

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at the third quarter 2021 Pharmacy and Therapeutics Committee meeting.

What this means to me:

- Effective August 15, 2021, preferred formulary changes will apply.
- Effective September 20, 2021, nonpreferred and prior authorization requirements will apply.
- This notice applies to Healthy Blue.

Effective for all patients on August 15, 2021			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
GROWTH HORMONES	HUMATROPE INJ 5MG	PREFERRED WITH PRIOR AUTHORIZATION REQUIRED	N/A
	HUMATROPE INJ 6MG		
	HUMATROPE INJ 12MG		
	HUMATROPE INJ 24MG		
Effective for all patients on September 20, 2021			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
GROWTH HORMONES	ZOMACTON INJ 5MG	NON-PREFERRED WITH PRIOR AUTHORIZATION REQUIRED*	HUMATROPE INJ 5MG
	ZOMACTON INJ 10MG		HUMATROPE INJ 6MG HUMATROPE INJ 12MG HUMATROPE INJ 24MG

* Current utilizers will be grandfathered on Zomacton

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**.

www.HealthyBlueSC.com