

February 2023

Pharmacy Formulary Change Notice
Posted by 1/1/2023

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 02/01/2023.

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 02/01/2023		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
Alcohol Swab Manufacturer: ALLISON MEDICAL ARISE MEDICAL BECTON DICKINSON COVIDIEN MEDICAL SUPPLIES CVS PHARMACY HEALTHCARE S DYNAREX CORPORATION MCKESSON MHC MEDICAL PRODUCTS PERRIGO PERRIGO-WALMART RITE AID CORPORATION RUGBY LABORATORIES WALGREENS	PREFERRED	N/A
Alcohol Swab Manufacturer: ACCESS LLC APPLIED DIABETES RESEARCH AUM PHARMACEUTICALS BOCA MEDICAL PRODUCTS CARDINAL HEALTH DIABETIC SUPPLY OF SUNCOA EQUALINE	NON-PREFERRED	SEE LIST ABOVE

www.HealthyBlueSC.com

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>FIFTY50 MEDICAL FUTURE DIAGNOSTICS H E BUTT GROCERY COMPANY HOME AIDE DIAGNOSTICS HTL-STREFA MEDISCA MEIJER PHOENIX HEALTHCARE SOLUTION RAYA PHARMACEUTICALS SDI USA SELECT BRAND SIMPLE DIAGNOSTICS US DIAGNOSTICS</p>		
<p>SOLU-CORTEF INJ 100MG SOLU-CORTEF INJ 250MG SOLU-CORTEF INJ 500MG</p>	COVERED	N/A
<p>PANCREAZE 2600 UNIT CAPSULE PANCREAZE 4200 UNIT CAPSULE PANCREAZE 10500 UNIT CAPSULE PANCREAZE 16800 UNIT CAPSULE PANCREAZE 21000 UNIT CAPSULE PANCREAZE 37000 UNIT CAPSULE</p>	PREFERRED	N/A
<p>ZOMACTON 5MG INJ ZOMACTON 10MG INJ</p>	PREFERRED WITH PA	N/A
<p>FERUMOXYTOL 510/17ML INJ</p>	PREFERRED WITH PA	N/A
<p>ASTEPRO 205.5MCG NASAL SPRAY (OTC)</p>	PREFERRED	N/A
<p>KETOPROFEN 50MG CAPSULE</p>	NOT COVERED	<p>KETOPROFEN 25MG CAPSULE KETOPROFEN 75MG CAPSULE</p>
<p>CLEVER CHOICE PEAK FLOW METER PERSONAL BEST FULL RANGE POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM AEROGEAR ASTHMA ACTION TRUZONE PEAK FLOW METER MICROLIFE DIGITAL PEAK FLOW METER POCKETPEAK PEAK FLOW METER LOW RANGE PURE COMFORT PEAK FLOW METER ADULT PURE COMFORT PEAK FLOW METER CHILD BREATHE EASE PEAK FLOW METER</p>	NON- PREFERRED	<p>PIKO 1 ELECTRONIC MINI WRIGHT PEAK FLOW METER STANDARD RANGE PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC MINI WRIGHT PEAK FLOW METER STANDARD RANGE AIRZONE PEAK FLOW METER PERSONAL BEST FULL RANGE POCKET PEAK FLOW METER MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE LUNG PERFORMANCE PEAK FLOW METER</p>

ASSESS PEAK FLOW METER FULL RANGE ASSESS PEAK FLOW METER LOW RANGE		
AMJEVITA INJECTION	PREFERRED WITH PA	N/A
ENSPRYNG INJECTION UPLIZNA INJECTION	PREFERRED WITH PA	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2023 NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY		
FABIOR 0.1% AEROSAL	UPDATE QL: 100 GRAMS PER 30 DAYS	
RELEXXII 18MG TABLET RELEXXII 27MG TABLET RELEXXII 36MG TABLET RELEXXII 54MG TABLET RELEXXII 72MG TABLET	ADD QL: 1 TABLET PER DAY	
TLANDO 112.5 MG CAPSULE	ADD QL: 4 CAPSULES PER DAY	
KYZATREX 150MG CAPSULE KYZATREX 100MG CAPSULE KYZATREX 200MG CAPSULE	ADD QL: 2 CAPSULES PER DAY	
ZONISADE 100MG/5 ML SUSPENSION	ADD ST AND QL QL: 6 BOTTLES PER 30 DAYS	
LAMOTRIGINE 200 MG TABLET ER	UPDATE QL: 3 TABLETS PER DAY	
LAMOTRIGINE 25MG TABLET ER LAMOTRIGINE 50MG TABLET ER	UPDATE QL: 4 TABLETS PER DAY (CHANGING FROM QL TO DO ALONG WITH QL AMOUNT)	
LAMOTRIGINE 25MG TABLET	NEW DOSE OPT (DO) QL: 6 TABLETS PER DAY	
LAMOTRIGINE 100MG TABLET LAMOTRIGINE 150MG TABLET LAMOTRIGINE 200MG TABLET	UPDATE QL: 3 TABLETS PER DAY (CHANGING FROM QL TO DO ALONG WITH QL AMOUNT)	
GABAPENTIN 100MG CAPSULE/TABLET GABAPENTIN 400MG CAPSULE/TABLET	CHANGING FROM QL TO DO (6 CAPSULES/TABLETS PER DAY)	
GABAPENTIN 300MG CAPSULE	CHANGING FROM QL TO DO (9 CAPSULES/TABLETS PER DAY)	
OXTELLAR XR 150MG TABLET OXTELLAR XR 300MG TABLET	CHANGING FROM QL TO DO (3 TABLETS PER DAY)	
QUDEXY XR 25/24HR CAPSULE	CHANGING FROM QL TO DO (3 CAPSULES PER DAY)	
TOPIRAMATE 25MG TABLET TOPIRAMATE 50MG TABLET TOPIRAMATE 100MG TABLET	CHANGING FROM QL TO DO (3 TABLETS PER DAY)	
TOPIRAMATE 25MG CAPSULE ER	CHANGING FROM QL TO DO (3 CAPSULES PER DAY)	
MEMANTINE 10MG/5ML SOLUTION	ADD QL: 10 ML PER DAY	
AZELASTINE 0.1% SPRAY AZELASTINE 0.15% SPRAY	UPDATE QL: 30 ML PER 25 DAYS	
PATANASE 0.6% SPRAY	UPDATE QL: 30.5 GM PER 30 DAYS	
CETIRIZINE 5MG CHEWABLE		

CETIRIZINE 10MG CHEWABLE CETIRIZINE 2.5MG TABLET CETIRIZINE 5MG TABLET	ADD QL: 1 PER DAY
IMBRUVICA 70MG/ML SUSPENSION	ADD PA AND QL: 8 ML PER DAY
CALQUENCE 100MG TABLET	ADD QL: 2 TABLETS PER DAY
PEMAZYRE 13.5MG TABLET	UPDATE QL: 1 TABLET PER DAY
TALZENNA 0.25MG CAPSULE TALZENNA 0.5MG CAPSULE TALZENNA 0.75MG CAPSULE	ADD QL: 1 CAPSULE PER DAY
SPEVIGO 450/7.5 INJ	ADD PA AND QL: 2 VIALS [1 CARTON] PER YEAR
VTAMA 1% CREAM ZORYVE 0.3% CREAM	ADD PA AND QL: 60 GM PER 30 DAYS
SOTYKTU 6MG TABLET	ADD ST AND QL: 1 TABLET PER DAY
OLUMIANT 4MG TABLET	ADD QL: 1 TABLET PER DAY
PHENOBARBITAL 15MG TABLET	CHANGING FROM QL TO DO (800 TABLETS PER 30 DAYS)
PHENOBARBITAL 16.2MG TABLET	CHANGING FROM QL TO DO (741 TABLETS PER 30 DAYS)
PHENOBARBITAL 30MG TABLET	CHANGING FROM QL TO DO (400 TABLETS PER 30 DAYS)
PHENOBARBITAL 32.4MG TABLET	CHANGING FROM QL TO DO (370 TABLETS PER 30 DAYS)
LYVISPAH 5MG GRANULES LYVISPAH 10MG GRANULES LYVISPAH 20MG GRANULES	ADD PA AND QL: 5 MG AND 10 MG QL: 3 PACKETS PER DAY 20 MG QL: 4 PACKETS PER DAY
DUPIXENT 200/1.14 PREFILLED SYRINGE/PEN DUPIXENT 300/2ML PREFILLED SYRINGE/PEN	11 YEARS OLD OR YOUNGER: 1 SYRINGE/PEN EVERY 28 DAYS 12 YEARS OLD OR OLDER: 2 SYRINGES/PENS EVERY 28 DAYS
XIAFLEX 0.9MG INJ	ADD DOSING QL: DUPUYTREN'S CONTRACTURE: UP TO 2.32 MG PER 28 DAYS LIFETIME MAXIMUM: 3 INJECTIONS PER AFFECTED CORD PEYRONIE'S CURVATURE: 1.16 MG PER 7 DAYS LIFETIME MAXIMUM: 8 INJECTIONS PER PEYRONIE'S PLAQUE
FYLNETRA 6MG/0.6 INJ STIMUFEND INJ ROLVEDON 13.2MG INJ	ADD ST AND QL: 2 SYRINGES PER 28 DAYS
INJECTAFER 100/2ML INJ	ADD QL: 7 VIALS PER 7 DAYS
FLUVASTATIN 20MG CAPSULE FLUVASTATIN 40MG CAPSULE LOVASTATIN 10MG TABLET LOVASTATIN 20MG TABLET	UPDATE DO: 2 CAPSULES PER DAY
POSACONAZOLE DR 100MG TABLET	ADD QL: 8 TABLETS PER DAY
HYFTOR 0.2% GEL	ADD PA AND QL: 10 GRAMS PER 30 DAYS
SKYRIZI 360MG/2.4ML SOLUTION	ADD QL: 1 KIT PER 56 DAYS (8 WEEKS)
SKYRIZI 600MG/10ML SOLUTION	ADD QL: 3 VIALS TOTAL TO LAST 12 WEEKS
LIDOCAINE 0.5% AEROSOL	ADD QL: 227 GRAMS PER 30 DAYS

LIDOCAINE 4% AEROSOL	ADD QL: 128 GRAMS/ML PER 30 DAYS
LIDOCAINE 3% CREAM	ADD QL: 85 GRAMS PER 30 DAYS
LIDOCAINE 1% LOTION	ADD QL: 113 GRAMS PER 30 DAYS
LIDOCAINE 4% OINTMENT	ADD QL: 100 GRAMS PER 30 DAYS
LIDOCAINE 4% PAD	ADD QL: 4 PATCHES PER DAY
XENPOZYME 20MG SOLUTION	ADD PA AND DOSING: 3 MG/KG EVERY 2 WEEKS
INGREZZA 40-80MG CAPSULE	ADD QL: 1 PACK, ONE TIME FILL
MAYZENT 1MG STARTER PAK	ADD QL: 1 PACK PER FILL, ONE TIME (STARTING DOSE, 4 DAY SUPPLY)
MAYZENT 2MG STARTER PAK	ADD QL: 1 PACK PER FILL, ONE TIME (STARTING DOSE, 5 DAY SUPPLY)
MAYZENT 1MG TABLET	ADD QL: 1 TABLET PER DAY
TASCENSO 0.25MG ODT TABLET	ADD ST AND QL: 1 TABLET PER DAY
NORGESIC TABLET ORPHENGESIC FORTE TABLET	ADD ST
CIMERLI 0.3MG INJ CIMERLI 0.5MG INJ	ADD PA AND DOSING QL: DIABETIC MACULAR EDEMA AND DIABETIC RETINOPATHY: 0.3 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS AGE RELATED MACULAR DEGENERATION, BRANCH OR CENTRAL RETINAL VEIN OCCLUSION, MYOPIC CHOROIDAL NEOVASCULARIZATION, AND RADIATION RETINOPATHY: 0.5 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS
ALOCRI 2% SOLUTION EPINASTINE 0.05% DROPS OLOPATADINE 0.1% DROPS KETOTIFEN FUMARATE 0.025% SOLUTION	UPDATE QL: 5 ML PER 30 DAYS
ALOMIDE 0.1% SOLUTION	UPDATE QL: 10 ML PER 30 DAYS
AZELASTINE 0.05% DROPS	UPDATE QL: 6 ML PER 30 DAYS
CROMOLYN SODIUM 4% SOLUTION	UPDATE QL: 20 ML PER 30 DAYS
LASTACAFT 0.25% SOLUTION	UPDATE QL: 3 ML PER 30 DAYS
OLOPATADINE 0.2% SOLUTION PATADAY 0.7% SOLUTION PAZEO 0.7% DROPS	UPDATE QL: 2.5 ML PER 30 DAYS
ZERVIA 0.24% DROPS	UPDATE QL: 2 BOXES (60 SINGLE-USE CONTAINERS) PER 30 DAYS
VYZULTA 0.024% SOLUTION	UPDATE QL: 5ML PER 56 DAYS
VENLAFAXINE 112.5MG TABLET	ADD ST AND QL
KORSUVA 50MCG/ML INJ	ADD PA

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).