[02/01/2026]

Pharmacy Comprehensive Drug List Change Notice

[Posted 01/01/2026]

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 PATIENTS NO LATER THAN FEBRUARY 1, 2026

Therapeutic class	Drug	Revised status	Potential alternatives
ANTIVIRALS	SUNLENCA INJ	COVERED WITH PA	N/A
VITAMINS	VITAMIN D2 400 UNIT TABLET VITAMIN D2 2000 UNIT CAPSULE/TABLET VITAMIN D 50000 UNIT CAPSULE	COVERED	N/A

UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2026

NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY

Therapeutic class	Drug	Revised status
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS**	ARYNTA 10MG/ML ORAL SOLUTION	ADD QL 7 ML PER DAY
ANALGESIC COMBINATIONS	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50 MG-325MG-40 MG/15ML ORAL SOLUTION	ADD PA AND QL 90 ML PER DAY
ANTIDEMENTIA AGENTS	LEQEMBI IQLK 360MG/1.8ML AUTOINJECTOR	ADD PA AND QL 4 AUTOINJECTORS PER 28 DAYS
ANTIHISTAMINES	CARBINOXAMINE MALEATE 4MG TABLET	ADD QL 6 TABLETS PER DAY
ANTIHISTAMINES	CARBZAH (CARBINOXAMINE MALEATE) 4MG/ 5ML	ADD QL 20 MLS PER DAY
ANTIHYPERTENSIVES**	WIDAPLIK 10MG/1.25MG/ 0.625MG TABLET WIDAPLIK 20MG/2.5MG/1.25MG TABLET WIDAPLIK 40 MG/5MG/2.5MG TABLET	ADD QL 1 TABLET PER DAY
ANTIHYPERTENSIVES**	VOSTALLY 1 MG/ML ORAL SOLUTION	ADD QL 20 ML PER DAY

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Therapeutic class	Drug	Revised status
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**	ZEGFROVY 150MG TABLET ZEGFROVY 200 MG TABLET	ADD PA AND QL 1 TABLET PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IBTROZI 200MG CAPSULE	ADD PA AND QL 3 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	LUMAKRAS 240MG TABLET	ADD QL 4 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	BRUKINSA 160MG TABLET	ADD QL 2 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**	VABRINTY 7.5MG KIT	ADD QL 1 KIT PER 4 WEEKS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VABRINTY 30MG KIT	ADD QL 1 KIT PER 16 WEEKS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VABRINTY 22.5MG KIT	ADD PA AND QL 1 KIT PER 12 WEEKS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VABRINTY 45MG KIT	ADD PA AND QL 1 KIT PER 24 WEEKS (6 MONTHS)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	MODEYSO 125MG CAPSULES	ADD PA AND QL 20 CAPSULES PER 28 DAYS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	HERNEXEOS 60MG TABLET	ADD PA AND QL 3 TABLETS PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ZEJULA 100MG TABLET	UPDATE QL 1 TABLET PER DAY
ANTIRETROVIRALS	APRETUDE 600MG ER SUSPENSION	ADD PA
ANTIRETROVIRALS	YEZTUGO 300MG TABLET	ADD PA AND QL 1 BOTTLE (4 TABLETS) PER ONE TIME FILL
ANTIRETROVIRALS	YEZTUGO 463.5MG/1.5 ML KIT	ADD PA AND QL 1 KIT (2 VIALS) PER 24 WEEKS
ANTIRETROVIRALS	PREZCOBIX 675 MG-150MG TABLET	ADD QL 1 TABLET PER DAY
ANTIRETROVIRALS**	TYBOST 90MG TABLET	ADD QL 1 TABLET PER DAY
ANTIRETROVIRALS	SUNLENCA 300MG TABLET	ADD QL 4 TABLETS PER 28 DAYS, MAXIMUM OF 6 MONTHS
ANTIVIRALS	PAXLOVID 300 MG/100 MG + 150 MG/100 MG	ADD QL 1 DOSE PACK PER FILL; 1 FILL PER 90 DAYS
CALCIUM CHANNEL BLOCKERS**	SDAMLO 2.5MG SDAMLO 5MG SDAMLO 10MG ORAL SOLUTION	ADD QL 1 SINGLE-DOSE BOTTLE PER DAY
CARDIOVASCULAR AGENTS - MISC.	CORLANOR 5MG CORLANOR 7.5MG	REMOVE QL 2 TABLETS PER DAY
CARDIOVASCULAR AGENTS - MISC.	CORLANOR 5MG/5ML ORAL SOLUTION AMPULE	REMOVE QL 4 AMPULES PER DAY (4 CARTONS PER 28 DAYS)
CARDIOVASCULAR AGENTS - MISC.	YUTREPIA 26.5MCG CAPSULE YUTREPIA 53MCG CAPSULE	ADD PA AND QL 5 CAPSULES PER DAY
CARDIOVASCULAR AGENTS - MISC.	YUTREPIA 79.5MCG CAPSULE	ADD PA AND QL 10 CAPSULES PER DAY

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CARDIOVASCULAR AGENTS - MISC.	YUTREPIA 106MCG CAPSULE	ADD PA AND QL 8 CAPSULES PER DAY
CARDIOVASCULAR AGENTS - MISC.	UPTRAVI 200MCG STARTER BOTTLE	ADD QL 1 PACK, ONE TIME FILL
CENTRAL MUSCLE RELAXANTS	TONMYA 2.8 MG SUBLINGUAL TABLET	ADD QL 2 SUBLINGUAL TABLETS PER DAY
CENTRAL MUSCLE RELAXANTS**	ATMEKSI 750MG/5 ML ORAL SUSPENSION	ADD QL 30 ML PER DAY
CENTRAL MUSCLE RELAXANTS	METAXALONE 640MG	ADD QL 4 TABLETS PER DAY
CORTICOSTEROIDS - TOPICAL	HYDROCORTISONE ACETATE 2.5% CREAM (MICORT HC)	ADD QL 30 GRAMS PER 30 DAYS
COUGH/COLD/ALLERGY	CODITUSSIN DAC (PSEUDOEPHEDRINE-GUAIFENESIN WITH CODEINE)	ADD QL 200 ML PER 5 DAYS; 2 FILLS PER 30 DAYS
ECZEMA AGENTS	ANZUPGO 2% CREAM	ADD QL 60 GRAMS PER 30 DAYS
ENDOCRINE AND METABOLIC AGENTS - MISC.	KERENDIA 40 MG TABLET	ADD QL 1 TABLET PER DAY
GASTROINTESTINAL AGENTS - MISC.	STARJEMZA 45 MG/0.5 ML VIAL STARJEMZA 45 MG/0.5 ML SINGLE-USE PREFILLED SYRINGE STARJEMZA 90 MG/1 ML SINGLE-USE PREFILLED SYRINGE	ADD QL 1 VIAL/SYRINGE PER 84 DAYS (12 WEEKS)
GENITOURINARY AGENTS - MISCELLANEOUS	VENXXIVA 100MG TABLET	ADD PA AND QL 10 TABLETS PER DAY
GENITOURINARY AGENTS - MISCELLANEOUS	VENXXIVA 300MG TABLET	ADD PA AND QL 3 TABLETS PER DAY
GROWTH HORMONES	SKYTROFA 0.7MG CARTRIDGE SKYTROFA 1.4MG CARTRIDGE SKYTROFA 1.8MG CARTRIDGE SKYTROFA 2.1MG CARTRIDGE SKYTROFA 2.5MG CARTRIDGE	ADD QL 4 CARTRIDGES PER 28 DAYS
HEMATOLOGICAL AGENTS - MISC.	EKTERLY 300MG TABLETS	ADD PA AND QL 24 TABLETS (6 CARTONS) PER 30 DAYS
HEMATOLOGICAL AGENTS - MISC.	ANDEMBRY 200MG/1.2 ML PREFILLED AUTO-INJECTOR/PREFILLED SYRINGE	ADD PA AND QL 1 PREFILLED AUTOINJECTOR/SYRINGE PER 28 DAYS
HEMATOLOGICAL AGENTS - MISC.	DAWNZERA 80MG/0.8 ML AUTOINJECTOR	ADD QL 1 AUTOINJECTOR PER 28 DAYS
HEMATOPOIETIC GROWTH FACTORS	DOPTELET SPRINKLE 10 MG CAPSULE	ADD PA AND QL 2 CAPSULES PER DAY
INFLUENZA AGENTS**	XOFLUZA 30MG ORAL SUSPENSION PACKET	ADD QL 1 PACKET PER FILL; 1 FILL PER 90 DAYS
INFLUENZA AGENTS**	XOFLUZA 40MG ORAL SUSPENSION PACKET	ADD QL 2 PACKETS PER FILL; 1 FILL PER 90 DAYS
METABOLIC MODIFIERS	HARLIKU 2MG TABLET	ADD PA AND QL 1 TABLET PER DAY
METABOLIC MODIFIERS	SEPHIENCE ORAL POWDER	ADD PA

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NASAL ANTIALLERGY	ALLERGY NASAL SPRAY 0.15% (AZELASTINE) (205.5 MCG/SPRAY) (30 ML/200 SPRAYS)	ADD QL 30 ML PER 25 DAYS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	VYSCOXA 10MG/ML ORAL SUSPENSION	ADD QL 40 ML PER DAY
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	IBUPROFEN 300MG TABLET	ADD QL 4 TABLETS PER DAY
OPHTHALMIC AGENTS	TRYPTYR 0.003% OPHTHALMIC SOLUTION	ADD QL 2 VIALS PER DAY
OPHTHALMIC AGENTS	VIZZ 1.44% OPHTHALMIC SOLUTION	ADD PA AND QL 1 VIAL PER DAY
OPHTHALMIC AGENTS	LASTACAFT 0.25% OPHTHALMIC SOLUTION (OTC)	UPDATE QL 5 ML PER 30 DAYS
OPHTHALMIC AGENTS	OLOPATADINE 0.2% OPHTHALMIC SOLUTION (OTC)	UPDATE QL 3.5 ML PER 30 DAYS
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	OTEZLA/OTEZLA XR 28-DAY STARTER PACK	ADD QL 1 PACK (28 DAY SUPPLY, ONE TIME FILL)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	OTEZLA XR 75MG TABLET	ADD QL 1 TABLET PER DAY
PROGESTINS	PROMETRIUM 100 MG CAPSULE PROMETRIUM 200 MG CAPSULE	REMOVE QL 2 CAPSULES PER DAY
PROGESTINS	PROVERA 2.5MG TABLET PROVERA 5MG TABLET PROVERA 10 MG TABLET	REMOVE QL 1 TABLET PER DAY
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	AUSTEDO XR 6-24 12-30MG TITRATION KIT	ADD QL 1 KIT PER FILL, ONE TIME FILL
RESPIRATORY AGENTS - MISC.	BRINSUPRI 10MG TABLET BRINSUPRI 25MG TABLET	ADD PA AND QL 1 TABLET PER DAY
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS	VIRAZOLE (RIBAVIRIN INHALATION)	REMOVE PA

***THIS CHANGE WILL BE IMPLEMENTED ONCE THE MEDICATION IS 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**.