[01/01/2026]

Pharmacy Comprehensive Drug List Change Notice

[Posted 12/01/2025]

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 NO LATER THAN JANUARY 1, 2026			
Therapeutic class	**Drug**	**Revised status**	**Potential alternatives**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	ARMODAFINIL TAB 50MG ARMODAFINIL TAB 150MG ARMODAFINIL TAB 200MG ARMODAFINIL TAB 250MG	Covered with PA	Refer to Comprehensive Drug List
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	MODAFINIL TAB 100MG MODAFINIL TAB 200MG	Covered with PA	Refer to Comprehensive Drug List
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	LIRAGLUTIDE INJ 18MG/3ML	Benefit exclusion	Refer to Comprehensive Drug List
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	SAXENDA INJ 18MG/3ML	Benefit exclusion	Refer to Comprehensive Drug List
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	WEGOVY INJ 0.25MG WEGOVY INJ 0.5MG WEGOVY INJ 1MG WEGOVY INJ 1.7MG WEGOVY INJ 2.4MG	Benefit exclusion for weight management	Refer to Comprehensive Drug List
ANTIPSYCHOTICS / ANTIMANIC AGENTS	UZEDY INJ 50MG UZEDY INJ 75MG UZEDY INJ 100MG UZEDY INJ 125MG UZEDY INJ 150MG UZEDY INJ 200MG UZEDY INJ 250MG	Covered* *PA required for ages less than 18 years	Refer to Comprehensive Drug List
ENDOCRINE AND METABOLIC AGENTS - MISC.	GLYCEROL PHENYLBUTYRATE LIQ 1.1GM/ML	Non-covered / PA required	Generic sodium phenylbutyrate powder/tablets **OR** Pheburane (sodium phenylbutyrate) pellets
ENDOCRINE AND METABOLIC AGENTS - MISC.	OLPRUVA PAK 2GM OLPRUVA PAK 3GM OLPRUVA PAK 4GM OLPRUVA PAK 5GM OLPRUVA PAK 6GM OLPRUVA PAK 6.67GM	Non-covered / PA required	Generic sodium phenylbutyrate powder/tablets **OR** Pheburane (sodium phenylbutyrate) pellets

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ENDOCRINE AND METABOLIC AGENTS - MISC.	RAVICTI LIQ 1.1GM/ML	Non-covered / PA required	Generic sodium phenylbutyrate powder/tablets **OR** Pheburane (sodium phenylbutyrate) pellets
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN JANUARY 1, 2026 *NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY*			
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ACTIMMUNE INJ 2MU/0.5	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	AFINITOR TAB 2.5MG AFINITOR TAB 5MG AFINITOR TAB 7.5MG AFINITOR TAB 10MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	AFINITOR DISPERZ TAB 2MG AFINITOR DISPERZ TAB 3MG AFINITOR DISPERZ TAB 5MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ALUNBRIG PAK ALUNBRIG TAB 30MG ALUNBRIG TAB 90MG ALUNBRIG TAB 180MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	BALVERSA TAB 3MG BALVERSA TAB 4MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	BALVERSA TAB 5MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	CABOMETYX TAB 20MG CABOMETYX TAB 40MG CABOMETYX TAB 60MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	EVEROLIMUS TAB 2MG EVEROLIMUS TAB 2.5MG EVEROLIMUS TAB 3MG EVEROLIMUS TAB 5MG EVEROLIMUS TAB 7.5MG EVEROLIMUS TAB 10MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	GLEEVEC TAB 100MG GLEEVEC TAB 400MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	GLEOSTINE CAP 10MG GLEOSTINE CAP 40MG GLEOSTINE CAP 100MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	GOMEKLI CAP 1MG GOMEKLI CAP 2MG GOMEKLI TAB 1MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IBRANCE CAP 75MG IBRANCE CAP 100MG IBRANCE CAP 125MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ICLUSIG TAB 10MG ICLUSIG TAB 15MG ICLUSIG TAB 30MG ICLUSIG TAB 45MG	Remove PA for ages less than 19 years	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IMATINIB MESYLATE TAB 100MG IMATINIB MESYLATE TAB 400MG	Remove PA for ages less than 19 years	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IMKELDI SOL 80MG/ML	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IWILFIN TAB 192MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	JAKAFI TAB 5MG JAKAFI TAB 10MG JAKAFI TAB 15MG JAKAFI TAB 20MG JAKAFI TAB 25MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	LENVIMA CAP 4 MG LENVIMA CAP 8 MG LENVIMA CAP 10 MG LENVIMA CAP 12 MG LENVIMA CAP 14 MG LENVIMA CAP 18 MG LENVIMA CAP 20 MG LENVIMA CAP 24 MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	LEUCOVORIN CALCIUM TAB 5MG LEUCOVORIN CALCIUM TAB 10MG LEUCOVORIN CALCIUM TAB 15MG LEUCOVORIN CALCIUM TAB 25MG	Add QL: 2 tablets per day
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	LORBRENA TAB 25MG LORBRENA TAB 100MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	MEKINIST SOL 0.05/ML MEKINIST TAB 0.5MG MEKINIST TAB 2MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	MERCAPTOPURINE SUS 20MG/ML	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	MESNA TAB 400MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	MESNEX TAB 400MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	NEXAVAR TAB 200MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	OJEMDA SUS 25MG/ML OJEMDA TAB 100MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	PAZOPANIB TAB 200MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	PEMAZYRE TAB 4.5MG PEMAZYRE TAB 9MG PEMAZYRE TAB 13.5MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	PURIXAN SUS 20MG/ML	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	REVUFORJ TAB 25MG REVUFORJ TAB 110MG REVUFORJ TAB 160MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	SORAFENIB TAB 200MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	STIVARGA TAB 40MG	Remove PA for ages less than 19 years

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TAFINLAR CAP 50MG TAFINLAR CAP 75MG TAFINLAR TAB 10MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TAGRISSO TAB 40MG TAGRISSO TAB 80MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TEMOZOLOMIDE CAP 5MG TEMOZOLOMIDE CAP 20MG TEMOZOLOMIDE CAP 100MG TEMOZOLOMIDE CAP 140MG TEMOZOLOMIDE CAP 180MG TEMOZOLOMIDE CAP 250MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	TORPENZ TAB 2.5MG TORPENZ TAB 5MG TORPENZ TAB 7.5MG TORPENZ TAB 10MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VENCLEXTA TAB 10MG VENCLEXTA TAB 50MG VENCLEXTA TAB 100MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VITRAKVI CAP 25MG VITRAKVI CAP 100MG VITRAKVI SOL 20MG/ML	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VORANIGO TAB 10MG VORANIGO TAB 40MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	VOTRIENT TAB 200MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	WELIREG TAB 40MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	XALKORI CAP 20MG XALKORI CAP 50MG XALKORI CAP 150MG XALKORI CAP 200MG XALKORI CAP 250MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	XOSPATA TAB 40MG	Remove PA for ages less than 19 years
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ZOLINZA CAP 100MG	Remove PA for ages less than 19 years
CARDIOVASCULAR AGENTS - MISC.	TYVASO DPI POW 16MCG TYVASO DPI POW 32MCG TYVASO DPI POW 48MCG TYVASO DPI POW 64MCG TYVASO DPI POW 80MCG	Add PA
CARDIOVASCULAR AGENTS - MISC.	TYVASO SOL 0.6MG/ML TYVASO REFILL KIT SOL 0.6MG/ML TYVASO STARTER KIT SOL 0.6MG/ML	Add PA
CARDIOVASCULAR AGENTS - MISC.	VENTAVIS SOL 10MCG/ML VENTAVIS SOL 20MCG/ML	Add PA
DERMATOLOGICALS	ZELSUVMI GEL 10.3%	Add PA
HEMATOLOGICAL AGENTS - MISC.	CABLIVI KIT 11MG	Add PA

QL: Quantity Limit; PA: Prior Authorization

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**.