

June 2023

Pharmacy Formulary Change Notice
Posted 07/01/2023

Healthy Blue is here to help you stay on top of your health care. We want to tell you about some upcoming changes to your Preferred Drug List (PDL) as of 08/01/2023.

Your PDL is a list of preferred drugs covered by Healthy Blue. A group of doctors and pharmacists check the PDL to make sure the drugs you're taking are safe and effective.

Effective for all members on 08/01/2023		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
FLUOXETINE 10MG TABLET FLUOXETINE 20MG TABLET FLUOXETINE 60MG TABLET FLUVOXAMINE ER 100MG CAPSULE FLUVOXAMINE ER 150MG CAPSULE	PREFERRED	N/A
HUMIRA 10/0.1 ML INJECTION	NON-PREFERRED	AMJEVITA (PA REQUIRED)
MILLIPRED 5MG	NON-PREFERRED	PREDNISOLONE ODT TABLET METHYLPREDNISOLONE TABLET PREDNISONE TABLET PREDNISOLONE SOLUTION PREDNISONE SOLUTION
(GENERIC) BROMPHENIRAMINE & PHENYLEPHRINE ELIXIR CAPSAICIN CREAM CHLORPHENIRAMINEIRAMINE & PHENYLEPHRINERINE LIQUID CHLORPHENIRAMINEIRAMINE & PHENYLEPHRINERINE TABLET CHLORPHENIRAMINEIRAMINE & PSEUDOEPHEDRINE TABLET	PREFERRED	N/A

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BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.
BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.

<p>CHLORPHENIRAMINEIRAMINE-DM LIQUID</p> <p>CHLORPHENIRAMINEIRAMINE-DM TABLET</p> <p>DEXBROMPHENIRAMINE- PHENYLEPHRINERINE TABLET</p> <p>DEXTROMETHORPHAN-GUAIFENESIN CAPSULE</p> <p>DEXTROMETHORPHAN-GUAIFENESIN LIQUID</p> <p>DEXTROMETHORPHAN-GUAIFENESIN TABLET</p> <p>DEXTROMETHORPHAN-GUAIFENESIN TABLET ER</p> <p>DIPHENHYDRAMINE- PHENYLEPHRINERINE LIQUID</p> <p>DIPHENHYDRAMINE- PHENYLEPHRINERINE SOLUTION</p> <p>DIPHENHYDRAMINE- PHENYLEPHRINERINE TABLET</p> <p>DIPHENHYDRAMINE-ZINC ACETATE CREAM</p> <p>DIPHENHYDRAMINE-ZINC ACETATE LIQUID</p> <p>DOCUSATE SODIUM ENEMA</p> <p>DOXYLAMINE-DM LIQUID</p> <p>DOXYLAMINE-PHENYLEPHRINERINE TABLET</p> <p>EPHEDRINE-GUAIFENESIN TABLET</p> <p>GUAIFENESIN TABLET ER</p> <p>LIDOCAINE (ANORECTAL) GEL</p> <p>LIDOCAINE (ANORECTAL) SUPP</p> <p>MENTHOL (TOPICAL ANALGESIC) GEL</p> <p>MENTHOL (TOPICAL ANALGESIC) LIQUID</p> <p>MENTHOL-METHYL SALICYLATE CREAM</p> <p>MENTHOL-METHYL SALICYLATE OINTMENT</p> <p>MENTHOL-METHYL SALICYLATE STICK</p> <p>OXYMETAZOLINE HCL SOLUTION</p> <p>PHENYLEPHRINERINE HCL SOLUTION</p> <p>PHENYLEPHRINERINE HCL TABLET</p> <p>PHENYLEPHRINERINE W/ DM- GUAIFENESIN LIQUID</p> <p>PHENYLEPHRINERINE W/ DM- GUAIFENESIN SYRUP</p> <p>PHENYLEPHRINERINE W/ DM- GUAIFENESIN TABLET</p>	<p>PREFERRED</p>	<p>N/A</p>
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<p>PHENYLEPHRINERINE-BROMPHENIRAMINE-DM LIQUID PHENYLEPHRINERINE-CHLORPHENIRAMINE-DM LIQUID PHENYLEPHRINERINE-DM SOLUTION PHENYLEPHRINERINE-GUAIFENESIN LIQUID PHENYLEPHRINERINE-GUAIFENESIN TABLET PHENYLEPHRINERINE-IBUPROFEN TABLET PSEUDOEPHEDRINEED-BROMPHEN-DM SYRUP PSEUDOEPHEDRINEEDRINE HCL TABLET PSEUDOEPHEDRINEEDRINE W/ DM-GUAIFENESIN LIQUID PSEUDOEPHEDRINEEDRINE-DEXCHLORPHENIRAMINEIRAMINE-DEXTROMETHORPHAN LIQUID PSEUDOEPHEDRINEEDRINE-GUAIFENESIN SYRUP PSEUDOEPHEDRINEEDRINE-GUAIFENESIN TABLET PSEUDOEPHEDRINEEDRINE-GUAIFENESIN TABLET ER PSYLLIUM POWDER WHEAT DEXTRIN POWDER</p>	<p>PREFERRED</p>	<p>N/A</p>
<p>HYDROCODONE POLISTIREX-CHLORPHENIRAMINE POLISTIREX 10-8/5ML SUSPENSION ALLEGRA-D 24 HOUR TABLET BENADRYL ITCH GEL 2% CLARINEX-D 2.5-120 MG TABLET CLARITIN-D 5-120MG TABLET COLACE CLEAR 50MG CAPSULE DOCUSATE MINI ENENMA 283MG ICY HOT PAD 5% ITCH ERASER SPRAY 2% KONSYL DAILY POW 100% LIDOCAINE CREAM 5% PHOS-NAK POWDER CONCENTRATE PROMETH VC 6.25-5/5 SYRUP PROMETH VC/CODEINE SYRUP ZOSTRIX HP CREAM 0.1%</p>	<p>NOT COVERED</p>	<p>GENERIC OTC COUGH AND COLD AGENTS FEXOFENADINE- PSEUDOEPHEDRINE LORATADINE- PSEUDOEPHEDRINE XYZAL DOCUSATE SODIUM ENEMA MENTHOL GEL LIDOCAINE GEL</p>
<p>OMEPRAZOLE 10MG CAPSULE OMEPRAZOLE 20MG CAPSULE OMEPRAZOLE 40MG CAPSULE PANTOPRAZOLE 20MG TABLET</p>	<p>PREFERRED</p>	<p>N/A</p>

PANTOPRAZOLE 40MG TABLET PANTOPRAZOLE 40MG ORAL PACKET		
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2023 NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY		
TEZSPIRE SOL 210MG	UPDATE QL 1 PEN/SYRINGE/VIAL PER 28 DAYS	
AIRSUPRA INHALER	ADD PA AND QL 3 INHALERS PER 30 DAYS	
ARMONAIR DIGIHALER 30 MCG	ADD QL 1 INHALER PER 30 DAYS	
NUCALA 40MG/0.4 INJ	ADD QL 40 MG (1 SYRINGE) EVERY 4 WEEKS	
DULOXETINE 20MG CAPSULE	UPDATE QL 6 CAPSULES PER DAY	
DULOXETINE 30MG CAPSULE	UPDATE QL 4 CAPSULE PER DAY AND CHANGE FROM DO TO QL	
VENLAFAXINE ER 37.5 TABLET	UPDATE QL 6 TABLET/CAPSULE PER DAY AND CHANGE FROM DO TO QL	
VENLAFAXINE ER 75MG TABLET	UPDATE QL 3 TABLET/CAPSULE PER DAY AND CHANGE FROM DO TO QL	
BRENZAVVY 20 MG TABLET	ADD ST AND QL 1 TABLET PER DAY	
LYUMJEV TEMPO INJ 100/ML INJ HUMALOG TEMPO INJ 100/ML INJ BASAGLAR TEMPO INJ	ADD ST	
TEMPO REFILL KIT	2 KITS PER 30 DAYS	
TEMPO SMART BUTTON	1 SMART BUTTON EVERY 8 MONTHS	
POSACONAZOLE DR 100MG TABLET	UPDATE QL 93 TABLETS PER 30	
VIVJOA 150MG CAPSULE	UPDATE QL 18 CAPSULES (1 CARTON) PER 4 MONTHS	
VFEND 50MG TABLET	ADD QL 6 TABLETS PER DAY	
VFEND 200MG TABLET	ADD QL 2 TABLETS PER DAY	
VFEND 40MG/ML ORAL SUSPENSION	ADD QL 10 ML PER DAY	
NOXAFIL PAK 300MG	REMOVE QL	
EZETIMIBE/ATORVASTATIN 10MG/20MG	ADD ST AND QL 1 PER DAY	
EZETIMIBE/ATORVASTATIN 10MG/10MG EZETIMIBE/ATORVASTATIN 10MG/40MG	ADD QL 1 PER DAY	

EZETIMIBE/ATORVASTATIN 10MG/80MG	
ATORVALIQ 20MG/5ML SUSPENSION	ADD ST AND QL 20 ML PER DAY
NITROFURANTOIN MONOHYDRATE MACROCRYSTALS 100 MG CAPSULE NITROFURANTOIN MACROCRYSTALS 25 MG, 50 MG, 100 MG CAPSULE NITROFURANTOIN 25MG/5ML SUSPENSION FOSFOMYCIN 3GM POWDER CLEOCIN (CLINDAMYCIN) 150 MG/ML INJECTION CLEOCIN (CLINDAMYCIN) 75 MG CAPSULE CLEOCIN (CLINDAMYCIN) 150 MG CAPSULE CLEOCIN (CLINDAMYCIN) 300 MG CAPSULE	REMOVE QL
VIVIMUSTA 100/4ML INJ	ADD PA
CALQUENCE 100MG TABLET CALQUENCE 100MG CAPSULE	ADD QL 2 PER DAY
ADSTILADRIN INJ	ADD PA
KRAZATI 200MG TABLET	ADD PA AND QL 6 TABLETS PER DAY
JAYPIRCA 50MG TABLET JAYPIRCA 100MG TABLET	ADD PA AND QL 50 MG: 1 TABLET PER DAY 100MG: 2 TABLETS PER DAY
LUNSUMIO 30MG/30 INJ	ADD PA
ORSERDU 86MG TABLET ORSERDU 345MG TABLET	ADD PA AND QL 86 MG: 3 TABLETS PER DAY 345 MG: 1 TABLET PER DAY
TURALIO 125MG CAPSULE	ADD QL 4 CAPSULES PER DAY
RYKINDO ER INJ	ADD PA AND QL 2 INJ PER 28 DAYS
ABILIFY MYCITE 2 MG, 5 MG, 10 MG, 15 MG TABLET WITH SENSOR MAINTENACE KIT	ADD DOSE OP 1 TABLET PER DAY
ABILIFY MYCITE 20 MG, 30 MG TABLET WITH SENSOR MAINTENACE KIT	ADD QL 1 TABLET PER DAY
ABILIFY MYCITE 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG TABLETS WITH SENSOR AND POD STARTER KIT	ADD QL 2 KITS PER YEAR
QUETIAPINE 200MG TABLET	UPDATE QL TO DO 3 TABLETS PER DAY
QUETIAPINE 150MG TABLET	ADD QL

	5 TABLETS PER DAY
FLUPHENAZINE 5MG TABLET	UPDATE QL TO DO 4 TABLETS PER DAY
CAPLYTA 10.5MG CAPSULE CAPLYTA 21MG CAPSULE	ADD DO 1 PER DAY
HALOPERIDOL 2MG/ML ORAL CONCENTRATE SOLUTION	ADD QL 30 ML PER DAY
IDACIO 40 MG/0.8 ML PREFILLED PEN/SYRINGE	ADD QL 2 PENS/SYRINGES PER 28 DAYS
IDACIO CROHN'S DISEASE/ULCERATIVE COLITIS STARTER PACK 40 MG/0.8 ML PREFILLED PEN IDACIO PSORIASIS STARTER PACK 40 MG/0.8 ML PREFILLED PEN	ADD QL 1 PACK (28 DAY SUPPLY, ONE TIME FILL)
PHENOBARBITAL 15 MG	UPDATE DO 4 TABLETS PER DAY
PHENOBARBITAL 16.2 MG	UPDATE DO 7 TABLETS PER DAY
PHENOBARBITAL 30 MG	UPDATE DO 4 TABLETS PER DAY
PHENOBARBITAL 32.4 MG	UPDATE DO 7 TABLETS PER DAY
PHENOBARBITAL 60 MG	UPDATE QL 4 TABLETS PER DAY
PHENOBARBITAL 64.8 MG	UPDATE QL 4 TABLETS PER DAY
PHENOBARBITAL 97.2 MG	UPDATE QL 4 TABLETS PER DAY
KAPSPARGO 25MG CAPSULE	UPDATE QL 16 CAPSULES PER DAY AND CHANGE FROM DO TO QL
KAPSPARGO 50MG CAPSULE	UPDATE QL 8 CAPSULES PER DAY AND CHANGE FROM DO TO QL
KAPSPARGO 100MG CAPSULE	UPDATE QL 4 CAPSULES PER DAY AND CHANGE FROM DO TO QL
METOPROLOL TARTRATE 25 MG TABLET METOPROLOL SUCCINATE ER 25 MG	UPDATE QL 16 TABLETS PER DAY AND CHANGE FROM DO TO QL
METOPROLOL TARTRATE 37.5 MG TABLET	UPDATE QL 10 TABLETS PER DAY AND CHANGE FROM DO TO QL
METOPROLOL TARTRATE 50 MG TABLET METOPROLOL SUCCINATE ER 50 MG TABLET	UPDATE QL 8 TABLETS PER DAY AND CHANGE FROM DO TO QL
METOPROLOL TARTRATE 75 MG TABLET	UPDATE QL 5 TABLETS PER DAY AND CHANGE FROM DO TO QL

METOPROLOL SUCCINATE ER 100 MG TABLET	UPDATE QL 4 TABLETS PER DAY AND CHANGE FROM DO TO QL
TADLIQ 20MG/5ML ORAL SUSPENSION	ADD PA AND QL 10 ML PER DAY
CEFDINIR 125/5ML SUSPENSION CEFDINIR 250/5ML SUSPENSION CEFDINIR 300MG CAPSULE SUPRAX 100MG CHW SUPRAX 200MG CHW SUPRAX 400MG CAPSULE CEFIXIME 100/5ML SUSPENSION CEFIXIME 200/5ML SUSPENSION SUPRAX 500/5ML SUSPENSION	REMOVE QL
DEXTROMETHORPHAN 15 MG CAPSULES DEXTROMETHORPHAN 30 MG/5 ML ORAL SUSPENSION DEXTROMETHORPHAN 15 MG/5 ML ORAL SOLUTION/SUSP/SYRUP DEXTROMETHORPHAN 12.5 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN 10 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN 7.5 MG/5 ML ORAL SOLUTION/SUSP/SYRUP DEXTROMETHORPHAN 7.5 MG ORAL STRIP/CHEW TABLET DEXTROMETHORPHAN 5 MG LOZENGE DEXTROMETHORPHAN/GUAIFENESIN 20 MG/400 MG/5 ML LIQUID GUAIFENESIN 200 MG TABLET GUAIFENESIN 400 MG TABLET GUAIFENESIN ER TABLET 600 MG GUAIFENESIN ER TABLET 1200 MG GUAIFENESIN 100 MG/5 ML LIQUID GUAIFENESIN 150 MG/15 ML LIQUID GUAIFENESIN 200 MG/5 ML LIQUID DEXTROMETHORPHAN/GUAIFENESIN SYRUP/SOLUTION PROMETHAZINE/DEXTROMETHORPHA N SYRUP PROMETHAZINE/PHENYLEPHRINE SYRUP 6.25-5 MG/5 ML PSEUDOEPHEDRINE ER TABLET 12 HOUR 120 MG PSEUDOEPHEDRINE ER TABLET 24 HOUR 240 MG PSEUDOEPHEDRINE 30 MG TABLET	REMOVE QL

PSEUDOEPHEDRINE 60MG TABLET PSEUDOEPHEDRINE ORAL SOLUTION 15 MG/5 ML, 30 MG/5 ML	
NEXOBRID 8.8% GEL	ADD PA AND QL 440 GRAMS PER 2 DAYS
KLISYRI 1% OINTMENT	UPDATE QL 5 PACKETS PER FILL;1 FILL PER YEAR
ACITRETIN 25MG CAPSULE	ADD QL 2 CAPSULES PER DAY
ACITRETIN 10MG CAPSULE ACITRETIN 17.5MG CAPSULE	ADD QL 1 CAPSULE PER DAY
SUCRAID 8500/ML ORAL SOLUTION	UPDATE QL 360 ML PER 30 DAYS
SUCRAID 17,000/2ML SINGLE USE CONTAINER	UDPATE QL 360 ML PER 30 DAYS
LAMZEDE 10MG INJ	ADD PA
BAXDELA 450 MG TABLET MOXIFLOXACIN 400 MG TABLET CIPRO 100 MG, 250 MG, 500 MG, 750 MG TABLET CIPRO 10% (500 MG/5 ML, 100 ML BOTTLE) ORAL SUSPENSION CIPRO 5% (250 MG/5 ML, 100 ML BOTTLE) ORAL SUSPENSION LEVOFLOXACIN 250 MG, 500 MG, 750 MG TABLET LEVOFLOXACIN 25 MG/ML (100 ML, 200 ML, AND 480 ML BOTTLE) ORAL SOLUTION OFLOXACIN 300 MG, 400 MG TABLET	REMOVE QL
REBYOTA FECAL SUSPENSION	ADD PA AND QL ONE 150 ML DOSE, ONE TIME
FILSPARI 200MG TABLET FILSPARI 400MG TABLET	ADD PA AND QL 1 TABLET PER DAY
SOLIRIS 300 MG/30 ML VIAL	ADD QL 8 VIALS PER 28 DAYS
JESDUVROQ TABLET	ADD PA AND QL 1MG, 2MG, 4MG TABLET: 1 PER DAY 6MG TABLET: 2 PER DAY 8MG TABLET: 3 PER DAY
TAKHZYRO 300/2ML INJ TAKHZYRO 150MG/ML INJ	ADD QL 1 SYRINGE/VIAL PER 28 DAYS
CLENPIQ SOLUTION	UPDATE QL 350 ML PER 30 DAYS
ZITHROMAX TABLETS AND Z-PAK 250 MG ZITHROMAX TABLETS AND TRI-PAK	REMOVE QL

500 MG AZITHROMYCIN 600 MG TABLETS ZITHROMAX 1G POWDER PACKETS ZITHROMAX SUSPENSION 100 MG/5 ML (15 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (15 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (22.5 ML BOTTLE) ZITHROMAX SUSPENSION 200 MG/5 ML (30 ML BOTTLE) CLARITHROMYCIN 250 MG, 500 MG CLARITHROMYCIN GRANULES FOR SUSPENSION 125 MG/5 ML, 250 MG/5 ML	REMOVE QL
OLPRUYA POWDER PACKET	ADD QL 1 KIT (90 DOSAGE ENVELOPES) PER 30 DAYS
JOENJA 70MG TABLET	ADD PA AND QL 2 TABLETS PER DAY
VIJOICE 50MG TABLET VIJOICE 125MG TABLET	UPDATE QL 28 TABLETS PER 28 DAYS
VIJOICE 250MG TABLET	ADD QL 56 TABLETS PER 28 DAYS
SKYCLARYS 50MG CAPSULE	ADD PA AND QL 3 CAPSULES PER DAY
DAYBUE 200MG/ML SOLUTION	ADD PA AND QL 120 ML PER DAY (60 ML TWICE DAILY)
SYFOVRE 15/0.1ML INJ	ADD PA
ALPHAGAN P SOL 0.1% ALPHAGAN P SOL 0.15% BRIMONIDINE SOL 0.2%	UPDATE QL 30 ML PER 30 DAYS
TIMOLOL MAL SOL 0.25% OP TIMOPTIC SOL 0.5% OP	UPDATE QL 20 ML PER 30 DAYS
TRAVATAN Z DROP 0.004%	UPDATE QL 10 ML PER 30 DAYS
VYZULTA SOL 0.024%	UPDATE QL 5 ML PER 30 DAYS
LATANOPROST SOL 0.005% XELPROS EMU 0.005%	UPDATE QL 5 ML PER 30 DAYS
AMOXICILLIN 125 MG/5 ML, 200 MG/5 ML, 250 MG/5 ML, 400 MG/5 ML SUSPENSION AMOXICILLIN/CLAVULANATE POTASSIUM 1,000 MG/62.5 MG 12HR TABLET	REMOVE QL
TASCENSO ODT TAB 0.5MG	ADD QL 1 TABLET PER DAY

BRIUMVI 150/6ML INJ	ADD PA AND QL 3 VIALS EVERY 24 WEEKS
XACIATO GEL 2%	ADD PA 1 APPLICATOR (5 GRAMS OF GEL CONTAINING 100 MG CLINDAMYCIN) PER FILL, 1 FILL PER 30 DAYS

**THIS CHANGE WILL BE IMPELMENTED ONCE THE MEDICATION IS ON THE MARKET*

What does this mean for you?

Some medications you take may no longer be preferred. You’ll need approval from us to continue to get these medications.

What should I do if I use a nonpreferred drug?

Talk with your doctor to see if you can change to the new preferred drug. If your doctor says you can take the new preferred drug, ask him or her to write a new prescription for you. You and your doctor have the final say in your care.

Things to remember:

- This doesn’t change which pharmacy you go to or where you get your care.
- If your doctor writes a prescription for or says you need to keep using a nonpreferred drug, he or she will need to get approval from Healthy Blue first by calling 1-866-781-5094 (TTY 1-866-773-9634).

Your health is important to us — that’s why we have our experienced team of doctors and pharmacists regularly review this list to keep you safe and healthy.

Questions? Call us at the Customer Care Center at 1-866-781-5094 (TTY 1-866-773-9634) Monday through Friday from 8 a.m. to 6 p.m.

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Notice of Non-Discrimination

BlueChoice HealthPlan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueChoice HealthPlan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Language Services

Do you need help with your health care, talking with us, or

reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-866-781-5094 (TTY 1-866-773-9634).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-866-781-5094 (TTY 1-866-773-9634).

هل تحتاج إلى مساعدة في رعايتك الصحية أو في التحدث معنا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصل بنا على الرقم المجاني 1-866-781-5094 (TTY 1-866-773-9634).