

September 2020
Pharmacy Formulary Change Notice

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 November 1, 2020.

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 November 1, 2020		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
(PRESCRIPTION) BP FOAMING WASH 10% BENZOYL PEROXIDE AER 9.8% BENZEPRO AER 5.3% BENZEPRO SC AER 9.8% BP WASH 7% BP WASH 2.5% BP FOAM AER 5.3% BP FOAM AER 9.8% RIAX AER 5.5% RIAX AER 9.5%	NON-PREFERRED	(OTC) BENZOYL PEROXIDE 5% WASH BENZOYL PEROXIDE 10% WASH BPO GEL 4% BPO GEL 8% BENZOYL PEROXIDE AER 5.3%
AVAR PAD 9.5-5% AVAR CLEANSE EMULSION 10-5% AVAR LS AER 10-2% AVAR LS LIQUID 10-2% AVAR LS PAD 10-2% AVAR-E EMOLL CREAM 10-5% AVAR-E GREEN CREAM 10-5% AVAR-E LS CREAM 10-2% BENZEFOAM AER 9.8% BENZEPRO MIS 6% BENZOYL PER AER 9.8% BP 10-1 EMULSION BP CLEANSING EMULSION 10-4% BPO GEL 4% BPO GEL 8% BPO CLOTHS MIS 6%	NON-PREFERRED	BENZOYL PER LIQ WASH BP FOAM BP WASH CLINDAMYCIN GEL 1% CLINDAMYCIN SOL 1% PANOXYL WASH LIQ PERSA-GEL 10% TRETINOIN CREAM TRETINOIN GEL

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>CLINDACIN KIT ETZ 1% CLINDACIN KIT PAC 1% ENZOCLEAR AER 9.8% INOVA KIT 4% INOVA KIT 8% NEUAC KIT 1.2-5% PLEXION CRE 9.8-4.8% PLEXION LIQ 9.8-4.8% PLEXION LOT 9.8-4.8% ROSANIL EMU CLEANSER SOD SUL/SULF CRE 10-2% SOD SUL/SULF CRE 10-5% SOD SUL/SULF CRE 9.8-4.8% SOD SUL/SULF EMU 10-5% SOD SUL/SULF KIT SOD SUL/SULF LIQ 10-2% SOD SUL/SULF LIQ 9.8-4.8% SOD SUL/SULF LIQ 9-4.5% SOD SUL/SULF LIQ WASH SOD SUL/SULF LOT 10-5% SOD SUL/SULF LOT 9.8-4.8% SOD SUL/SULF PAD 10-4% SOD SUL/SULF SUS 10-5% SOD SUL/SULF SUS 8-4% SSS CRE 10%-5% SSS 10-5 AER 10-5% SULF/SUNSCRN KIT 9-4.5% SULFACLEANSE SUS 8-4% SUMADAN KIT SUMADAN WASH LIQ 9-4.5% SUMADAN XLT KIT 9-4.5% SUMAXIN PAD 10-4% SUMAXIN CP KIT SUMAXIN TS SUS 8-4% SUMAXIN WASH LIQ 9-4%</p>		
<p>SUCRALFATE SUS 1GM/10ML</p>	<p>NON- PREFERRED</p>	<p>SUCRALFATE TAB 1GM</p>
<p>CLODAN KIT 0.05% DERMA SILKRX KIT SDS PAK DERMACINRX KIT SILPAK DERMA-SMOOTH OIL /FS SCLP DERMAWERX PAK SDS DERMAZONE MIS ELLZIA PAK PAK 0.1%/5% HC PRAMOXINE CRE 2.5-1% NUTRIARX KIT CREAMPAK SANADERMRX KIT SKIN REP SILAZONE PAK PHARMAPA</p>	<p>NON-PREFERRED</p>	<p>CLOBETASOL CREAM 0.05% HYDROCORTISONE CREAM 1% MOMETASONE CREAM 0.1% TRIAMCINOLON CREAM 0.1%</p>

<p>SILAZONE-II PAK SYNALAR KIT 0.025% SYNALAR TS KIT 0.01% TRI-SILA KIT 0.1-5%</p>		
<p>LANCETS MANUFACTURER: ABLE DIAGNOSTIC ACCESS DIABETIC SUPPLY ACCESS LLC ACON LABORATORIES AMBIMEDINC ARKRAY USA CHAIN DRUG CONSORTIUM COVIDIEN MEDICAL SUPPLIES CVS PHARMACY HEALTHCARE CVS/PHARMACY DELTA HI-TECH DIATHRIVE FACET TECHNOLOGIES FIFTY50 PHARMACEUTICALS FUTURA MEDICAL CORPORATION GLUCO PERFECT H&H WHOLESALE INC HARRINGTON HARRINGTON HOLD HEALTH ALLIANCE HTL-STREFA HY-VEE INFOPIA USA INTERNATIONAL VITAMIN CORPORATION I-SENS KMR PHARMACEUTICALS LINKS MEDICAL LIVONGO HEALTH MEDICAL PLASTIC DEVICES MEDICINE SHOPPE MEDICORE MEDLINE INDUS MEIJER NIPRO DIAGNOSTICS NOVA BIOMEDICAL ONE PHARMA & MEDICAL SUPPLY ONE PHARMACEUTICALS OWEN MUMFORD PERRIGO DIABETES CARE PERRIGO-WALMART PHARMAVITE</p>	<p>PREFERRED On May 1, 2020</p>	<p>N/A</p>

PROGRESSIVE HEALTH RELIAMED RITE AID CORPORATION SAM'S WEST SELECT BRAND SHERWOOD MEDICAL TELCARE INC. THERASENSE INC. TOPCO WALGREENS WAL-MART STORES		
LANCETS MANUFACTURER: FUTURE	NON-PREFERRED	SEVERAL ALTERNATIVES ABOVE
PREMPRO TAB 0.3-1.5 PREMPRO TAB 0.45-1.5 PREMPRO TAB 0.625-2.5 PREMPRO TAB 0.625-5 PREMPHASE TAB	NON- PREFERRED WITH GRAND-FATHERING	JEVANTIQUE TAB JINTELI TAB MIMVEY LO TAB MIMVEY TAB NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB FYAVOLV TAB AMABELZ TAB LOPREEZA TAB
DESCOVY TAB	NON-PREFERRED WITH STEP EDIT	TRUVADA TAB
(AUTHORIZED GENERIC NOVOLOG) INSULIN ASPART INJ 100/ML INSULIN ASPART INJ PENFILL INSULIN ASPART INJ FLEXPEN	PREFERRED	N/A
(BRAND) NOVOLOG MIX INJ 70/30 NOVOLOG MIX INJ FLEXPEN HUMALOG MIX INJ 75/25KWP	NON-PREFERRED	(GENERIC) INSULIN ASPART/ASPART PROTAMINE INJ 70/30 INSULIN ASPART/PROTAMINE 70/30 FLEXPEN INSULIN LISPRO/LISPRO PROTAMINE 75/25 KWIKPEN
FLUOXETINE TAB 10MG FLUOXETINE TAB 20MG	NON- PREFERRED WITH GRAND-FATHERING	FLUOXETINE CAP 10MG FLUOXETINE CAP 20MG
VENLAFAXINE TAB 37.5 ER VENLAFAXINE TAB 75MG ER VENLAFAXINE TAB 150MG ER VENLAFAXINE TAB 225MG ER	NON- PREFERRED WITH GRAND-FATHERING	VENLAFAXINE CAP 37.5 ER VENLAFAXINE CAP 75MG ER VENLAFAXINE CAP 150MG ER
TETRACYCLINE CAP 250MG TETRACYCLINE CAP 500MG	NON- PREFERRED	DOXYCYCLINE MONOHYDRATE CAP MINOCYCLINE CAP
SCALPICIN SOL 1% NOBLE FORMUL SPR 1% SCALP RELIEF SOL 1% RA ANTI-ITCH SPR 1%	PREFERRED	N/A

TEXACORT SOL 2.5%	NON- PREFERRED WITH PA	SCALPICIN SOL 1% NOBLE FORMUL SPR 1% SCALP RELIEF SOL 1% RA ANTI-ITCH SPR 1%
(DILTIAZEM ER 12 HOUR CAPSULE) DILTIAZEM CAP 60MG ER DILTIAZEM CAP 90MG ER DILTIAZEM CAP 120MG ER DILTIAZEM CAP 300MG ER DILTIAZEM CAP 360MG ER (DILTIAZEM LA 24 HOUR TABLET) DILTIAZEM ER TAB 180MG DILTIAZEM ER TAB 240MG DILTIAZEM ER TAB 300MG DILTIAZEM ER TAB 360MG DILTIAZEM ER TAB 420MG MATZIM LA TAB 180MG/24 MATZIM LA TAB 240MG/24 MATZIM LA TAB 300MG/24 MATZIM LA TAB 360MG/24 MATZIM LA TAB 420MG/24	NON-PREFERRED	DILTIAZEM CAP ER (GENERIC TIAZAC) DILTIAZEM CAP CD (GENERIC CARDIZEM CD) CARTIA XT CAP TIADYLT CAP
TIAZAC CAP 420MG/24	PREFERRED	N/A
AVSOLA INJ 100MG	PREFERRED WITH PA	N/A
OTC PATADAY SOLUTION 0.1%	PREFERRED	N/A
OTC VOLTAREN GEL 1%	PREFERRED WITH PA	N/A
DEXCOM FREESTYLE LIBRE SENSORS, TRANSMITTERS, RECEIVERS	PREFERRED WITH PA	N/A
HYOSCYAMINE DROPS 0.125/ML	NON-PREFERRED	N/A
ATROPINE SULFATE OPHTHALMIC 1% OINTMENT	NON-PREFERRED	ATROPINE SUL OPHTHALMIC 1% SOLUTION
ELFOLATE TAB 7.5MG	NON-PREFERRED	N/A
BENSAL HP OIN SALICYLIC AER 6% SALICYLIC AC CRE 6% SALICYLIC AC GEL 6% SALICYLIC AC KIT 6% SALICYLIC AC KIT 6% CREAM SALICYLIC AC KIT 6% LOTN	NON-PREFERRED	PODOFILOX SOLUTION 0.5%

SALICYLIC AC LIQ 27.5% SALICYLIC AC LOT 6% SALICYLIC AC SHA 6% SALICYLIC AC SOL 26% SALICYLIC AC SOL 28.5% ER SALIMEZ CRE 6% SALVAX AER 6%		
LIDOCAINE LOT 3% LIDO-K LOT 3% LIDOZION LOT 3% QUTENZA KIT 8% 1-PCH QUTENZA KIT 8% 2-PCH ZIONODIL LOT 3%	NON-PREFERRED	OTC LIDOCAINE
MIGRANOW PAK	NON-PREFERRED	ERGOT/CAFFEN TAB 1-100MG ISOMETH/APAP CAP DICHLOR
ALCOH-WIPE MIS 12"X12" ALCOHOL PREP PAD PADS 70% (MANUFACTURED BY SIMPLE DIAGNOSTICS)	NON-PREFERRED	SEVERAL ALTS AVAILABLE
ADVANCED MIS AM/PM	NON-PREFERRED	OTC GENERIC MULTIVITAMINS
TICANASE PAK 50-2.7	NON-PREFERRED	SALINE NASAL SPRAY 0.65%
NITROGLYCER CAP 2.5MG ER NITROGLYCER CAP 6.5MG ER NITROGLYCER CAP 9MG ER NITRO-TIME CAP 2.5MG CR NITRO-TIME CAP 6.5MG CR NITRO-TIME CAP 9MG CR	NON-PREFERRED	ISOSORB DIN TABLET NITROGLYCERIN SUBLINGUAL
KETOPROFEN 25MG CAP	NON-PREFERRED	IBUPROFEN TABLET NAPROXEN TABLET
KLARITY-A DRO 1%	NON-PREFERRED	GENTAMICIN OPOPTHALMIC 0.3% SOLUTION
HYDROMORPHON SUP 3MG MORPHINE SUL SUP 10MG MORPHINE SUL SUP 20MG MORPHINE SUL SUP 30MG MORPHINE SUL SUP 5MG	NON-PREFERRED	HYDROMORPHONE TABLET MORPHINE SULFATE TABLET
CORTANE-B DRO OTIC EXOTIC-HC DRO OTIC	NON-PREFERRED	CORTIC-ND DROPS NEO/POLY/HC OTIC 1% SOLUTION
EFFER-K TAB 25MEQ EF K-EFFERVESCE TAB 25MEQ EF KLOR-CON/EF TAB 25MEQ FR K-VESCENT TAB 25MEQ EF POT CHLORIDE TAB 25MEQ EF	NON-PREFERRED	POT CHLORIDE 20MEQ ER TABLET
LIDOCAINE/HC CRE 3%-0.5%	NON-PREFERRED	HEMORRHOIDAL OINTMENT

ROSADAN KIT 0.75%	NON-PREFERRED	METRONIDAZOLE CREAM 0.75% METRONIDAZOLE GEL 0.75%
METHENAM MAN TAB 1000MG METHENAM MAN TAB 1GM METHENAM MAN TAB 500MG	NON-PREFERRED	NITROFUR MAC CAPSULE NITROFURANTN CAPSULE
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2020 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
ACE INHIBITORS	EPANED SOLUTION 1MG/ML QBRELIS SOLUTION 1MG/ML	UPDATE QL: 8 - 150 ML BOTTLES PER 30 DAYS (40 ML PER DAY)
ACNE PRODUCTS	ACNE MEDICATED GEL 5% ACNE MEDICATED GEL 10%	ADD QL: 42.5 GRAMS PER 30 DAYS
	ACZONE GEL 5% ACZONE GEL 7.5%	ADD QL: 60 GRAMS PER 30 DAYS
	ALTRENO LOTION 0.05%	ADD QL: 45 GRAMS PER 30 DAYS
	ATRALIN GEL 0.05%	ADD QL: 45 GRAMS PER 30 DAYS
	AVITA CREAM 0.025% AVITA GEL 0.025%	ADD QL: 45 GRAMS PER 30 DAYS
	BENZOYL PER GEL 2.5% BENZOYL PER GEL 5% BENZOYL PER GEL 10%	ADD QL: 180 GRAMS PER 30 DAYS
	BPO GEL 4% BPO GEL 8%	ADD QL: 42.5 GRAMS PER 30 DAYS
	CLEOCIN-T GEL 1%	ADD QL: 60 GRAMS PER 30 DAYS
	CLEOCIN-T LOTION 1% CLEOCIN-T SOLUTION 1%	ADD QL: 4 ML PER DAY
	CLEOCIN-T PAD 1%	ADD QL: 2 PLEDGETS PER DAY
	EPIDUO GEL 0.1-2.5% EPIDUO FORTE GEL 0.3-2.5%	ADD QL: 45 GRAMS PER 30 DAYS
	FABIOR AER 0.1%	ADD QL: 50 GRAMS PER 30 DAYS
	RETIN-A GEL 0.01% RETIN-A GEL 0.025% RETIN-A CREAM 0.025% RETIN-A CREAM 0.05% RETIN-A CREAM 0.1%	ADD QL: 45 GRAMS PER 30 DAYS
	RETIN-A MICR GEL 0.04%PMP RETIN-A MICR GEL 0.08% RETIN-A MICR GEL 0.1%PUMP	ADD QL: 50 GRAMS PER 30 DAYS
	RETIN-A MICR GEL 0.04% RETIN-A MICR GEL 0.1%	ADD QL: 45 GRAMS PER 30 DAYS
	RETIN-A MICR GEL 0.06%	ADD QL: 50 GRAMS PER 30 DAYS

	ALTRENO LOTION 0.05%	ADD PA
	ARAZLO LOTION 0.045%	ADD PA ADD QL: 45 GRAMS PER 30 DAYS
	TRETIN-X 0.0375% CREAM TRETIN-X 0.075% CREAM	ADD QL: 35 GRAMS PER 30 DAYS
	AVAGE CREAM 0.1%	ADD QL: 30 GRAM TUBE PER 30 DAYS
	REFISSA CREAM 0.05% RENOVA CREAM 0.02%	ADD QL: 40 GRAMS PER 30 DAYS
	RENOVA PUMP CREAM 0.02%	ADD QL: 44 GRAMS PER 30 DAYS
ANTI-HISTAMINES - ALKYLAMINES	MICLARA LQ LIQUID 1.25/5	ADD QL: 40 ML PER DAY
ANTINEOPLASTIC - ANTIBODIES	TRODELVY SOLUTION 180MG DARZALEX SOLUTION 100MG/5ML DARZALEX SOLUTION 400MG/20 DARZALEX SOLUTION FASPRO	ADD PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	VANTAS KIT 50MG	ADD PA ADD QL: 1 IMPLANT PER YEAR
ANTINEOPLASTIC – IMMUNO- MODULATORS	POMALYST CAPSULE 1MG POMALYST CAPSULE 2MG	UPDATE QL: 1 MG: INCREASE FROM 4 TO 5 PER DAY 2 MG: DECREASE FROM 2 TO 1 PER DAY
ANTINEOPLASTIC ANTIBIOTICS	JELMYTO INJ 40MG	ADD PA
ANTINEOPLASTIC ENZYME INHIBITORS	KOSELUGO CAPSULE 10MG KOSELUGO CAPSULE 25MG	ADD PA ADD QL: 10 MG: 8 PER DAY 25 MG: 4 PER DAY
	TUKYSA TABLET 50MG TUKYSA TABLET 150MG	ADD PA ADD QL: 4 TABLETS PER DAY
	QINLOCK TABLET 50MG	ADD PA ADD QL: 3 TABLETS PER DAY
	TABRECTA TABLET 150MG TABRECTA TABLET 200MG	ADD PA ADD QL: 4 TABLETS PER DAY
	RETEVMO CAPSULE 40MG RETEVMO CAPSULE 80MG	ADD PA ADD QL: 40 MG: 6 CAPS PER DAY 80 MG: 4 CAPS PER DAY
	PEMAZYRE TABLET 4.5MG PEMAZYRE TABLET 9MG PEMAZYRE TABLET 13.5MG	ADD PA ADD QL: 14 TABS PER 21 DAYS

	RUBRACA TABLET 200MG	UPDATE QL: DECREASE FROM 6 PER DAY TO 4 PER DAY
ANTIPSORIATICS	TAZORAC GEL 0.05% TAZORAC GEL 0.1% TAZORAC CREAM 0.05% TAZORAC CREAM 0.1%	ADD QL: 30 GRAMS PER 30 DAYS
ASTHMA PRODUCTS	ARMONAIR DIGIHALER*	ADD PA ADD QL: 1 INHALER PER 30 DAYS
BETA-BLOCKERS - OPHTHALMIC	BETAXOLOL SOLUTION 0.5% OP	ADD QL: 15 ML PER 30 DAYS
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	AJOVY INJ 225/1.5	ADD QL: AUTOINJECTOR - 3 PER 90 DAYS
CALCIUM CHANNEL BLOCKERS	CONJUPRI*	ADD PA ADD QL: 1 TABLET PER DAY
	VERELAN PM CAPSULE 200MG ER	UPDATE QL: CHANGE FROM 1 PER DAY TO 2 PER DAY
DIABETIC OTHER	GLUCAGEN INJ HYPOKIT	UPDATE QL: 2 KITS PER 30 DAYS
EPINEPHRINE	EPINEPHRINE AUTO INJECTORS 0.15MG EPINEPHRINE AUTO INJECTORS 0.3MG	UPDATE QL: 4 FILLS PER YEAR
ESTROGEN COMBINATIONS	ORIAHNN CAPSULE	ADD PA ADD QL: 1 CARTON PER 28 DAYS
HEMATOPOIETIC GROWTH FACTORS	PROMACTA POWDER FOR SUSPENSION 12.5MG	UPDATE QL: 12.5 MG ORAL SUSPENSION - 1 UNIT DOSE PACK PER DAY
HEPATITIS AGENTS	EPCLUSA TABLET 400-100	ADD QL: 1 TABLET PER DAY
IMMUNO-SUPPRESSIVE AGENTS	ZORTRESS TABLET 0.25MG ZORTRESS TABLET 0.5MG ZORTRESS TABLET 0.75MG ZORTRESS TABLET 1MG	REMOVE QL
INSULIN	HUMALOG MIX SUSPENSION 75/25 NOVOLOG MIX INJ 70/30	ADD ST
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS	TEPEZZA INJ 500MG	ADD PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	FENSOLVI INJ 45MG	ADD PA ADD QL: 1 KIT PER 24 WEEKS

MULTIPLE SCLEROSIS AGENTS	ZEPOSIA 7DAY CAPSULE STR PACK ZEPOSIA CAPSULE .92MG ZEPOSIA CAPSULE STR KIT	ADD PA ADD QL: STARTER PACK: 1 PACK/FILL, ONE TIME STARTER KIT: 1 KIT PER FILL, ONE TIME 0.92MG CAPSULE: 1 PER DAY
NONSTEROIDAL ANTI- INFLAMMATORY AGENTS (NSAIDS)	KETOPROFEN CAPSULE 25MG	ADD QL: 8 CAPSULES PER DAY
	KETOPROFEN CAPSULE 75MG	ADD QL: 4 CAPSULES PER DAY
	KETOROLAC INJ 60MG/2ML	ADD QL: 1 INJECTION (2 ML) PER 30 DAYS WITH OVERRIDE CRITERIA
	DAYPRO TABLET 600MG	ADD QL: 2 TABLETS PER DAY
	DICLOFENAC TABLET 25MG DR	ADD QL: 5 TABLETS PER DAY
	DICLOFENAC TABLET 50MG DR	ADD QL: 4 TABLETS PER DAY
	DICLOFENAC TABLET 75MG DR DICLOFENAC TABLET 100MG ER	ADD QL: 2 TABLETS PER DAY
	ETODOLAC CAPSULE 200MG	ADD QL: 4 CAPSULES PER DAY
	ETODOLAC CAPSULE 300MG	ADD QL: 3 CAPSULES PER DAY
	ETODOLAC TABLET 500MG	ADD QL: 2 TABLETS PER DAY
	ETODOLAC ER TABLET 400MG ETODOLAC ER TABLET 500MG	ADD QL: 2 TABLETS PER DAY
	ETODOLAC ER TABLET 600MG	ADD QL: 1 TABLET PER DAY
	FELDENE CAPSULE 10MG FELDENE CAPSULE 20MG	ADD QL: 1 CAPSULE PER DAY
	FLURBIPROFEN TABLET 100MG	ADD QL: 3 TABLETS PER DAY
	FLURBIPROFEN TABLET 50MG	ADD QL: 4 TABLETS PER DAY
	IBUPROFEN TABLET 400MG IBUPROFEN TABLET 600MG IBUPROFEN TABLET 800MG	ADD QL: 4 TABLETS PER DAY
	INDOCIN SUPPOSITORY 50MG	ADD QL: 4 SUPPOSITORIES PER DAY
	LODINE TABLET 400MG	ADD QL: 2 TABLETS PER DAY
	MECLOFEN SOD CAPSULE 50MG MECLOFEN SOD CAPSULE 100MG	ADD QL: 4 CAPSULES PER DAY

	NAPROXEN SOD TABLET 275MG	ADD QL: 4 TABLETS PER DAY
	NAPROXEN SOD TABLET 550MG	ADD QL: 2 TABLETS PER DAY
	SULINDAC TABLET 150MG SULINDAC TABLET 200MG	ADD QL: 2 TABLETS PER DAY
	TOLMETIN SOD CAPSULE 400MG TOLMETIN SOD TABLET 600MG	ADD QL: 3 TABLETS/CAPSULES PER DAY
OREXIN RECEPTOR ANTAGONISTS	DAYVIGO TABLET 5MG DAYVIGO TABLET 10MG	ADD PA ADD QL: 1 TABLET PER DAY
PRENATAL VITAMINS	CITRANATAL TAB BLOOM PNV PRENATAL TAB PLUS PR NATAL 400 PAK PR NATAL 400 PAK EC PR NATAL 430 PAK PR NATAL 430 PAK EC PREFERAOB MIS +DHA PRENA1 TRUE PRENAISSANCE HARMONY DHA TREVEEN-DUO DHA TRI-TABS DHA MIS VENA-BAL MIS DHA VP-HEME OB MIS + DHA	ADD QL: 1 TABLET PER DAY
PROSTAGLANDINS - OPTHALMIC	DURYSTA IMPLANT 10MCG	ADD PA ADD QL: 2 APPLICATORS PER LIFETIME
PROTON PUMP INHIBITORS	(GENERIC ONLY) OMEPRAZOLE CAPSULE 10MG OMEPRAZOLE CAPSULE 20MG OMEPRAZOLE CAPSULE 40MG OMEPRAZOLE TABLET 20MG DR OMEPRAZOLE CAPSULE 20.6MGDR	REMOVE QL
	(GENERIC ONLY) PANTOPRAZOLE TABLET 20MG PANTOPRAZOLE TABLET 40MG	REMOVE QL
ROSACEA AGENTS	FINACEA GEL 15% FINACEA AER 15%	ADD QL: 50 GRAMS PER 30 DAYS
	METROCREAM CREAM 0.75%	ADD QL: 45 GRAMS PER 30 DAYS
	METROGEL GEL 1%	ADD QL: 60 GRAMS PER 30 DAYS
	METROGEL GEL 1%	ADD QL: 55 GRAMS PER 30 DAYS
	METROLOTION LOTION 0.75%	ADD QL: 59 ML PER 30 DAYS

	NORITATE CREAM 1%	ADD QL: 60 GRAMS PER 30 DAYS
	ROSADAN CREAM 0.75% ROSADAN GEL 0.75%	ADD QL: 45 GRAMS PER 30 DAYS
	SOOLANTRA CREAM 1%	ADD QL: 30 GRAMS PER 30 DAYS
	ORACEA CAPSULE 40MG	ADD QL: 1 CAPSULE PER DAY

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.

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.

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).