

Effective Date: 10/01/2024

Pharmacy Comprehensive Drug List Change Notice
 Posted 09/01/2024

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:

EFFECTIVE FOR ALL MEMBERS ON OCTOBER 1, 2024			
Therapeutic class	Drug	Revised status	Potential alternatives
ANALGESICS – ANTI-INFLAMMATORY	CELECOXIB 50MG CAPSULE CELECOXIB 100MG CAPSULE CELECOXIB 200MG CAPSULE CELECOXIB 400MG CAPSULE	COVERED	N/A
ANTIVIRALS	ATRIPLA TABLET	COVERED	N/A
ANTIVIRALS	COMBIVIR 150-300MG TABLET	COVERED	N/A
ANTIVIRALS	EMTRIVA 200MG CAPSULE	COVERED	N/A
ANTIVIRALS	EPIVIR 10MG/ML SOLUTION EPIVIR 150MG TABLET EPIVIR 300MG TABLET	COVERED	N/A
ANTIVIRALS	EPZICOM 600-300MG TABLET	COVERED	N/A
ANTIVIRALS	FUZEON 90MG INJECTION	NON-COVERED / PA REQUIRED	Refer to Comprehensive Drug List
ANTIVIRALS	INTELENCE 100MG TABLET INTELENCE 200MG TABLET	COVERED	N/A
ANTIVIRALS	KALETRA SOLUTION KALETRA 100-25MG TABLET KALETRA 200-50MG TABLET	COVERED	N/A
ANTIVIRALS	LEXIVA 700MG TABLET	COVERED	N/A
ANTIVIRALS	NORVIR 100MG TABLET	COVERED	N/A
ANTIVIRALS	PREZISTA 600MG TABLET PREZISTA 800MG TABLET	COVERED	N/A
ANTIVIRALS	RETROVIR 100MG CAPSULE RETROVIR 50MG/ML SYRUP	COVERED	N/A
ANTIVIRALS	REYATAZ 200MG CAPSULE REYATAZ 300MG CAPSULE	COVERED	N/A

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ANTIVIRALS	SELZENTRY 150MG TABLET SELZENTRY 300MG TABLET	COVERED	N/A
ANTIVIRALS	SUSTIVA 50MG CAPSULE SUSTIVA 200MG CAPSULE SUSTIVA 600MG TABLET	COVERED	N/A
ANTIVIRALS	SYMFI TABLET SYMFI LO TABLET	COVERED	N/A
ANTIVIRALS	TRUVADA 100-150MG TABLET TRUVADA 133-200MG TABLET TRUVADA 167-250MG TABLET TRUVADA 200-300MG TABLET	COVERED	N/A
ANTIVIRALS	VIREAD 300MG TABLET	COVERED	N/A
ANTIVIRALS	ZIAGEN 20MG/ML SOLUTION ZIAGEN 300MG TABLET	COVERED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2024 <i>NO CHANGES IN COVERED/NON-COVERED STATUS. REVISION OR ADDITION TO UM EDIT ONLY</i>			
ANALGESICS - ANTI-INFLAMMATORY	MOBIC 7.5MG TABLET	ADD QL 2 TABLETS PER DAY	
ANALGESICS - ANTI-INFLAMMATORY*	OTEZLA 20MG TABLET	ADD QL 2 TABLETS PER DAY	
ANALGESICS - ANTI-INFLAMMATORY	RINVOQ LQ 1MG/ML ORAL SOLUTION	ADD QL 12 ML PER DAY	
ANALGESICS - NONNARCOTIC	DIFLUNISAL 500MG TABLET	ADD QL 3 TABLETS PER DAY	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	FASENRA 10MG/0.5ML SYRINGE	ADD QL 10 MG (1 SYRINGE) EVERY 8 WEEKS	
ANTIBIOTICS*	PIVYA 185 MG TABLET	ADD PA AND QL 21 TABLETS PER FILL: 1 FILL PER 30 DAYS	
ANTICOAGULANTS	FRAGMIN 2500/ML INJECTION	ADD QL 8 ML (2 VIALS) PER DAY	
ANTICOAGULANTS	XARELTO 15MG TABLET	UPDATE QL 2 TABLETS PER DAY	
ANTICONVULSANTS	LIBERVANT 5MG FILM LIBERVANT 7.5MG FILM LIBERVANT 10MG FILM LIBERVANT 12.5MG FILM LIBERVANT 15MG FILM	ADD QL 10 FILMS PER 30 DAYS	
ANTIDIABETICS	GLIPIZIDE 2.5MG TABLET	ADD QL 16 TABLETS PER DAY	
ANTIDIABETICS	MOUNJARO 2.5/0.5ML INJECTION MOUNJARO 5/0.5ML INJECTION MOUNJARO 7.5/0.5ML INJECTION MOUNJARO 10/0.5ML INJECTION	ADD QL 4 SINGLE DOSE VIALS PER 28 DAYS	

	MOUNJARO 12.5/0.5ML INJECTION MOUNJARO 15/0.5ML INJECTION	
ANTIHISTAMINES	AHIST 25MG TABLET	ADD QL 3 TABLETS PER DAY
ANTIHISTAMINES	DEXBROMPHENIRAMINE MALEATE 2 MG TABLET	ADD QL 6 TABLETS PER DAY
ANTIHISTAMINES	HISTEX PD AND PDX 1.25 MG DROPS	ADD QL 10.67 ML PER DAY
ANTIHISTAMINES	HISTEX 2.5MG/5ML SYRUP	ADD QL 20 ML PER DAY
ANTIHISTAMINES	PEDIACLEAR 8 LIQUID	ADD QL 60 ML PER DAY
ANTIHYPERTENSIVES	LISINOPRIL 2.5 MG TABBLET LISINOPRIL 5MG TABLET LISINOPRIL 10MG TABLET LISINOPRIL 20MG TABLET	UPDATE QL 2 TABLETS PER DAY
ANTIHYPERTENSIVES*	TRYVIO 12.5 MG TABLET	ADD PA AND QL 1 TABLET PER DAY
ANTIMALARIALS	PLAQUENIL 200MG TABLET	ADD QL 3 TABLETS PER DAY
ANTIMALARIALS	SOVUNA 300MG TABLET SOVUNA 200MG TABLET	ADD QL 200 MG: 3 TABLETS PER DAY 300 MG: 2 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	OGSIVEO 100MG TABLET OGSIVEO 150MG TABLET	ADD QL 2 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	OJEMDA 25MG/ML SUSPENSION	ADD PA AND QL 8 BOTTLES EVERY 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	OJEMDA 100MG TABLET	ADD PA AND QL 24 TABLETS EVERY 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	RETEVMO 40MG CAPSULE	UPDATE QL 3 CAPSULES PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	RETEVMO 40MG TABLET RETEVMO 80 MG TABLET RETEVMO 120 MG TABLET RETEVMO160 MG TABLET	ADD QL 2 TABLETS PER DAY
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*	SELARSDI 45 MG/0.5 ML SINGLE-USE PREFILLED SYRINGE SELARSDI 90 MG/1 ML SINGLE-USE PREFILLED SYRINGE	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
ANTIVIRALS	APTIVUS 250MG CAPSULE	REMOVE PA
ANTIVIRALS	COMPLERA TABLET	REMOVE PA
ANTIVIRALS	EDURANT 25MG TABLET	REMOVE PA
ANTIVIRALS	ETRAVIRINE 100MG TABLET ETRAVIRINE 200MG TABLET	REMOVE PA

ANTIVIRALS	INTELENCE 25MG TABLET INTELENCE 100MG TABLET INTELENCE 200MG TABLET	REMOVE PA
ANTIVIRALS	JULUCA 50-25MG TABLET	REMOVE PA
ANTIVIRALS	ODEFSEY TABLET	REMOVE PA
ANTIVIRALS	RUKOBIA 600MG EXTENDED-RELEASE TABLET	REMOVE PA
ANTIVIRALS	SUNLENCA 300MG TABLET	REMOVE PA
ANTIVIRALS	TENOFOVIR 300MG TABLET	REMOVE PA
ANTIVIRALS	VIREAD 40MG/GM POWDER VIREAD 150MG TABLET VIREAD 200MG TABLET VIREAD 250MG TABLET VIREAD 300MG TABLET	REMOVE PA
CARDIOVASCULAR AGENTS - MISC.	ENTRESTO 6-6MG SPRINKLE CAPSULE ENTRESTO 15-16MG SPRINKLE CAPSULE	ADD QL 8 CAPSULES PER DAY
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	OPSYNVI 10-40MG TABLET OPSYNVI 10-20MG TABLET	ADD QL 1 TABLET PER DAY
CARDIOVASCULAR AGENTS - MISC.	WINREVAIR 45MG INJECTION WINREVAIR 60MG INJECTION	ADD PA AND QL 1 KIT PER 3 WEEKS
CORTICOSTEROIDS	TARPEYO 4MG CAPSULE	4 CAPSULES PER DAY; 290 DAYS OF TREATMENT PER LIFETIME
DERMATOLOGICALS	SKLICE 0.5% LOTION	ADD QL 120 GM PER 30 DAYS
DERMATOLOGICALS	SOOLANTRA 1% CREAM	ADD QL 45 GRAMS PER 30 DAYS
DERMATOLOGICALS	SPEVIGO 150MG/1ML INJECTION	ADD QL 2 PREFILLED SYRINGES (1 CARTON) PER 28 DAYS
GASTROINTESTINAL AGENTS - MISC.	IQIRVO 80MG TABLET	ADD PA AND QL 1 TABLET PER DAY
GASTROINTESTINAL AGENTS - MISC.	LIVMARLI 9.5MG/ML SOLUTION	UPDATE QL 4 BOTTLES (120 ML TOTAL) PER MONTH
HEMATOLOGICAL AGENTS - MISC	VOYDEYA 50-100MG TABLET	ADD PA AND QL 6 TABLETS (THREE 50 MG TABLETS AND THREE 100 MG TABLETS) PER DAY
HEMATOLOGICAL AGENTS - MISC	VOYDEYA 100MG TABLET	ADD PA AND QL 6 TABLETS PER DAY
HEMATOLOGICAL AGENTS - MISC	VOYDEYA 50-100MG TABLET BLISTER CARD	ADD QL 4 BLISTER CARDS (168 TABLETS [EIGHTY-FOUR 50 MG TABLETS AND EIGHT-FOUR 100MG TABLETS]) PER 28 DAYS
HEMATOLOGICAL AGENTS – MISC*	VOYDEYA 100MG TABLET BLISTER CARD	4 BLISTER CARDS (168 TABLETS) PER 28 DAYS

HEMATOPOIETIC AGENTS	OXBRYTA 300MG TABLET FOR ORAL SUSPENSION	ADD QL 5 TABLETS PER DAY
HEMATOPOIETIC AGENTS	OXBRYTA 300 MG TABLET OXBRYTA 500MG TABLET	ADD QL 3 TABLETS PER DAY
HEMATOPOIETIC AGENTS	XOLREMDI 100MG CAPSULE	ADD PA AND QL 4 CAPSULES PER DAY
INTERLEUKIN-6 RECEPTOR INHIBITORS	TYENNE 162MG/0.9 ML INJECTION	ADD QL 4 AUTOINJECTORS OR SYRINGES PER 28 DAYS
MIGRAINE PRODUCTS	ERGOMAR 2MG SUBLINGUAL TABLET	ADD QL 20 TABLETS PER 30 DAYS
MISCELLANEOUS THERAPEUTIC CLASSES	VIJOICE 50 MG AND 125MG TABLET	UPDATE QL 1 TABLET PER DAY
MISCELLANEOUS THERAPEUTIC CLASSES	VIJOICE 250MG TABLET	UPDATE QL 2 TABLETS PER DAY
MISCELLANEOUS THERAPEUTIC CLASSES	VIJOICE 50MG GRANULES PACKET	ADD QL 1 PACKET PER DAY
NASAL AGENTS	BUDESONIDE 32 MCG/ACTUATION NASAL SPRAY	UPDATE QL 8.43 ML (2 INHALERS PER 30 DAYS)
NASAL AGENTS	QNASL CHILD 40MCG NASAL SPRAY	UPDATE QL 6.8 GM (1 INHALER PER 30 DAYS)
NEUROMUSCULAR AGENTS	DUVYZAT 8.86MG SUSPENSION	ADD PA AND QL 12 ML PER DAY
OPHTHALMIC AGENTS	LEVOFLOXACIN 1.5% SOLUTION	ADD QL 5 ML PER 30 DAYS
PRENATAL VITAMINS	ALIVE PREMIUM PRENATAL COMPLETE CHEW TABLET	ADD QL 2 CHEWABLES PER DAY
PRENATAL VITAMINS	OBTREX DHA PAK	ADD QL 2 PER DAY (1 TABLET/1 SOFTGEL)
PRENATAL VITAMINS	ONE A DAY PRENATAL ADVANCED COMPLETE MULTIVITAMIN/BRAIN SUPPLEMENT	ADD QL 2 PER DAY (1 TABLET/1 SOFTGEL)
PRENATAL VITAMINS*	PRENATAL ESSENTIALS CAPSULE	ADD QL 5 CAPSULES PER DAY
PRENATAL VITAMINS	VITAFUSION PRENATAL CHEWABLE TABLET	ADD QL 2 CHEWABLE TABLETS PER DAY
TETRACYCLINES	NUZYRA 150MG TABLET	ADD QL 30 TABLETS PER FILL; 1 FILL PER 30 DAYS

**UM UPDATES WILL APPLY WHEN THE MEDICATION BECOMES AVAILABLE 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**.