

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at the fourth quarter 2020 Pharmacy and Therapeutics Committee meetings.

What this means to you:

- Effective May 1, 2021, preferred formulary changes will apply.
- Effective May 1, 2021, nonpreferred and prior authorization (PA) requirements will apply.
- This notice applies to Healthy Blue.

EFFECTIVE FOR ALL PATIENTS ON MAY 1, 2021			
Therapeutic class	Drug	Revised status	Potential alternatives
IV IRON REPLACEMENT THERAPY	VENOFER INJ 20MG/ML INFED INJ 50MG/ML	PREFERRED WITH PA	N/A
SELECT HIV AGENTS	DOVATO 50-300MG TABLET	PREFERRED	N/A
SELECT ANALGESIC COMBINATIONS	BUTALBITAL-ACET AMINOPHEN 50-300MG CAPSULE BUTALBITAL-ACET AMINOPHEN 50-300MG TABLET	NON-PREFERRED	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPSULE /TABLET BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE /TABLET
LANCEIS/ LANCET DEVICES (MANUFACTURERS)	WALGREENS COVIDIEN MEDICAL SUPPLIES OWEN MUMFORD MEDICAL PLASTIC DEVICES ARKRAY USA HEALTH ALLIANCE HTL-STREFA MHC MEDICAL PRODUCTS FIFTY50 MEDICAL CARDIOCOM BIONIME USA CORPORATION NOVA BIOMEDICAL AGAMATRIX SHERWOOD MEDICAL I-SENS	PREFERRED	N/A
	ARISE MEDICAL ASCENSIA DIABETES CARE BECTON DICKINSON		WALGREENS COVIDIEN MEDICAL SUPPLIES

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To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email fraudres@scdhhs.gov.

BSCPEC-1955-21 March 2021

<p>LANCETS/ LANCET DEVICES (MANUFACTURERS)</p>	<p>BIOSSENSE MEDICAL DEVICES BOCA MEDICAL PRODUCTS DIABETIC SUPPLY OF SUNCOA FUTURE DIAGNOSTICS GLOBAL MEDICAL PRODUCTS GOJJI HOME AIDE DIAGNOSTICS HOME DIAGNOSTICS INFOPIA USA LIFESCAN INC MCKES MED MEDI SENSE MEDLINE INDUSTRIES OMNIS HEALTH ONE PHARMA & MEDICAL SUPP PHOENIX HEALTHCARE SOLUTI POLYMER TECHNOLOGY SYSTEM PRODIGY DIABETES CARE PUBLIX SUPER MARKETS INC. RELIAMED ROCHE DIAGNOSTICS SIMPLE DIAGNOSTICS SPECIALTY MEDICAL SUPPLIE TELCARE THERASENSE INC. US DIAGNOSTICS VERTEX DIAGNOSTICS</p>	<p>NON-PREFERRED</p> <p>NON-PREFERRED</p>	<p>OWEN MUMFORD MEDICAL PLASTIC DEVICES ARKRAY USA HEALTH ALLIANCE HTL-STREFA MHC MEDICAL PRODUCTS FIFTY50 MEDICAL CARDIOCOM BIONIME USA CORPORATION NOVA BIOMEDICAL AGAMATRIX SHERWOOD MEDICAL I-SENS</p>
<p align="center">UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2021 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i></p>			
<p>ANALGESIC COMBINATIONS</p>	<p>BUTALBITAL-ACET AMINOPHEN 50-300MG CAPSULE</p>		<p>ADD QL: 6 CAPSULES PER DAY</p>
<p>ANTI CONVULSANTS - MISC.</p>	<p>VIMPAT INJ 200MG/20</p>		<p>REMOVE PA AND QL</p>
<p>ANTIEMETICS - MISCELLANEOUS</p>	<p>AKYNZEO CAP 300-0.5</p>		<p>ADD PA</p>
<p>ANTIFUNGALS – TOPICAL</p>	<p>CICLOPIROX 0.77% TOPICAL GEL</p>		<p>ADD QL: 100 GM PER 30 DAYS</p>
	<p>CLOTRIMAZOLE 1% CREAM CLOTRIMAZOLE 1% OINTMENT ERTACZO 2% CREAM EXELDERM 1% CREAM LUZU 1% CREAM NAFTIN CREAM 2% NAFTIN GEL 2%</p>		<p>ADD QL: 60 GM PER 30 DAYS</p>
	<p>CLOTRIMAZOLE 1% SOLUTION EXELDERM 1% SOLUTION LOPROX SUS 0.77%</p>		<p>ADD QL: 60 ML PER 30 DAYS</p>
	<p>ECONAZOLE 1% CREAM</p>		<p>ADD QL: 85 GM PER 30 DAYS</p>
	<p>ECOZA 1% FOAM</p>		<p>ADD QL: 70 GM PER 30 DAYS</p>

ANTIFUNGALS - TOPICAL	EXTINA 2% FOAM	ADD QL: 100 GM PER 30 DAYS
	LAMISIL AT 1% CREAM	ADD QL: 42 GM PER 30 DAYS
	LOPROX 0.77% CREAM NAFTIFINE CREAM 1% NAFTIN GEL 1%	ADD QL: 90 GM PER 30 DAYS
	LOPROX 1% SHAMPOO	ADD QL: 120 ML PER 30 DAYS
	LOTRIMIN AF AER 2%	ADD QL: 133 GM PER 30 DAYS
	LOTRIMIN ULT CRE 1% MENTAX CRE 1%	ADD QL: 30 GM PER 30 DAYS
	MICONAZOLE 2% CREAM	ADD QL: 200 GM PER 30 DAYS
	MICONAZOLE 2% OINTMENT	ADD QL: 141 GM PER 30 DAYS
	NIZORAL A-D SHA 1%	ADD QL: 200 ML PER 30 DAYS
	NYSTAT/TRIAM OIN	ADD QL: 120 GM PER 30 DAYS
	TOLNAFTATE AER 1%	ADD QL: 130 GM PER 30 DAYS
	TOLNAFTATE POW 1%	ADD QL: 67.5 GM PER 30 DAYS
	TOLNAFTATE AER 1%	ADD QL: 159 GM PER 30 DAYS
	XOLEGEL GEL 2%	ADD QL: 45 GM PER 30 DAYS
ANTIHEMOPHILIC PRODUCTS	SEVENFACT INJ 5MG SEVENFACT INJ 1MG	ADD PA
ANTIMALARIALS	HYDROXYCHLOROQUINE TAB 200MG	UPDATE QL: 90 TABLETS PER 30 DAYS
	CHLOROQUINE TAB 500MG	REMOVE QL
ANTINEOPLASTICS	KEYTRUDA INJ 100MG/4M BAVENCIO INJ 20MG/ML LIBTAYO INJ 350/7ML TECENTRIQ INJ 840/14 TECENTRIQ INJ 1200/20	REMOVE QL
	POMALYST CAPSULES	UPDATE QL: 21 CAPSULES PER 28 DAYS
ANTINEOPLASTIC COMBINATIONS	PHESGO SOL	REMOVE QL
ANTINEOPLASTIC ENZYME INHIBITORS	LENVIMA CAPSULES	REMOVE QL
ANTIIPSORIATICS	COSENTYX PEN INJ 150MG/ML	UPDATE QL: 1 PEN PER 28 DAYS
	COSENTYX INJ 150MG/ML	UPDATE QL: 1 SYRINGE PER 28 DAYS

ANTIRHEUMATIC - ENZYME INHIBITORS	XELJANZ ORAL SOLUTION	ADD PA ADD QL: 10 ML PER DAY
CHELATING AGENTS	D-PENAMINE TAB 125MG	REMOVE PA AND QL
	CLOVIQUE CAP 250MG	ADD PA ADD QL: 8 CAPSULES PER DAY
	CUPRIMINE CAP 250MG	ADD QL: 8 CAPSULES PER DAY
	DEPEN TITRA TAB 250MG	8 TABLETS PER DAY
COMPLEMENT INHIBITORS	ULTOMIRIS INJ 300/30ML	ADD QL: 12 VIALS PER 56 DAYS
	ULTOMIRIS INJ 100MG/ML	ADD QL: 3 VIALS PER 56 DAYS
CONTRACEPTIVES	FEMALE CONDOMS	ADD QL: 12 UNITS PER FILL; 1 FILL PER 30 DAYS
DIABETIC SUPPLIES	MINIMED 770G KIT 1890M	ADD QL: 1 PUMP EVERY 4 YEARS
	MINIMED 630G KIT INSULIN	UPDATE QL: 1 PUMP EVERY 4 YEARS
	BLOOD GLUCOSE TEST STRIPS	UPDATE QL: IF CGM, MAX 51 PER 30 DAYS
ESTROGENS	ESTRADIOL TWICE WEEKLY PATCH	ADD QL: 8 PATCHES PER 28 DAYS
GASTROINTESTINAL STIMULANTS	GIMOTI SPR 15MG	ADD PA ADD QL: 1 BOTTLE (9.8 ML) EVERY 4 WEEKS
	METOCLOPRAMIDE SOL 5MG/5ML METOCLOPRAMIDE SOL 10/10ML	ADD QL: 60 ML PER DAY
	METOCLOPRAMIDE TAB 5MG	ADD QL: 12 TABLETS PER DAY
	METOCLOPRAMIDE TAB 5MG ODT	ADD PA ADD QL: 12 TABLETS PER DAY
	METOCLOPRAMIDE TAB 10MG	ADD QL: 6 TABLETS PER DAY
	METOCLOPRAMIDE TAB 10MG ODT	ADD PA ADD QL: 6 TABLETS PER DAY
GLUCOCORTICOSTEROIDS	PREDNISOLONE SOLUTION	ADD QL: 20 ML PER 30 DAYS
	ALKINDI SPRI CAP 0.5MG ALKINDI SPRI CAP 1MG ALKINDI SPRI CAP 2MG ALKINDI SPRI CAP 5MG	ADD PA ADD ST
GROWTH HORMONES	SOGROYA INJECTION*	ADD PA ADD QL: 4 PENS PER 28 DAYS

<p>HEMATOPOIETIC GROWTH FACTORS</p>	<p>NEULASTA INJ 6MG/0.6M NEULASTA KIT 6MG/0.6M FULPHILA INJ 6/0.6ML NYVEPRIA INJ 6/0.6ML UDENYCA INJ 6MG/.6ML ZIEXTENZO INJ 6/0.6ML</p>	<p>UPDATE QL: 2 SYRINGES PER 28 DAYS</p>
<p>HYPEROXALURIA AGENTS</p>	<p>OXLUMO INJ 94.5/0.5</p>	<p>ADD PA ADD QL</p>
<p>INSULINS</p>	<p>SEMGLEE INJ 100U/ML SEMGLEE SOL 100U/ML</p>	<p>REMOVE PA ADD QL: 30 ML PER 30 DAYS</p>
	<p>BASAGLAR INJ 100UNIT BASAGLAR TEMPO PEN*</p>	<p>ADD QL: 30 ML PER 30 DAYS</p>
	<p>HUMALOG INJ 100/ML HUMALOG KWIK INJ 100/ML HUMALOG KWIK INJ 200/ML HUMALOG JR INJ 100/ML HUMALOG TEMPO PEN*</p>	<p>ADD QL: 30 ML PER 30 DAYS</p>
	<p>INSULIN ASPA INJ 100/ML INSULIN ASPA INJ PENFILL INSULIN ASPA INJ FLEXPEN</p>	<p>ADD QL: 30 ML PER 30 DAYS</p>
	<p>NOVOLOG MIX INJ 70/30 NOVOLOG MIX INJ FLEXPEN</p>	<p>ADD QL: 30 ML PER 30 DAYS</p>
	<p>INSULIN LISP INJ 100/ML INSULIN LISP KWIK INJ 100/ML INSULIN LISP INJ JUNIOR INSULIN LISP INJ PROTAMIN 75/25</p>	<p>ADD QL: 30 ML PER 30 DAYS</p>
	<p>LYUMJEV INJ 100UT/ML LYUMJEV KWPN INJ 100UT/ML LYUMJEV KWPN INJ 200UT/ML LYUMJEV TEMPO PEN* LYUMJEV JUNIOR KWIKPEN*</p>	<p>ADD QL: 30 ML PER 30 DAYS</p>
	<p>NOVOLIN N INJ U-100 NOVOLIN N INJ 100 UNIT FLEX NOVOLIN N INJ RELION</p>	<p>ADD QL: 30 ML PER 30 DAYS</p>
	<p>NOVOLIN R INJ U-100 NOVOLIN R INJ 100 UNIT FLEX NOVOLIN R INJ RELION</p>	<p>ADD QL: 30 ML PER 30 DAYS</p>
<p>IRON</p>	<p>FERAHEME INJ 510/17ML</p>	<p>ADD PA ADD ST ADD QL: 2 VIALS PER 6 DAYS</p>
	<p>FERRLECIT INJ 12.5MG/M</p>	<p>ADD PA ADD ST ADD QL: 16 VIALS PER 8 WEEKS</p>
	<p>INJECTAFER INJ 750/15ML</p>	<p>ADD PA ADD ST ADD QL: 2 VIALS PER 14 DAYS</p>
	<p>INFED INJ 50MG/ML</p>	<p>ADD PA</p>

IRON	MONOFERRIC INJ 100/ML	ADD PA ADD ST ADD QL: 4 VIALS PER DAY
	MONOFERRIC INJ 500/5	ADD PA ADD ST ADD QL: 1 VIAL PER DAY
	VENOFER INJ 50MG/2.5ML	ADD PA ADD QL: 6 VIALS PER 12 WEEKS
	VENOFER INJ 100MG/5ML	ADD PA ADD QL: 3 VIALS PER 12 WEEKS
	VENOFER INJ 200MG/10ML	ADD PA ADD QL: 5 VIALS PER 14 DAYS
	TRIFERIC SOL 27.2/5ML TRIFERIC POW 272MG	ADD PA
LIPIDS	DOJOLVI LIQ 100%	ADD PA ADD QL: 2 BOTTLES (1000 ML) PER 30 DAYS
MISC. ANTIVIRALS	VEKLURY INJ 100MG VEKLURY SOL 100/20ML	ADD PA ADD QL: 11 VIALS PER FILL
OPHTHALMIC ANTI- INFECTIVES	BACIGUENT OIN OP BACITRACIN OIN OP	ADD QL: 7 GM PER 30 DAYS
OPHTHALMIC STEROIDS	INVELTYS SUS 1%	ADD QL: 5.6 ML PER 30 DAYS
	LOTEMAX SUS 0.5%	ADD QL: 30 ML PER 30 DAYS
	LOTEMAX OIN 0.5%	ADD QL: 7 GM PER 30 DAYS
	LOTEMAX GEL 0.5%	ADD QL: 10 GM PER 30 DAYS
	DUREZOL EMU 0.05%	ADD QL: 10 ML PER 30 DAYS
OPHTHALMICS - MISC.	CYSTADROPS SOL 0.37% CYSTARAN SOL 0.44%	ADD PA ADD QL: 4 BOTTLES PER 28 DAYS
OPIOID AGONISTS	QDOLO SOL 5MG/ML	ADD QL: 80 ML PER DAY
SPINAL MUSCULAR ATROPHY AGENTS (SMA)	EVRYSDI SOL	UPDATE QL: 6.67 ML PER DAY
SYMPATHOMIMETICS	BREZTRI AERO AER SPHERE	ADD PA ADD QL: 1 INHALER PER 30 DAYS
	TRELEGY AER ELLIPTA	ADD QL: 1 INHALER PER 30 DAYS
ULCER THERAPY COMBINATIONS	HELIDAC MIS THERAPY LANSOPR/AMOX MIS /CLARITH OMECLAMOX- MIS PAK	ADD ST ADD QL:

		1 THERAPY PACK PER FILL; 1 FILL PER 180 DAYS
	PYLERA CAP	ADD ST ADD QL: 120 CAPSULES PER FILL; 1 FILL PER 180 DAYS
	TALICIA CAP	ADD ST ADD QL: 168 CAPSULES PER FILL; 1 FILL PER 180 DAYS

* Medication will be added to the formulary when it is available 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 PA 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 PA.

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**.