

## 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 Healthy Blue patients. Remember to read the footnotes at the end of the table.

<b>Effective for all patients on February 1, 2018</b>		
<b>Therapeutic class</b>	<b>Drug</b>	<b>Revised status</b>
<b>ATYPICAL ANTIPSYCHOTICS ORAL AGENTS*</b>	ARIPIRAZOLE ODT TABLETS ARIPIRAZOLE SOLUTION ARIPIRAZOLE TABLETS CLOZAPINE TABLETS FANAPT TABLETS FAZACLO ODT TABLETS LATUDA TABLETS OLANZAPINE ODT TABLETS OLANZAPINE TABLETS PALIPERIDONE ER TABLETS QUETIAPINE (IR AND XR) TABLETS RISPERDAL ODT TABLETS RISPERIDONE ORAL TABLETS RISPERIDONE SOLUTION SAPHRIS SUBLINGUAL TABLETS SYMBYAX CAPSULE VERSACLOZ ORAL SUSPENSION VRAYLAR CAPSULE ZIPRASIDONE CAPSULES	<b>Add age limit- PA required for members &lt; 18 years of age</b>
<b>TRADITIONAL ANTIPSYCHOTICS*</b>	ADASUVE INHALATION POWDER FLUPHENAZINE DECANOATE INJECTION HALOPERIDOL TABLETS, INJECTION LOXITANE, LOXAPINE CAPSULES NAVANE (THIOTHIXENE) CAPSULES PIMOZIDE TABLETS PROLIXIN/PERMITIL (FLUPHENAZINE HYDROCHLORIDE) TABLETS, ELIXIR, LIQUID CONCENTRATE STELAZINE (TRIFLUOPERAZINE) TABLETS THORAZINE (CHLORPROMAZINE) TABLETS TRILAFON (PERPHENAZINE) TABLETS	<b>Add age limit- PA required for members &lt; 18 years of age</b>
<b>MISCELLANEOUS ANALGESICS- CODEINE CONTAINING AGENTS*</b>	ALL RX AND OTC PRODUCTS THAT CONTAIN CODEINE	<b>Add age limit- PA required for all members &lt; 12 years of age</b>

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

**<https://providers.healthybluelua.com>**

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<p><b>MISCELLANEOUS          ANALGESICS-          TRAMADOL          CONTAINING          AGENTS*</b></p>	<p>CONZIP 100 MG CAPSULE          CONZIP 200 MG CAPSULE          CONZIP 300 MG CAPSULE          TRAMADOL HCL 50 MG TABLET          TRAMADOL HCL ER 100 MG CAPSULE          TRAMADOL HCL ER 100 MG TABLET          TRAMADOL HCL ER 150 MG CAPSULE          TRAMADOL HCL ER 200 MG CAPSULE          TRAMADOL HCL ER 200 MG TABLET          TRAMADOL HCL ER 300 MG CAPSULE          TRAMADOL HCL ER 300 MG TABLET          TRAMADOL-ACETAMINOPHN 37.5-325          ULTRACET TABLET          ULTRAM 50 MG TABLET</p>	<p><b>Add age limit- PA          required for all          members &lt; 18 years of          age</b></p>
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*\*No changes in Preferred/Non-Preferred status revision or addition to UM edit only*

**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 (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 **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.healthyblueia.com>.

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