

June 2019

Pharmacy formulary change notice

Effective July 1, 2019, Healthy Blue will be using the Louisiana Department of Health preferred drug list. The changes outlined below apply to all Healthy Blue members.

Effective for all patients on July 1, 2019			
Therapeutic class	Drug	Revised status	Potential alternatives
ACNE AGENTS, TOPICAL	TAZORAC 0.1% GEL TAZORAC 0.05% GEL TAZORAC 0.05% CREAM TAZORAC 0.1% CREAM ADAPALENE 0.1% GEL SULFACETAMIDE SOD 10% TOP SUSP ADAPALENE 0.1% CREAM OVACE PLUS 9.8% LOTION DIFFERIN 0.1% LOTION DIFFERIN 0.3% GEL PUMP ADAPALENE 0.3% GEL PUMP SOD SULFACETAMIDE 10% SHAMPOO CLINDAMYCIN PHOSPHATE 1% FOAM TAZAROTENE 0.1% CREAM SODIUM SULFACETAMIDE 10% LOTN	PRIOR AUTHORIZATION (PA) REQUIRED	PREFERRED PRODUCTS
ANALGESICS, NARCOTICS SHORT	APADAZ 4.08-325 MG TABLET APADAZ 6.12-325 MG TABLET APADAZ 8.16-325 MG TABLET NALOCET 2.5-300 MG TABLET	PA REQUIRED	PREFERRED PRODUCTS
ANDROGENIC AGENTS	TESTOSTERONE 50 MG/5 GRAM GEL TESTOSTERONE 1.62% GEL PUMP TESTOSTERONE 25 MG/2.5 GM PKT TESTOSTERONE 50 MG/5 GRAM PKT TESTOSTERONE 1.62% (2.5 G) PKT TESTOSTERONE 1.62%(1.25 G) PKT	PA REQUIRED	PREFERRED PRODUCTS
ANGIOTENSIN MODULATORS	VASOTEC TABLETS	NON-PREFERRED	PREFERRED PRODUCTS
ANTIBIOTICS INHALED	ARIKAYCE 590 MG/8.4 ML VIAL	PA REQUIRED	PREFERRED PRODUCTS
ANTIEMETIC/ ANTIVERTIGO AGENTS	EMEND 125 MG POWDER PACKET	NON-PREFERRED	PREFERRED PRODUCTS
ANTIEMETIC/ ANTIVERTIGO AGENTS	TRANSDERM-SCOP 1.5 MG (1MG/3D) PROMETHEGAN 50 MG SUPPOSITORY APREPITANT 40 MG CAPSULE APREPITANT 80 MG CAPSULE APREPITANT 125 MG CAPSULE	NON-PREFERRED	PREFERRED PRODUCTS

<https://providers.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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ANTIMIGRAINE AGENTS, OTHER	DIHYDROERGOTAMINE 1 MG/ML AMP MIGRANAL NASAL SPRAY CAFERGOT TABLET CAMBIA 50 MG POWDER PACKET AJOVY 225 MG/1.5 ML SYRINGE AIMOVIG 70 MG/ML AUTOINJECTOR AIMOVIG 140 MG DOSE-2 AUTOINJ AIMOVIG 140 MG/ML AUTOINJECTOR DIHYDROERGOTAMINE 4 MG/ML SPRY ERGOMAR 2 MG TABLET SL MIGERGOT SUPPOSITORY	NON-PREFERRED	PREFERRED PRODUCTS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOLMITRIPTAN 2.5 MG ODT ZOLMITRIPTAN 5 MG ODT ZOLMITRIPTAN 2.5 MG TABLET ZOLMITRIPTAN 5 MG TABLET	NON-PREFERRED	PREFERRED PRODUCTS
ANTIVIRALS, ORAL	RIMANTADINE HCL 100 MG TABLET RELENZA 5 MG DISKHALER OSELTAMIVIR PHOS 30 MG CAPSULE OSELTAMIVIR PHOS 45 MG CAPSULE XOFLUZA 20 MG TAB (40 MG DOSE) XOFLUZA 40 MG TAB (80 MG DOSE)	NON-PREFERRED	PREFERRED PRODUCTS
ANTIVIRALS, TOPICAL	ZOVIRAX 5% CREAM DENA VIR 1% CREAM	PA REQUIRED	PREFERRED PRODUCTS
BETA-BLOCKERS	BYSTOLIC 2.5 MG TABLET BYSTOLIC 5 MG TABLET BYSTOLIC 10 MG TABLET BYSTOLIC 20 MG TABLET	NON-PREFERRED	PREFERRED PRODUCTS
BPH TREATMENTS	PROSCAR 5 MG TABLET	NON-PREFERRED	PREFERRED PRODUCTS
CALCIUM CHANNEL BLOCKERS	VERELAN 120 MG CAP PELLETT VERELAN 180 MG CAP PELLETT VERELAN 240 MG CAP PELLETT VERELAN 360 MG CAP PELLETT	NON-PREFERRED	PREFERRED PRODUCTS
CEPHALOSPORINS AND RELATED ANTIBIOTICS	SUPRAX 100 MG TABLET CHEWABLE SUPRAX 200 MG TABLET CHEWABLE SUPRAX 400 MG CAPSULE	NON-PREFERRED	PREFERRED PRODUCTS
CEPHALOSPORINS AND RELATED ANTIBIOTICS	AUGMENTIN 250-62.5 MG/5 ML	NON-PREFERRED	PREFERRED PRODUCTS
COPD AGENTS	YUPELRI 175 MCG/3 ML SOLUTION	PA REQUIRED	PREFERRED PRODUCTS
GI MOTILITY, CHRONIC	MOTTEGRITY 1 MG TABLET MOTTEGRITY 2 MG TABLET	PA REQUIRED	PREFERRED PRODUCTS

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GROWTH HORMONE	OMNITROPE 5.8 MG VIAL NUTROPIN AQ NUSPIN 10 INJECTOR NUTROPIN AQ NUSPIN 5 INJECTOR NUTROPIN AQ NUSPIN 20 INJECTOR	PA REQUIRED	PREFERRED PRODUCTS
H. PYLORI TREATMENT	PYLERA CAPSULE	PA REQUIRED	PREFERRED PRODUCTS
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	HUMALOG JR 100 UNIT/ML KWIKPEN HUMULIN N 100 UNITS/ML KWIKPEN APIDRA 100 UNITS/ML VIAL APIDRA SOLOSTAR 100 UNITS/ML	NON-PREFERRED	PREFERRED PRODUCTS
HYPOGLYCEMICS, SGLT2	FARXIGA 5 MG TABLET FARXIGA 10 MG TABLET	NON-PREFERRED	PREFERRED PRODUCTS
LINCOSAMIDES/ OXAZOLIDINONES/ STREPTOGRAMINS	LINEZOLID 100 MG/5 ML SUSP	PA REQUIRED	PREFERRED PRODUCTS
LIPOTROPICS, OTHER	OMEGA-3 ETHYL ESTERS 1 GM CAP CHOLESTYRAMINE LIGHT POWDER CHOLESTYRAMINE LIGHT PACKET PREVALITE POWDER PREVALITE PACKET FENOFIBRATE 160 MG TABLET	NON-PREFERRED	PREFERRED PRODUCTS
MACROLIDES/KETOLIDES	ERYPED 400 MG/5 ML SUSPENSION	NON-PREFERRED	PREFERRED PRODUCTS
MULTIPLE SCLEROSIS AGENTS	DALFAMPRIDINE ER 10 MG TABLET TYSABRI 300 MG/15 ML VIAL	PA REQUIRED	PREFERRED PRODUCTS
NEUROPATHIC PAIN	ZTLIDO 1.8% TOPICAL SYSTEM	PA REQUIRED	PREFERRED PRODUCTS
OPHTHALMICS, ANTI-INFLAMMATORIES	INVELTYS 1% EYE DROP	NON-PREFERRED	PREFERRED PRODUCTS
OPHTHALMICS, GLAUCOMA AGENTS	XELPROS 0.005% EYE DROP	NON-PREFERRED	PREFERRED PRODUCTS
OPIATE DEPENDENCE TREATMENTS	LUCEMYRA 0.18 MG TABLET	PA REQUIRED	PREFERRED PRODUCTS
PAH AGENTS, ORAL AND INHALED	TADALAFIL 20 MG TABLET	NON-PREFERRED	PREFERRED PRODUCTS

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PEDIATRIC VITAMIN PREPARATIONS	QUFLORA PED 0.25 MG/ML DROP QUFLORA PED 0.5 MG/ML DROP QUFLORA FE PED 0.25 MG/ML DROP QUFLORA PED 0.25 MG CHEW TAB QUFLORA PED 0.5 MG CHEW TAB QUFLORA PED 1 MG CHEW TAB QUFLORA FE 0.25 MG CHEW TABLET POLY-VI-FLOR WITH IRON 0.5 MG POLY-VI-FLOR 0.25 MG TAB CHEW POLY-VI-FLOR 0.5 MG TAB CHEW POLY-VI-FLOR 1 MG TAB CHEW POLY-VI-FLOR 0.25 MG DROPS POLY-VI-FLOR WITH IRON 0.25 MG TRI-VI-FLOR 0.25 MG DROPS TRI-VI-FLOR 0.5 MG DROPS FLORIVA PLUS 0.25 MG/ML DROPS FLORIVA 0.25 MG CHEW TABLET FLORIVA 0.5 MG CHEWABLE TABLET FLORIVA 1 MG CHEWABLE TABLET ESCAVITE D TABLET CHEWABLE ESCAVITE LQ DROPS ESCAVITE TABLET CHEWABLE	PA REQUIRED	PREFERRED PRODUCTS
PHOSPHATE BINDERS	SEVELAMER HCL 800 MG TABLET SEVELAMER HCL 400 MG TABLET	NON-PREFERRED	PREFERRED PRODUCTS
PITUITARY SUPPRESSIVE AGENTS, LHRH	LUPRON DEPOT-PED 11.25 MG 3MO LUPRON DEPOT-PED 30 MG 3MO KIT	PA REQUIRED	PREFERRED PRODUCTS
PLATELET AGGREGATION INHIBITORS	ASPIRIN-DIPYRIDAM ER 25-200 MG	NON-PREFERRED	PREFERRED PRODUCTS
SINUS NODE INHIBITORS	CORLANOR 5 MG TABLET CORLANOR 7.5 MG TABLET	PA REQUIRED	PREFERRED PRODUCTS
ULCERATIVE COLITIS AGENTS	MESALAMINE 1,000 MG SUPP BUDESONIDE ER 9 MG TABLET CANASA 1,000 MG SUPPOSITORY	NON-PREFERRED	PREFERRED PRODUCTS

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 **1-844-521-6942**, and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our provider website at <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.