

Quarterly pharmacy formulary change notice

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

Effective February 1, 2018, the changes outlined below apply to all members Healthy Louisiana patients. Remember to read the footnotes at the end of the table.

Effective for all patients on February 1, 2018			
Therapeutic class	Drug	Revised status	Potential alternatives
OPHTHALMIC ANTI-INFECTIVES	GATIFLOXACIN 0.5% EYE DROPS MOXIFLOXACIN 0.5% EYE DROPS LEVOFLOXACIN 0.5% EYE DROPS	PREFERRED	N/A
HEPATITIS C	EPCLUSA 400 MG-100 MG TABLET	NONPREFERRED WITH PA	ZEPATIER MAVYRET WITH PA REQUIRED
HEPATITIS C	MAVYRET 100-40 MG TABLET	PREFERRED WITH PA AS OF 11/1/17	N/A
ANTICOAGULANTS	BEVYXXA 40 MG CAPSULE BEVYXXA 80 MG CAPSULE	NON-PDL PREFERRED ADD QL 31 PER 30 DAYS LIMIT OF 42 DAYS SUPPLY IN 60 DAYS	N/A
OXYTOCICS	METHYLERGONOVINE 0.2 MG/ML AMP METHYLERGONOVINE 0.2 MG/ML VIAL	PREFERRED	N/A
ANTIPSYCHOTICS	PIMOZIDE 1 MG TABLET PIMOZIDE 2 MG TABLET	PREFERRED	N/A
ESTROGENS	ALORA 0.05 MG PATCH ALORA 0.1 MG PATCH MINIVELLE 0.05 MG PATCH MINIVELLE 0.1 MG PATCH	NONPREFERRED	ESTRADIOL TDS PATCHS ESTRADIOL 0.06 MG/DAY PATCH ESTRADIOL 0.0375 MG/DAY PATCH ESTRADIOL 0.05 MG/DAY PATCH ESTRADIOL 0.1 MG/DAY PATCH
ESTROGENS	MENEST 0.3 MG TABLET MENEST 0.625 MG TABLET MENEST 1.25 MG TABLET MENEST 2.5 MG TABLET	NONPREFERRED	N/A
ESTROGEN COMBINATIONS	ESTRADIOL-NORETH 1-0.5 MG TAB MIMVEY 1-0.5 MG TABLET MIMVEY LO 0.5-0.1 MG TABLET LOPREEZA 1 MG-0.5 MG TABLET	PREFERRED	N/A

<https://providers.healthybluelua.com>

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VAGINAL ANTIFUNGALS	MICONAZOLE 3 200 MG VAG SUPP VAGISTAT-3 COMBO PACK MICONAZOLE 1 COMBINATION PACK VAGISTAT-1 6.5% OINTMENT TIOCONAZOLE 1 6.5% OINTMENT	PREFERRED	N/A
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES	VCF CONTRACEPTIVE FILM	PREFERRED	N/A
VASOCONSTRICTOR DECONGESTANTS	PHENYLEPHRINE 2.5% EYE DROP EYE ALLERGY RELIEF DROPS VISINE-A EYE DROPS NAPHAZOLINE 0.1% EYE DROPS EYE DROPS (GENERIC OTC) REDNESS LUBRICANT EYE DROPS REDNESS RELIEVER EYE DROPS	PREFERRED	N/A
VASOCONSTRICTOR DECONGESTANTS	NAPHCON-A EYE DROPS VISINE LONG LASTING EYE DROPS	NONPREFERRED	VISINE A-EYE DROPS GENERIC OTC EYE ALLERGY RELIEF DROPS
MISCELLANEOUS OPHTHALMOLOGICS	ARTIFICIAL TEARS DROPS (GENERIC OTC)	PREFERRED	N/A
MISCELLANEOUS OPHTHALMOLOGICS	REFRESH PLUS 0.5% EYE DROPS LUBRICANT 0.5% EYE DROPS LUBRICATING PLUS 0.5% EYE ZADITOR 0.025% DROPS ARTIFICIAL TEARS DROPS (SINGLE DROP DISPENSER)	NONPREFERRED	N/A
URINARY PH MODIFIERS	CYTRA-K ORAL SOLUTION POTASSIUM CIT-CITRIC ACID SOLUTION	PREFERRED	N/A
URINARY PH MODIFIERS	SHOHL'S MODIFIED SOLUTION	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — CARBOHYDRATES	ENFAMIL 5% GLUCOSE IN WATER	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — LEVOCARNITINE	CARNITOR SF 100 MG/ML ORAL SOL	NONPREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED)	LEVOCARNITINE 330 MG TABLET
MISCELLANEOUS AGENTS — BONE RESORPTION INHIBITORS	ETIDRONATE DISODIUM 200 MG TAB ETIDRONATE DISODIUM 400 MG TAB	NONPREFERRED	ALENDRONATE ORAL SOLUTION ALENDRONATE TABLETS
MISCELLANEOUS AGENTS — BULK CHEMICALS	BENZYL ALCOHOL LIQUID COTTONSEED OIL BENZYL BENZOATE LIQUID PHENOL LIQUID DMSA POWDER SUCCIMER DMSA POWDER PEG 3350-GRX POWDER SULFADIAZINE SODIUM POWDER	NONPREFERRED	N/A

ALPHA-1-PROTEINASE INHIBITOR	ZEMAIRA 1,000 MG VIAL ARALAST NP 500 MG VIAL ARALAST NP 1,000 MG VIAL GLASSIA 1 GM/50 ML VIAL	NONPREFERRED WITH PA	N/A
MISCELLANEOUS AGENT	CHEMET 100 MG CAPSULE	NONPREFERRED WITH PA	N/A
SODIUM/SALINE PREPARATIONS	SODIUM CHLORIDE 0.9% VIAL AND IV SOLUTIONS	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — SODIUM POLYSTYRENE SULFONATE	SPS 50 GM/200 ML ENEMA KIONEX 15 GM/60 ML SUSPENSION	NONPREFERRED	SPS 15 GM/60 ML SUSPENSION SPS 30 GM/120 ML ENEMA
MISCELLANEOUS AGENTS — THYROID FUNCTION DIAGNOSTIC AGENTS	THYROGEN VIALS	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — SKIN TISSUE REPLACEMENT	APLIGRAF DISK	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — GLYCEROL PHENYLBUTYRATE	RAVICTI 1.1 GRAM/ML LIQUID	NONPREFERRED WITH PA AND QL 17.5ML PER DAY	N/A
MISCELLANEOUS AGENTS — HYDROPHILIC OINTMENT	DERMAFIX OINTMENT	NONPREFERRED	N/A
HERBAL DRUGS	ECHINACEA OTC CAPSULES	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — DIETARY SUPPLEMENTS	CO Q-10 CAPSULES/CHEWABLE TABLETS (OTC)	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — URINE TEST STRIPS	AZO TEST STRIP	NONPREFERRED	N/A
SMOKING CESSATION AGENTS	NICOTINE 21-14-7MG TRANSDERMAL SYSTEM	PREFERRED	N/A
SMOKING CESSATION AGENTS (BRAND ONLY)	NICOTINE 2 MG & 4MG LOZENGE NICODERM CQ 7 MG/24HR PATCH NICODERM CQ 14 MG/24HR PATCH NICODERM CQ 21 MG/24HR PATCH	NONPREFERRED	N/A
EDITS			
<i>NO CHANGES IN PREFERRED/NONPREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ANTIPSYCHOTICS	ALL PREFERRED PRODUCTS	MEMBERS <18 YEARS OLD PA REQUIRED	N/A
MISCELLANEOUS AGENTS — BULK CHEMICALS	BENZYL ALCOHOL LIQUID COTTONSEED OIL BENZYL BENZOATE LIQUID PHENOL LIQUID DMSA POWDER SUCCIMER DMSA POWDER PEG 3350-GRX POWDER SULFADIAZINE SODIUM POWDER	NONPREFERRED	N/A

ALPHA-1-PROTEINASE INHIBITOR	ZEMAIRA 1,000 MG VIAL ARALAST NP 500 MG VIAL ARALAST NP 1,000 MG VIAL GLASSIA 1 GM/50 ML VIAL	NONPREFERRED WITH PA	N/A
MISCELLANEOUS AGENT	CHEMET 100 MG CAPSULE	NONPREFERRED WITH PA	N/A
SODIUM/SALINE PREPARATIONS	SODIUM CHLORIDE 0.9% VIAL AND IV SOLUTIONS	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — SODIUM POLYSTYRENE SULFONATE	SPS 50 GM/200 ML ENEMA KIONEX 15 GM/60 ML SUSPENSION	NONPREFERRED	SPS 15 GM/60 ML SUSPENSION SPS 30 GM/120 ML ENEMA
MISCELLANEOUS AGENTS — THYROID FUNCTION DIAGNOSTIC AGENTS	THYROGEN VIALS	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — SKIN TISSUE REPLACEMENT	APLIGRAF DISK	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — GLYCEROL PHENYLBUTYRATE	RAVICTI 1.1 GRAM/ML LIQUID	NONPREFERRED WITH PA AND QL 17.5ML PER DAY	N/A
MISCELLANEOUS AGENTS — HYDROPHILIC OINTMENT	DERMAFIX OINTMENT	NONPREFERRED	N/A
HERBAL DRUGS	ECHINACEA OTC CAPSULES	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — DIETARY SUPPLEMENTS	CO Q-10 CAPSULES/CHEWABLE TABLETS (OTC)	NONPREFERRED	N/A
MISCELLANEOUS AGENTS — URINE TEST STRIPS	AZO TEST STRIP	NONPREFERRED	N/A
SMOKING CESSATION AGENTS	NICOTINE 21-14-7MG TRANSDERMAL SYSTEM	PREFERRED	N/A
SMOKING CESSATION AGENTS (BRAND ONLY)	NICOTINE 2 MG & 4MG LOZENGE NICODERM CQ 7 MG/24HR PATCH NICODERM CQ 14 MG/24HR PATCH NICODERM CQ 21 MG/24HR PATCH	NONPREFERRED	N/A
EDITS			
<i>NO CHANGES IN PREFERRED/NONPREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ANTIPSYCHOTICS	ALL PREFERRED PRODUCTS	MEMBERS <18 YEARS OLD PA REQUIRED	N/A

TRAMADOL AGENTS	ULTRAM 50 MG TABLET TRAMADOL HCL 50 MG TABLET CONZIP 100 MG CAPSULE CONZIP 200 MG CAPSULE CONZIP 300 MG CAPSULE TRAMADOL HCL ER 100 MG TABLET TRAMADOL HCL ER 200 MG TABLET TRAMADOL HCL ER 300 MG TABLET TRAMADOL HCL ER 100 MG CAPSULE TRAMADOL HCL ER 150 MG CAPSULE TRAMADOL HCL ER 200 MG CAPSULE TRAMADOL HCL ER 300 MG CAPSULE ULTRACET TABLET TRAMADOL-ACETAMINOPHN 37.5-325	MEMBERS < 18 YEARS OLD PA REQUIRED	N/A
CODEINE CONTAINING AGENTS	ALL RX AND OTC PRODUCTS	MEMBERS < 12 YEARS OLD PA REQUIRED	N/A
HYPERPARATHYROID	RAYALDEE 30MCG	ADD QL 2 PER DAY	N/A
METABOLIC DISORDERS	BUPHENYL 500MG	ADD QL 40 PER DAY	N/A
METABOLIC DISORDERS	BUPHENYL 250GM POWDER	ADD QL 250GM POWDER PER 12 DAYS	N/A
METABOLIC DISORDERS	XURIDEN GRANULE PACKET	REVISE QL 4 PACKETS PER DAY	N/A
TOPICAL NSAIDS	VOLTAREN 1% GEL PENNSAID 2% PUMP VOPAC MDS 1.5% SPRAY KIT DICLOZOR KIT DICLOFENAC SODIUM 1% GEL FLECTOR 1.3% PATCH FROTEK 10% CREAM DERMACINRX LEXITRAL PHARMAPAK SURE RESULT DSS PREMIUM PACK DICLOTRAL PAK XELITRAL PAK DS PREP PAK XRYLIX 1.5% KIT DICLO GEL 1%-XRYLIX SHEET KIT INFLAMMA-K KIT NUDICLO SOLUPAK	ADD STEP THERAPY	N/A
OVERACTIVE BLADDER	GLENIQUE 10% GEL PUMP	ADD STEP THERAPY AND QL 1 PUMP PER 30 DAYS	N/A
GROWTH HORMONE	SAIZEN 8.8 MG CLICK.EASY CARTG SAIZEN 8.8 MG SAIZENPREP CART	ADD PA AND QL 1 CARTRIDGE PER DAY	N/A
NASAL STEROIDS	OTC BUDESONIDE FLONASE SENSIMIST	ADD STEP THERPAY	N/A

NASAL STEROIDS	ALLER-FLO, ALLERGY RELIEF CHILDREN'S FLONASE ALLERGY RELIEF CHILDREN'S NASACORT CLARISPRAY FLONASE SENSIMIST	ADD QL 1 PER 30 DAYS	N/A
CANCER	KISQALI FEMARA 200 MG CO-PACK KISQALI FEMARA 400 MG CO-PACK KISQALI FEMARA 600 MG CO-PACK	ADD PA AND QL 1 CARTON PER 30 DAYS	N/A
CANCER	RUBRACA 250 MG TABLET	ADD PA AND QL 4 PER DAY	N/A
CANCER	ZYTIGA 500 MG TABLET	ADD PA AND QL 2 PER DAY	N/A
OSTEOPOROSIS	TYMLOS 80 MCG DOSE PEN INJECTR	ADD PA AND QL 1 PEN PER 30 DAYS	N/A
TOPICAL ANESTHETICS	DERMACINRX PRIZOPAK LIDOPRIL LIDOPRIL XR	ADD PA AND QL 1 PAK PER 30 DAYS	N/A
MULTIPLE SCLEROSIS	ZINBRYTA AUTOINJECTOR	ADD PA AND QL 1 SYRINGE PER 28 DAYS	N/A
BETA –LACTAM ANTI-INFECTIVES	DAXBIA 333 MG CAPSULE	ADD QL 168 PER FILL AND 1 FILL PER 30 DAYS	N/A
TARGETED IMMUNE MODULATOR	KEVZARA 150 MG/1.14 ML SYRINGE KEVZARA 200 MG/1.14 ML SYRINGE	PA REQUIRED ADD QL 2 PER 28 DAYS	N/A
TARGETED IMMUNE MODULATOR	ORENCIA 50 MG/0.4 ML SYRINGE ORENCIA 87.5 MG/0.7 ML SYRINGE	PA REQUIRED ADD QL 4 PER 28 DAYS	N/A
TARGETED IMMUNE MODULATOR	TREMFYA 100 MG/ML SYRINGE	PA REQUIRED AND ADD QL 1 PER 56 DAYS	N/A
TARGETED IMMUNE MODULATOR	RENFLEXIS 100 MG VIAL	PA REQUIRED ADD QL 2 PER 28 DAYS	N/A
HEREDITARY ANGIOEDEMA	HAEGARDA 3,000 UNIT VIAL	PA REQUIRED ADD QL 16 VIALS PER 28 DAYS	N/A
HEREDITARY ANGIOEDEMA	HAEGARDA 2,000 UNIT VIAL	PA REQUIRED ADD QL 24 VIALS PER 28 DAYS	N/A
ADHD	MYDAYIS ER 12.5 MG CAPSULE MYDAYIS ER 25 MG CAPSULE MYDAYIS ER 37.5 MG CAPSULE MYDAYIS ER 50 MG CAPSULE	PA REQUIRED ADD QL 1 PER DAY	N/A
ADHD	COTEMPLA XR-ODT 8.6 MG TABLET COTEMPLA XR-ODT 17.3 MG TABLET COTEMPLA XR-ODT 25.9 MG TABLET	PA REQUIRED ADD QL 2 PER DAY	N/A

ADHD	VYVANSE 10 MG CHEWABLE TABLET VYVANSE 20 MG CHEWABLE TABLET VYVANSE 30 MG CHEWABLE TABLET VYVANSE 40 MG CHEWABLE TABLET VYVANSE 50 MG CHEWABLE TABLET VYVANSE 60 MG CHEWABLE TABLET	ST REQUIRED ADD QL 1 PER DAY	N/A
OPIOID	LAZANDA 300 MCG NASAL SPRAY	PA REQUIRED AND ADD QL 1 BOTTLE PER DAY	N/A
OPIOID	ACETAMIN-CAFF-DIHYDROCOD 325-30-16	PA REQUIRED AND ADD QL 10 PER DAY	N/A
SUBSTANCE USE DISORDER	EVZIO 0.4 MG AUTO-INJECTOR EVZIO 2 MG AUTO-INJECTOR	ST REQUIRED AND ADD QL 6 INJ PER 90 DAYS	N/A
SUBSTANCE USE DISORDER	NARCAN 2MG NASAL SPRAY	ADD QL 3 CARTONS PER 90 DAYS	N/A
CHOLESTEROL AGENTS	NIKITA 1MG, 2MG, 4MG ZYPITAMAG 1MG, 2MG, 4MG FENOFIBRATE 43 MG CAPSULE FENOFIBRATE 130 MG CAPSULE	STEP THERAPY REQUIRED ADD QL 1 PER DAY	N/A
CHOLESTEROL AGENTS	VASCEPA 0.5 MG CAPSULE	ST REQUIRED AND ADD QL 8 PER DAY	N/A
HIV	SELZENTRY ORAL SOLUTION	ADD QL 62 ML PER DAY	N/A
HIV	SELZENTRY 25 MG TABLETS	ADD QL 8 TABLETS PER DAY	N/A
HIV	SELZENTRY 75 MG TABLETS	ADD QL 2 TABLETS PER DAY	N/A
ANTIPARKINSON AGENTS	XADAGO 50 MG TABLET	ADD PA AND QL 2 PER DAY	N/A
ANTIPARKINSON AGENTS	XADAGO 100 MG TABLET	ADD PA AND QL 1 PER DAY	N/A
ANTIPARKINSON AGENTS	ZELAPAR 1.25 MG ODT TABLET	ADD PA AND QL 2 PER DAY	N/A
ARTHRITIS/CANCER	XATMEP 2.5 MG/ML ORAL SOLUTION	ADD PA	N/A
VACCINES	FLU VACCINATIONS	ADD QL 0.5 ML PER FILL 2 FILLS PER 180 DAYS	N/A
ANTIVIRALS	FAMCICLOVIR 125 MG TABLET FAMCICLOVIR 250 MG TABLET	ADD QL 60 PER 30 DAYS	N/A
ANTIVIRALS	VALTREX 500 MG CAPLET VALACYCLOVIR HCL 500 MG TABLET	ADD QL 1 FILL PER 30 DAYS	N/A
RIBAVIRIN	RIBAVIRIN 200 MG CAPSULE RIBAVIRIN 200 MG TABLET	PA REMOVED	N/A

BENIGN PROSTATIC HYPERTROPHY	AVODART DUTASTERIDE DUTASTERIDE-TAMSULOSIN FINASTERIDE JALYN PROSCAR	PA REMOVED	N/A
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What action do I need to take?

Please review these changes and work with your Healthy Louisiana 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 (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 patient cannot be converted to a formulary alternative, call our Pharmacy department at **1-844-521-6942** and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://providers.healthybluelouisiana.com>.

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