-CBQV) 6 MG/0.6 ML PREFILLED SYRINGE OR AUTOINJECTOR	ADD QL 2 SYRINGES OR AUTOINJECTORS PER 28 DAYS
MIGRAINE PRODUCTS*	RIZAFILM (RIZATRIPTAN) 10 MG ORAL FILM	ADD QL 6 FILMS PER 30 DAYS
MIGRAINE PRODUCTS	ELYXYB (CELECOXIB ORAL SOLUTION) 120 MG/4.8 ML (25 MG/ML)	ADD QL 9 BOTTLES (43.2 ML) PER 30 DAYS
MIGRAINE PRODUCTS	ZAVZPRET (ZAVEGEPANT) 10 MG NASAL SPRAY	ADD ST AND QL 1 SPRAY PER DAY: 8 SPRAYS (DEVICES) PER 30 DAYS
RESPIRATORY AGENTS - MISC.	KALYDECO (IVACAFTOR) 5.8 MG* AND 13.4 MG	ADD QL 2 PACKETS PER DAY
RESPIRATORY AGENTS - MISC.	TRIKAFTA (ELEXACAFTOR/TEZACAFTOR/IVACAFTOR 80 MG/40 MG/60 MG AND IVACAFTOR 59.5 MG) GRANULES AND TRIKAFTA (ELEXACAFTOR/TEZACAFTOR/IVACAFTOR 100 MG/50 MG/75 MG AND IVACAFTOR 75 MG) GRANULES	ADD QL 1 CARTON (56 PACKETS) PER 28 DAYS
URINARY ANTISPASMODICS	OXYBUTYNIN 2.5 MG TABLETS	ADD 3 TABLETS PER DAY
URINARY ANTISPASMODICS	OXYBUTYNIN 5 MG/5 ML SOLUTION	ADD 20 ML PER DAY

* 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**.