

**Effective Date: 9/1/2024**

**Pharmacy Comprehensive Drug List Change Notice**  
 Posted 08/01/2024

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:

<b>EFFECTIVE FOR ALL MEMBERS ON 9/1/2024</b>			
<b>Therapeutic class</b>	<b>Drug</b>	<b>Revised status</b>	<b>Potential alternatives</b>
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	TEZSPIRE PREFILLED SYRINGE 210MG	MEDICAL BENEFIT ONLY	TEZSPIRE AUTO-INJECTOR 210MG
<b>UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN 9/1/2024</b>			
<i>NO CHANGES IN COVERED/NON-COVERED STATUS. REVISION OR ADDITION TO UM EDIT ONLY</i>			
POSTHERPETIC NEURALGIA (PHN) / NEUROPATHIC PAIN AGENTS	GRALISE TAB 450MG	UPDATE QUANTITY LIMIT FROM 3 TABLETS PER DAY TO 2 TABLETS PER DAY	

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

Healthy Blue is offered by BlueChoice HealthPlan, an independent licensee of the Blue Cross Blue Shield Association.

### **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](http://www.HealthyBlueSC.com)** and selecting **Providers**. If you need assistance with any other item, contact Provider Service at **866-757-8286**.