

September 2021

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, 2021**.

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, 2021		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
ONDANSETRON SOLUTION 4MG/5ML	PREFERRED	N/A
METFORMIN SOLUTION 500/5ML	NON-PREFERRED	METFORMIN TABLET 500MG ER (GENERIC GLUCOPHAGE XR) METFORMIN TABLET 750MG ER (GENERIC GLUCOPHAGE XR)
FORTAMET TABLET 500MG METFORMIN TABLET 500MG ER (GENERIC FORTAMET) FORTAMET TABLET 1000MG METFORMIN ER TABLET 1000MG (GENERIC FORTAMET)	NON-PREFERRED	METFORMIN TABLET 500MG ER (GENERIC GLUCOPHAGE XR) METFORMIN TABLET 750MG ER (GENERIC GLUCOPHAGE XR)
GLUMETZA TABLET 500MG METFORMIN TABLET 500MG ER (GENERIC GLUMETZA) GLUMETZA TABLET 1000MG METFORMIN TABLET 1000 ER (GENERIC GLUMETZA)	NON-PREFERRED	METFORMIN TABLET 500MG ER (GENERIC GLUCOPHAGE XR) METFORMIN TABLET 750MG ER (GENERIC GLUCOPHAGE XR)
BD PEN NEEDLES BD INSULIN SYRINGES	PREFERRED	PREFERRED FOR ALL MEMBERS (NOW INCLUDING EXISTING UTILIZERS)
TRULICITY INJ 0.75/0.5 TRULICITY INJ 1.5/0.5 TRULICITY INJ 3/0.5 TRULICITY INJ 4.5/0.5	PREFERRED WITH STEP THERAPY REQUIRED	N/A
VICTOZA INJECTION 18MG/3ML	NON-PREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED UNTIL 02/01/2022	TRULICITY INJECTION
LIDOCAINE CREAM 3%	NON-PREFERRED	OTC LIDOCAINE CREAM 4%

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NITRO-DUR DIS 0.1MG/HR NITRO-DUR DIS 0.3MG/HR NITRO-DUR DIS 0.8MG/HR	NON-PREFERRED	MINITRAN PATCH NITROGLYCERIN PATCH
GELSYN-3 INJ 16.8/2ML	NON-PREFERRED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2021 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
ONDANSETRON SOLUTION 4MG/5ML		REMOVE PA
CENTANY OINTMENT 2% CENTANY AT KIT 2%		ADD ST
ROSZET 5 MG/10 MG, 10 MG/10 MG, 20 MG/10 MG, 40 MG/10 MG		ADD ST AND QTY LIMIT: 1 TABLET PER DAY
RYBREVANT SOL 350/7ML		ADD PA
LUMAKRAS TAB 120MG		ADD PA ADD QL: 8 TABLETS PER DAY
TRUSELTIQ CAPSULES		ADD PA ADD QL: 50 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (42 CAPS OF 25 MG) 75 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (63 CAPS OF 25 MG) 100 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (21 CAPS OF 100 MG) 125 MG DAILY DOSE CARTON: 1 CARTON/28 DAYS
CAMCEVI INJ		ADD PA
JEMPERLI SOL 500/10ML		ADD PA
ZYNLONTA SOL 10MG		ADD PA
VERQUVO 5 MG, 10 MG		ADD PA AND QTY LIMIT: 1 TABLET PER DAY
BRONCHITOL (MANNITOL) 4 WEEK TREATMENT PACK (4 INHALERS, 560 40 MG CAPSULES)		ADD PA AND QTY LIMIT: 1 TREATMENT PACK (4 INHALERS, 560 40 MG CAPSULES IN TOTAL) PER 28 DAYS
BRONCHITOL (MANNITOL) 7 DAY TREATMENT PACK (1 INHALER, 140 40 MG CAPSULES)		ADD PA AND QTY LIMIT: 4 TREATMENT PACKS (4 INHALERS, 560 40 MG CAPSULES IN TOTAL) PER 28 DAYS
RELIZORB CARTRIDGE		ADD PA AND QTY LIMIT: 2 CARTRIDGES PER DAY
MYFEMBREE TAB		ADD PA QL: 1 TABLET PER DAY
SOD FLUORIDE DRO 0.5MG/ML		REMOVE QL
EMPAVELI INJ 1080MG		ADD PA AND QTY LIMIT: 9 VIALS PER 28 DAYS

VICTOZA INJECTION 18MG/3ML	ADD STEP THERAPY
LIDOCAINE CREAM 3% (RX & OTC)	ADD ST
NURTEC ODT	<p>UPDATE PA AND QTY LIMIT:</p> <p>ADD INTO CRITERIA FOR ACUTE MIGRAINE TX AND MIGRAINE PROPHYLAXIS; UPDATE QL OVERRIDE TO ALLOW FOR ADDITIONAL TABLETS PER 30 DAYS IF DX IS PROPHYLAXIS OF MIGRAINE</p> <p>REDUCE QL FROM 15 PER 30 DAYS TO 8 PER 30 DAYS</p> <p>GF INDIVIDUALS USING 9-15 TABLETS PER 30 DAYS</p>
PONVORY (PONESIMOD) STARTER PACK PONVORY (PONESIMOD) 20 MG	<p>ADD PA AND QTY LIMIT:</p> <p>STARTER PACK: 1 PACK PER FILL, ONE TIME (STARTING DOSE TITRATION REGIMEN, 14 DAY SUPPLY)</p> <p>20 MG TABLET: 1 TABLET PER DAY</p>
ORACEA, DOXYCYCLINE IR-DR 40 MG	ADD ST
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG HYDROCHLOROTHIAZIDE TABLETS 12.5MG HYDROCHLOROTHIAZIDE TABLETS 25MG	REMOVE QL
MYRBETRIQ GRANULES	<p>ADD PA AND QTY LIMIT:</p> <p>3 BOTTLES (300 ML) PER 30 DAYS</p>
GEMTESA 75 MG	ADD PA AND QTY LIMIT: 1 TABLET PER DAY
QTY LIMIT: ADDS/UPDATES	
EVEKEO ODT TAB 5MG EVEKEO ODT TAB 10MG EVEKEO ODT TAB 15MG EVEKEO ODT TAB 20MG	2 ODT TABLETS PER DAY
FOCALIN TAB 10MG	2 TABLETS PER DAY
QUILLIVANT SUS 25MG/5ML	12 ML PER DAY
MELATONIN CAP 5MG MELATONIN CHW 5MG MELATONIN SUB 5MG	2 TABLETS PER DAY
MELATONIN 200 MCG, 300 MCG, 500 MCG, 1 MG, 2.5 MG, 3 MG, 5 MG	2 TABLETS/CAPSULES/CHEWABLE/SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY
MELATONIN 10 MG, 12 MG	1 TABLET/SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY
MELATONIN LIQUID 2.5 MG/10 ML	40 ML PER DAY

MELATONIN 5 MG/15 ML	30 ML PER DAY
MELATONIN 1 MG/ML	10 ML PER DAY
MELATONIN 3.5 MG/2 ML (1.75 MG/ML)	6 ML PER DAY
MELATONIN 3 MG/0.9 ML	2.7 ML PER DAY
MELATONIN 5 MG/ML	2 ML PER DAY
MELATONIN 10 MG/ML	1 ML PER DAY
MELATONIN ER 1 MG, 3 MG, 5 MG, 10 MG	1 TABLET PER DAY
TOBRAMYCIN INJECTION	10 MG/ML, 40 MG/ML INJECTION: 90 VIALS PER 30 DAYS 1.2 G, 2 G INJECTION: 30 VIALS PER 30 DAYS
TOBI PODHALR CAP 28MG	224 CAPS PER 28 DAYS
TOBI NEB 300/5ML KITABIS PAK NEB 300/5ML	280 ML PER 28 DAYS
BETHKIS NEB 300/4ML	224 ML PER 28 DAYS
ZIPSOR CAP 25MG	4 CAPSULES PER DAY
CAMBIA POW 50MG	9 PACKETS PER 30 DAYS
IBUPROFEN CAP 200MG	100 CAPSULES PER 30 DAYS
SM IBUPROFEN TAB 100MG JR	100 TABLETS PER 90 DAYS
INDOMETHACIN CAP 25MG	3 CAPSULES PER DAY
INDOMETHACIN CAP 50MG	4 CAPSULES PER DAY
INDOMETHACIN CAP 75MG ER	2 CAPSULES PER DAY
INDOCIN SUS 25MG/5ML	40 ML PER DAY
READY KETORO KIT 15MG/ML	4 INJECTIONS (4 ML) PER 30 DAYS
NAPROXEN SOD CAP 220MG	100 CAPSULES PER 90 DAYS
TOLMETIN SOD TAB 200MG	3 TABLETS PER DAY
DICLO/MISOPR TAB 50-0.2MG	4 TABLETS PER DAY
DICLO/MISOPR TAB 75-0.2MG	2 TABLETS PER DAY
ASPIRIN TAB 81MG EC	100 TABLETS PER 90 DAYS
ASPIRIN TAB 325MG EC	100 TABLETS PER 25 DAYS
ACETAMIN SOL 160/5ML	100 ML PER 25 DAYS
HYDROMO/NACL INJ 30/30ML HYDROMOR HCL INJ NACL	6 ML PER DAY

DEMEROL INJ 25MG/0.5 DEMEROL INJ 75MG/1.5	4 ML PER DAY
MORPHINE SUL INJ 150/30ML	1 VIALS (30 ML) PER DAY
MORPHINE SUL INJ 150/150 MORPHINE SUL INJ 1000/100 HYDROMO/NACL INJ 1MG/ML HYDROMO/NACL INJ 30/30ML HYDROMO/NACL INJ 55/55ML MORPHIN/NACL INJ 2MG/2ML MORPHINE SUL INJ SODIUM C MORPHINE SUL INJ 5MG/5ML MORPHINE SUL INJ 275/55	6 ML PER DAY
DANAZOL CAP 50MG DANAZOL CAP 100MG	2 TABLETS PER DAY
DANAZOL CAP 200MG	4 TABLETS PER DAY
OXANDROLONE TAB 2.5MG	4 TABLETS PER DAY
OXANDROLONE TAB 10MG	2 TABLETS PER DAY
RANEXA TAB 500MG RANEXA TAB 1000MG	2 TABLETS PER DAY
MULTAQ TAB 400MG	2 TABLETS PER DAY
LONHALA MAGN SOL 25MCG	1 KIT PER 30 DAYS
INCRUSE ELPT INH 62.5MCG	1 INHALER PER 30 DAYS
PROAIR HFA AER VENTOLIN HFA AER PROVENTIL AER HFA	2 INHALERS PER 30 DAYS
SEREVENT DIS AER 50MCG	1 INHALER PER 30 DAYS
IPRATROPIUM/ SOL ALBUTER	540 ML PER 30 DAYS
BEVESPI AER 9-4.8MCG	1 INHALER PER 30 DAYS
ADVAIR HFA AER 45/21 ADVAIR HFA AER 115/21 ADVAIR HFA AER 230/21	1 INHALER PER 30 DAYS
BREO ELLIPTA INH 100-25 BREO ELLIPTA INH 200-25	1 INHALER PER 30 DAYS
DULERA AER 100-5MCG DULERA AER 200-5MCG	1 INHALER PER 30 DAYS
TRELEGY AER ELLIPTA	1 INHALER PER 30 DAYS
ELIXOPHYLLIN ELX 80/15ML	112.5 ML PER DAY
THEOPHYLLINE TAB 100MG CR THEOPHYLLINE TAB 200MG CR THEOPHYLLINE TAB 300MG ER THEOPHYLLINE TAB 300MG ER	2 CAPSULES PER DAY

THEOPHYLLINE TAB 400MG ER THEOPHYLLINE TAB 450MG ER THEOPHYLLINE TAB 600MG ER	1 TABLETS PER DAY
ARNUIITY ELPT INH 100MCG	1 INHALER PER 30 DAYS
ARNUIITY ELPT INH 200MCG	1 INHALER POER 30 DAYS
FLOVENT DISK AER 100MCG	1 INHALER PER 30 DAYS
FLOVENT DISK AER 250MCG	4 INHALERS PER 30 DAYS
ZYFLO TAB 600MG ZILEUTON ER TAB 600MG	4 TABLETS PER DAY
SINGULAIR CHW 4MG SINGULAIR CHW 5MG SINGULAIR TAB 10MG	1 TABLET PER DAY
PRADAXA 75 MG PRADAXA 110 MG PRADAXA 150 MG	2 CAPSULES PER DAY
SAVAYSA TAB 15MG SAVAYSA TAB 30MG SAVAYSA TAB 60MG	1 TABLET PER DAY
XARELTO TAB 10MG XARELTO TAB 20MG	1 TABLET PER DAY
XARELTO TAB 15MG	UPDATE: 90 TABLETS PER 90 DAYS
XARELTO STAR TAB 15/20MG	1 PACK PER YEAR
FYCOMPA TAB 2MG FYCOMPA TAB 4MG FYCOMPA TAB 6MG FYCOMPA TAB 8MG FYCOMPA TAB 10MG FYCOMPA TAB 12MG	1 TABLET PER DAY
FYCOMPA SUS 0.5MG/ML	24 ML PER DAY
BRIVIACT TAB 75MG BRIVIACT TAB 100MG	2 TABLETS PER DAY
BRIVIACT SOL 10MG/ML	20 ML PER DAY
TROKENDI XR CAP 25MG TROKENDI XR CAP 50MG TROKENDI XR CAP 100MG	1 CAPSULE PER DAY
TROKENDI XR CAP 200MG	2 CAPSULES PER DAY
TRINTELLIX TAB 5MG TRINTELLIX TAB 10MG TRINTELLIX TAB 20MG	1 TABLET PER DAY
DESVENLAFAX TAB 50MG ER DESVENLAFAX TAB 100MG ER	1 TABLET PER DAY

DRIZALMA CAP 20MG DR DRIZALMA CAP 60MG DR	2 CAPSULES PER DAY
DRIZALMA CAP 30MG DR DRIZALMA CAP 40MG DR	1 CAPSULE PER DAY
SYMLINPEN 60 INJ 1000MCG	2 BOXES PER 30 DAYS
CHLORPROPAM TAB 100MG	7 TABLETS PER DAY
CHLORPROPAM TAB 250MG	3 TABLETS PER DAY
AMARYL TAB 1MG	8 TABLETS PER DAY
AMARYL TAB 2MG	4 TABLETS PER DAY
AMARYL TAB 4MG	2 TABLETS PER DAY
GLIPIZIDE TAB 5MG GLIPIZIDE ER TAB 2.5MG	8 TABLETS PER DAY
GLIPIZIDE ER TAB 5MG GLIPIZIDE TAB 10MG	4 TABLETS PER DAY
GLIPIZIDE ER TAB 10MG	2 TABLETS PER DAY
GLYBURIDE TAB 1.25MG	16 TABLETS PER DAY
GLYBURIDE TAB 2.5MG	8 TABLETS PER DAY
GLYBURIDE TAB 5MG	4 TABLETS PER DAY
GLYNASE TAB 1.5MG	8 TABLETS PER DAY
GLYNASE TAB 3MG	4 TABLETS PER DAY
GLYNASE TAB 6MG	2 TABLETS PER DAY
TOLAZAMIDE TAB 250MG	4 TABLETS PER DAY
TOLAZAMIDE TAB 500MG	2 TABLETS PER DAY
TOLBUTAMIDE TAB 500MG	6 TABLETS PER DAY
GLUCOPHAGE TAB 500MG	5 TABLETS PER DAY
GLUCOPHAGE TAB 850MG	3 TABLETS PER DAY
GLUCOPHAGE TAB 1000MG	2 TABLETS PER DAY
RIOMET SOL	2 BOTTLES PER 30 DAYS
GLUCOPHAGE TAB 500MG XR GLUMETZA TAB 500MG	4 TABLETS PER DAY
GLUCOPHAGE TAB 750MG XR	2 TABLETS PER DAY
FORTAMET TAB 1000MG GLUMETZA TAB 1000MG	2 TABLETS PER DAY
REPAGLINIDE 0.5 MG REPAGLINIDE 1 MG	4 TABLETS PER DAY

REPAGLINIDE 2 MG	8 TABLETS PER DAY
BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE	1 PACK IN 30 DAYS
KORLYM TAB 300MG	4 TABLETS PER DAY
PRECOSE TAB 100MG	3 TABLETS PER DAY
GLYSET TAB 25MG GLYSET TAB 50MG GLYSET TAB 100MG	3 TABLETS PER DAY
NESINA TAB 6.25MG NESINA TAB 12.5MG NESINA TAB 25MG	1 TABLET PER DAY
TRADJENTA TAB 5MG	1 TABLET PER DAY
CYCLOSET TAB 0.8MG	6 TABLETS PER DAY
KAZANO 12.5- TAB 500MG KAZANO 12.5- TAB 1000MG	2 TABLETS PER DAY
JENTADUETO TAB 2.5-500 JENTADUETO TAB 2.5-850 JENTADUETO TAB 2.5-1000	2 TABLETS PER DAY
JANUMET XR TAB 50-500MG JANUMET XR TAB 50-1000	2 TABLETS PER DAY
JANUMET XR TAB 100-1000	1 TABLET PER DAY
OSENI TAB 12.5-15 OSENI TAB 12.5-30 OSENI TAB 12.5-45 OSENI TAB 25-15MG OSENI TAB 25-30MG OSENI TAB 25-45MG	1 TABLET PER DAY
REPAGLINIDE TAB 1-500MG REPAGLINIDE TAB 2-500MG	5 TABLETS PER DAY
GLIP/METFORM TAB 2.5-250M	8 TABLETS PER DAY
GLIP/METFORM TAB 2.5-500M GLIP/METFORM TAB 5-500MG	4 TABLETS PER DAY
GLYB/METFORM TAB 1.25-250	8 TABLETS PER DAY
GLYB/METFORM TAB 2.5-500 GLYB/METFORM TAB 5-500MG	4 TABLETS PER DAY
RIOMET ER SUS 500/5ML	2 BOTTLES PER 30 DAYS
LOPERAMIDE SOL 1/7.5ML LOPERAMIDE SOL 2MG/15ML	120 ML PER DAY
COSENTYX INJECTION 75MG/0.5 PF SYRINGE	1 SYRINGE PER 28 DAYS
SKYRIZI PEN INJECTION 150MG/ML	1 PEN PER 84 DAYS

SPORANOX CAP PULSEPAK	126 CAPSULES PER 30 DAYS
VFEND 200 MG TAB	2 TABLETS PER DAY
VFEND 40 MG/ML ORAL SUSPENSION	10 ML PER DAY
BENADRYL ALG TAB 25MG	4 TABLETS PER DAY
CLEMASTINE SYP 0.5/5ML	60 ML PER DAY
ZYRTEC ALLGY CAP 10MG	1 CAPSULE PER DAY
ZYRTEC CHILD TAB 10MG	1 TABLET PER DAY
ALLEGRA ALRG TAB 30MG	2 TABLETS PER DAY
ALLEGRA ODT 30 MG	2 TABLETS PER DAY
XYZAL TAB 5MG	1 TABLET PER DAY
CLARITIN CAP 10MG	1 CAPSULE PER DAY
LORATADINE CHW 5MG	1 TABLET PER DAY
QUESTRAN POW 4GM QUESTRAN POW 4GM LITE	24 G PER DAY
PREVALITE POW 4GM PK	24 G PER DAY
WELCHOL TAB 625MG	6 TABLETS PER DAY
WELCHOL PAK 3.75GM	1 PACKET PER DAY
COLESTID TAB 1GM	16 TABLETS PER DAY
COLESTID GRA 5GM COLESTID POW 5GM	30 G PER DAY
ANTARA CAP 30MG ANTARA CAP 90MG	1 CAPSULE PER DAY
LOPID TAB 600MG	2 TABLETS PER DAY
LIVALO TAB 1MG LIVALO TAB 2MG LIVALO TAB 4MG	1 TABLET PER DAY
NIASPAN TAB 750MG ER NIASPAN TAB 1000 ER	2 TABLETS PER DAY
MOEXIPRIL TAB 7.5MG	2 TABLETS PER DAY
MOEXIPRIL TAB 15MG	4 TABLETS PER DAY
TRANDOLAPRIL TAB 1MG TRANDOLAPRIL TAB 2MG TRANDOLAPRIL TAB 4MG	2 TABLTS PER DAY
BENICAR TAB 5MG	2 TABLETS PER DAY
CORZIDE TAB 40-5MG	1 TABLET PER DAY

CORZIDE TAB 80-5MG	
CLONIDINE 0.1 MG, 0.2 MG, 0.3 MG	4 TABLETS PER DAY
METHYLDOPA 250 MG	4 TABLETS PER DAY
METHYLDOPA 500 MG	6 TABLETS PER DAY
METHYLDOPA/HYDROCHLOROTHIAZIDE 250 MG/15 MG	3 TABLETS PER DAY
METHYLDOPA/HYDROCHLOROTHIAZIDE 250 MG/25 MG	2 TABLETS PER DAY
ZIAC (BISOPROLOL/HYDROCHLOROTHIAZIDE) 2.5 MG/6.25 MG, 5 MG/6.25 MG, 10 MG/6.25 MG	2 TABLETS PER DAY
NYMALIZE (NIMODIPINE ORAL SOLUTION) 60 MG/10 ML PREFILLED ORAL SYRINGE, 30 MG/5 ML PREFILLED ORAL SYRINGE	6 PREFILLED SYRINGES PER DAY
NYMALIZE (NIMODIPINE ORAL SOLUTION) 6 MG/ML	60 ML PER DAY
ALDACTAZIDE (SPIRONOLACTONE/HYDROCHLOROTHIAZIDE) 50 MG/50 MG	4 TABLETS PER DAY
ALDACTONE (SPIRONOLACTONE) 100 MG	4 TABLETS PER DAY
CEFTRIAXONE INJECTION	500 MG, 1 G, 2 G: 60 VIALS/BAGS PER 30 DAYS 10 G, 100 G INJECTION: 1 VIAL/BAG PER 30 DAYS
CAYSTON INH 75MG	84 VIALS PER 28 DAYS
CLEOCIN CAPSULES	75 MG CAPS: 4 CAPSULES PER DAY 150 MG CAPS: 12 CAPSULES PER DAY 300 MG CAPS: 8 CAPSULES PER DAY
CLEOCIN PHOS INJ 300/2ML CLEOCIN PHOS INJ 600/4ML CLEOCIN PHOS INJ 900/6ML CLEOCIN PHOS INJ 9GM/60ML CLEOCIN PHOS INJ 300/2ML CLEOCIN PHOS INJ 600/4ML CLEOCIN PHOS INJ 900/6ML	20 ML PER DAY
VANCOMYCIN INJECTION	250 MG INJECTION: 4 VIALS PER DAY 500 MG, 750 MG, 1 G, 1.25 G, 1.5 G: 2 VIALS/BAGS PER DAY 1.75 G, 2 G: 2 BAGS PER DAY 5 G, 10 G, 100 G: 1 VIAL PER 30 DAYS
FURADANTIN SUS 25MG/5ML	80 ML PER DAY
MACRODANTIN CAP 25MG MACRODANTIN CAP 50MG MACRODANTIN CAP 100MG	4 CAPSULES PER DAY
MACROBID CAP 100MG	14 CAPSULES PER FILL; 1 FILL PER 30 DAYS
CASODEX TAB 50MG	1 TABLET PER DAY

ZYKADIA TAB 150MG	3 TABLETS PER DAY
ICLUSIG TAB 30MG	1 TABLET PER DAY
ZEJULA CAP 100MG	3 TABLETS PER DAY
PHESGO 1200-600-30000	1 VIAL PER 42 DAYS
PHESGO 600-600-20000	1 VIAL PER 21 DAYS
XPOVIO PAK 40MG XPOVIO PAK 60MG XPOVIO PAK 80MG XPOVIO PAK 100MG	1 CARTON/28 DAYS OR 1 PACK/7 DAYS
KISQALI 200 PAK FEMARA KISQALI 400 PAK FEMARA KISQALI 600 PAK FEMARA	1 CARTON PER 28 DAYS
LUPR DEP-PED INJ 3M 30MG	1 KIT PER 12 WEEKS
XTANDI 40 MG	4 TABLETS PER DAY
XTANDI 80 MG	2 TABLETS PER DAY
TASMAR TAB 100MG	6 TABLETS PER DAY
COMTAN TAB 200MG	8 TABLETS PER DAY
AMANTADINE TAB 100MG	4 TABLETS PER DAY
MIRAPEX ER TAB 0.375MG MIRAPEX ER TAB 0.75MG MIRAPEX ER TAB 1.5MG MIRAPEX ER TAB 2.25MG MIRAPEX ER TAB 3MG MIRAPEX ER TAB 3.75MG MIRAPEX ER TAB 4.5MG	1 TABLET PER DAY
RYTARY CAP 95MG	12 CAPSULES PER DAY
RYTARY CAP 145MG	9 CAPSULES PER DAY
RYTARY CAP 195MG	12 CAPSULES PER DAY
RYTARY CAP 245MG	10 CAPSULES PER DAY
AZILECT TAB 0.5MG	2 TABLETS PER DAY
AZILECT TAB 1MG	1 TABLET PER DAY
XADAGO TAB 50MG	2 TABLETS PER DAY
XADAGO TAB 100MG	1 TABLET PER DAY
ZELAPAR TAB 1.25MG	2 TABLETS PER DAY
APOKYN INJ 10MG/ML	2 ML PER DAY

FANAPT PAK	1 PACK PER YEAR
PALIPERIDONE TAB ER 1.5MG	1 TABLET PER DAY
HALDOL DECAN INJ 50MG/ML	5 AMPULES PER 30 DAYS
VERSACLOZ SUS 50MG/ML	18 ML PER DAY
CLOZAPINE TAB 200/ODT	4 TABLETS PER DAY
ZYPREXA RELP INJ 210MG ZYPREXA RELP INJ 300MG	2 IM INJECTIONS EVERY 28 DAYS
ZYPREXA RELP INJ 405MG	1 IM INJECTION PER 28 DAYS
MOLINDONE TAB HCL 5MG	4 TABLETS PER DAY
MOLINDONE TAB HCL 10MG	5 TABLETS PER DAY
MOLINDONE TAB HCL 25MG	4 TABLETS PER DAY
FLUPHENAZINE ELX 2.5/5ML	80 ML PER DAY
FLUPHENAZINE CON 5MG/ML	8 ML PER DAY
ABILIFY MYCI TAB 30MG	1 TABLET PER DAY
LATUDA TAB 60MG	1 TABLET PER DAY
GEODON INJ 20MG	6 VIALS PER 28 DAYS
ABILIFY MAIN INJ 300MG ABILIFY MAIN INJ 400MG	1 IM INJECTION PER MONTH
ARISTADA INJ 441MG/1 ARISTADA INJ 662MG/2 ARISTADA INJ 882MG/3	1 KIT EVERY 30 DAYS
ARISTADA INJ 1064MG	1 PREFILLED SYRINGE PER FILL; 1 FILL PER 42 DAYS
HUMIRA (ADALIMUMAB) 80 MG/0.8 ML PREFILLED PEN ∞	2 PENS PER 28 DAYS
HUMIRA (ADALIMUMAB) PEDIATRIC ULCERATIVE COLITIS STARTER PACK 80 MG/0.8 ML PREFILLED SYRINGE	1 PACK (28 DAY SUPPLY, ONE TIME FILL)
ADEFOV DIPIV TAB 10MG	1 TABLET PER DAY
BARACLUDE SOL	20 ML PER DAY
RIBAVIRIN CAP 200MG REBETOL CAP 200MG RIBASPHERE CAP 200MG	6 CAPSULES PER DAY
RIBASPHERE TAB 400MG RIBASPHERE TAB 600MG	2 TABLETS PER DAY
REBETOL SOL 40MG/ML	30 ML PER DAY
VOSEVI TAB	1 TABLET PER DAY
VEKLURY	10 DAYS

MODERIBA PAK 1200/DAY	1 DOSE PACK PER 28 DAYS
PEGASYS INJ PROCLICK PEGASYS INJ PEGINTRON KIT 50MCG	4 VIALS PER 28 DAYS
PHENOBARB TAB 15MG	800 TABLETS PER 30 DAYS
PHENOBARB TAB 60MG	200 TABLETS PER 30 DAYS
PHENOBARB TAB 100MG	4 TABLETS PER DAY
BETAPACE TAB 80MG	3 TABLETS PER DAY
BETAPACE TAB 120MG	3 TABLETS PER DAY
BETAPACE TAB 160MG	4 TABLETS PER DAY
SORINE TAB 240MG	2 TABLETS PER DAY
TOPROL XL TAB 25MG	2 TABLETS PER DAY
TOPROL XL TAB 50MG	1 TABLET PER DAY
TOPROL XL TAB 100MG	1 TABLET PER DAY
TOPROL XL TAB 200MG	2 TABLETS PER DAY
METOPROLOL TAR TAB 25MG METOPROLOL TAB 37.5MG METOPROLOL TAB 75MG	2 TABLETS PER DAY
ACEBUTOLOL 200 MG	6 CAPSULES PER DAY
ACEBUTOLOL 400 MG	3 CAPSULES PER DAY
BETAXOLOL 10 MG	1 TABLET PER DAY
BETAXOLOL 20 MG	2 TABLETS PER DAY
BISOPROLOL 5 MG	1 TABLET PER DAY
BISOPROLOL 10 MG	2 TABLETS PER DAY
COREG CR (CARVEDILOL ER) 10 MG, 20 MG, 40 MG, 80 MG	1 CAPSULE PER DAY
CORGARD (NADOLOL) 20 MG	1 TABLET PER DAY
CORGARD (NADOLOL) 40 MG	3 TABLETS PER DAY
CORGARD (NADOLOL) 80 MG	4 TABLETS PER DAY
INDERAL LA (PROPRANOLOL ER) 60 MG, 80 MG	1 CAPSULE PER DAY
INDERAL LA (PROPRANOLOL ER) 120 MG	2 CAPSULES PER DAY
INDERAL LA (PROPRANOLOL ER) 160 MG	4 CAPSULES PER DAY
INDERAL XL (PROPRANOLOL ER) 80 MG, 120 MG	1 CAPSULE PER DAY

INNOPRAN XL (PROPRANOLOL ER) 80 MG, 120 MG	1 CAPSULE PER DAY
LABETALOL 100 MG, 200 MG, 300 MG	8 TABLETS PER DAY
PINDOLOL 5 MG, 10 MG	6 TABLETS PER DAY
PROPRANOLOL 10 MG, 20 MG, 40 MG, 60 MG	4 TABLETS PER DAY
PROPRANOLOL 80 MG	8 TABLETS PER DAY
PROPRANOLOL ORAL SOLUTION 20 MG/5 ML	20 ML PER DAY
PROPRANOLOL ORAL SOLUTION 40 MG/5 ML	80 ML PER DAY
PROPRANOLOL/HYDROCHLOROTHIAZIDE 40 MG/25 MG, 80 MG/25 MG	2 TABLETS PER DAY
TENORMIN (ATENOLOL) 25 MG, 50 MG, 100 MG	2 TABLETS PER DAY
TENORETIC (ATENOLOL/CHLORTHALIDONE) 50 MG/25 MG, 100 MG/25 MG	1 TABLET PER DAY
TIMOLOL 5 MG, 10 MG	6 TABLETS PER DAY
TIMOLOL 20 MG	3 TABLETS PER DAY
LANOXIN TAB 0.0625MG	1 TABLET PER DAY
DIGITEK TAB 0.125MG	1 TABLET PER DAY
DIGITEK TAB 0.25MG	2 TABLETS PER DAY
TYVASO START SOL 0.6MG/ML TYVASO SOL 0.6MG/ML	1 AMPULE PER DAY
BIDIL	6 TABLETS PER DAY
VERQUVO 2.5 MG	1 TABLET PER DAY
COTTONSEED OIL	1 PACKAGE PER 20 DAYS
SEMPREX-D CAP 8-60MG	4 CAPSULES PER DAY
GUAIFENESIN SOL DAC	120 ML PER FILL; 2 FILLS PER 30 DAYS
MICLARA DM LIQ	20 ML PER DAY
BRONCHITOL (MANNITOL) TOLERANCE TEST (1 INHALER, 10 40 MG CAPSULES)	1 TEST PER FILL, ONE TIME
WINLEVI CRE 1%	60 G PER 30 DAYS
ARAZLO LOT 0.045%	45 G PER 30
AKTIPAK GEL 5-3%	46.6 GRAMS PER 30 DAYS
MIRVASO GEL 0.33%	30 G PER 30
ZONALON CRE 5% PRUDOXIN CRE 5%	1 TUBE/FILL, 1 FILL/3 MONTHS

EUCRISA OIN 2%	100 G PER 30 DAYS
TARGRETIN GEL 1%	60 G PER 30 DAYS
EUCERIN LOT	480 ML PER 30 DAYS
AQUAPHILIC OIN	240 G PER 90 DAYS
PODOFILOX SOL 0.5%	1 BOTTLES (7 ML) PER 28 DAYS; 1 FILL TO LAST FOUR 1-WEEK CYCLES
CONDYLOX GEL 0.5%	1 TUBES (7 ML) PER 28 DAYS; 1 FILL TO LAST FOUR 1-WEEK CYCLES
VEREGEN OIN 15%	30 G PER 30 DAYS; 1 TOTAL FILLS
ZYCLARA PUMP CRE 2.5%	1 PUMP BOTTLE PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
ZYCLARA PUMP CRE 3.75%	1 BOX (28 PACKETS) PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
XYLOCAINE 4% SOLN	10 ML PER DAY
PLIAGLIS KIT 7-7%	30 GRAMS PER 30 DAYS
LIDO/PRILOCN KIT 2.5-2.5%	1 KIT PER 30 DAYS
ULESFIA LOT 5%	2 X 227 G PACKPER 30 DAYS
SKLICE LOT 0.5%	120 G PER 30 DAYS
NATROBA SUS 0.9%	120 ML PER 7 DAYS
REGRANEX GEL 0.01%	15 G PER 30 DAYS
ILUMYA SOL 100MG/ML	1 PREFILLED SYRINGE PER 84 DAYS
DIABETIC TEST STRIPS	UPDATE QL: 200 PER 30 DAYS FOR: 17 OR YOUNGER, OR USING INSULIN, OR PREGNANT 50 PER 30 DAYS FOR ALL OTHERS 50 PER 30 DAYS FOR THOSE USING A CGM
CORTROSYN INJ 0.25MG	1 INJECTION PER YEAR
ACTONEL TAB 150MG	1 TABLET PER 28 DAYS
LUPR DEP-PED INJ 15MG LUPR DEP-PED INJ 11.25MG	1 KIT PER 4 WEEKS
LUPANETA KIT 3.75-5	1 PACK PER 4 WEEKS
LUPANETA KIT 11.25-5	1 PACK PER 12 WEEKS
EGRIFTA SOL 1MG	2 VIALS PER DAY

EGRIFTA SOL 2MG	1 VIAL PER DAY
EGRIFTA SV INJ 2MG	1 VIAL PER DAY
SAMSCA TAB 15MG	1 TABLET PER DAY
JYNARQUE TAB 15MG	1 TABLET PER DAY
SAMSCA TAB 30MG	2 TABLETS PER DAY
JYNARQUE TAB 30MG	2 TABLETS PER DAY
GALAFOLD CAP 123MG	14 CAPSULES PER 28 DAYS
DIVIGEL GEL 0.75MG	30 PACKETS PER 30 DAYS
CIPROFLOXACN TAB 500MG ER	3 TABLETS PER FILL; 1 FILL PER 30 DAYS
LEVOFLOXACIN INJ 25MG/ML	480 ML PER FILL; 1 FILL PER 30 DAYS
MOXIFLOXACIN TAB 400MG	21 TABLETS PER FILL; 1 FILL PER 30 DAYS
RELISTOR INJ 8/0.4ML RELISTOR INJ 12/0.6ML	1 VIAL/SYRINGE PER DAY
PHOSLYRA SOL	60 ML PER DAY
AURYXIA TAB 210MG	9 TABLETS PER DAY
SEVELAMER TAB 400MG	15 TABLETS PER DAY
AVODART CAP 0.5MG	1 CAPSULE PER DAY
CARDURA XL TAB 4MG CARDURA XL TAB 8MG	1 TABLET PER DAY
RAPAFLO CAP 4MG RAPAFLO CAP 8MG	1 TABLET PER DAY
JALYN CAP	1 CAPSULE PER DAY
CIMETIDINE TAB 800MG	3 TABLETS PER DAY
AGRYLIN CAP 0.5MG	20 CAPSULES PER DAY
PLAVIX TAB 300MG	1 TABLET PER 30 DAYS
PROCRIT INJ 20000/ML	12 VIALS PER 28 DAYS
CERDELGA CAP 84MG	2 CAPSULES PER DAY
ZAVESCA CAP 100MG	3 CAPSULES PER DAY
NEULASTA ONPRO	2 KITS PER 28 DAYS
SECONAL SOD CAP 100MG	1 PER DAY
ZOLPIMIST SPR 5MG	1 BOTTLE PER 30 DAYS
TOUJEO MAX INJ 300IU/ML	12 ML PER 30 DAYS

NOVOLIN R INJ 100 UNIT	30 ML PER 30 DAYS
COLACE CLEAR CAP 50MG	6 CAPSULES PER DAY
MIRALAX POW 3350 NF	2 PACKETS PER DAY
GAVILYTE-H PEG-PREP	1 KIT PER 30 DAYS
AZITHROMYCIN SUS 200/5ML	15 ML/FILL; 1 FILL/30 DAYS
CLARITHROMYC TAB 250MG CLARITHROMYC TAB 500MG	28 TABS/FILL; 1 FILL/30 DAYS
DIFICID TAB 200MG	20 TABS/FILL; 1 FILL/30 DAYS
OMNIPOD MIS 5 PACK CARTRIDGE MIS 3ML ULTRAFLEX MIS 31/8MM CARTRIDGE MIS PUMP	15 PER 30 DAYS
OMNIPOD KIT STARTER	1 PUMP EVERY 4 YEARS
DEXCOM G6 MIS RECEIVER DEXCOM G5 MIS RECEIVER	1 RECEIVER PER YEAR
DEXCOM G6 MIS SENSOR GUARDIAN MIS SENSOR 3	5 SENSORS PER 30 DAYS
DEXCOM G6 MIS TRANSMIT DEXCOM G5 MIS TRANSMIT GUARDIAN CON MIS TRANSMIT EVERSENSE MIS TRANSMTR GUARDIAN CON MIS TRANSMIT	1 TRANSMITTER PER 90 DAYS
DIHYDROERGOT INJ 1MG/ML	24 ML PER 28 DAYS
IMITREX INJ 6MG/0.5	6 PER 30 DAYS
AIMOVIG INJ 70MG/ML	1 PER 30 DAYS
RHINOCORT SUS ALLERGY BUDESONIDE SUS 32MCG FLONASE SENS SUS 27.5MCG	2 INHALERS PER 30 DAYS
FLUTICASONE SPR 50MCG TRIAMCINOLON AER 55MCG/AC	1 INHALER PER 30 DAYS
RHINARIS SPR 0.2%	2 FILLS PER 3 DAYS
OCEAN NASAL SPR 0.65% AYR NASAL DRO 0.65% NASADROPS DRO 0.9%	2 FILLS PER 30 DAYS
RILUTEK TAB 50MG	4 TABLETS PER DAY
BETOPTIC-S SUS 0.25% OP	15 ML PER 30 DAYS
TIMOPTIC SOL 0.5% OP	20 ML PER 30 DAYS

ISTALOL SOL 0.5% OP	5 ML PER 30 DAYS
COMBIGAN SOL 0.2/0.5%	15 ML PER 30 DAYS
COSOPT PF SOL 2%-0.5%	12 ML PER 30 DAYS
LOTEMAX SUS 0.5%	30 ML PER 30 DAYS
INVELTYS SUS 1%	5.6 ML PER 30 DAYS
LOTEMAX SM GEL 0.38% LOTEMAX GEL 0.5%	10 G PER 30 DAYS
LOTEMAX OIN 0.5%	7 G PER 30 DAYS
PREDNISOLONE SUS 1% OP PRED SOD PHO SOL 1% OP	20 ML PER 30 DAYS
LUMIGAN SOL 0.01%	7.5 ML PER 30 DAYS
XELPROS EMU 0.005%	5 ML PER 30 DAYS
ZIOPTAN DRO 0.0015%	9 ML PER 30 DAYS
PHOSPHOLINE SOL 0.125%OP	5 ML PER 30 DAYS
SIMBRINZA SUS 1-0.2%	8 ML PER 30 DAYS
RESTASIS EMU 0.05%	2 VIALS PER DAY
PROLENSA SOL 0.07%	3 ML PER 30 DAYS
BROMSITE DRO 0.075%	5 ML PER 30 DAYS
BROMFENAC SOL 0.09% OP	1.7 ML PER 30 DAYS
DICLOFENAC SOL 0.1% OP	5 ML PER 30 DAYS
FLURBIPROFEN 0.03% SOLN	2.5 ML PER 30 DAYS
ACUVAIL SOL 0.45%	1 BOX (30 SINGLE-USE VIALS) PER 30 DAYS
NEVANAC SUS 0.1%	3 ML PER 30 DAYS
ILEVRO DRO 0.3% OP	1.7 ML PER 30 DAYS
ERYTHROMYCIN OIN 5MG/GM	3.5 GRAMS PER 30 DAYS
ACULAR LS 0.4% SOLUTION	5 ML PER 30 DAYS
CALNA TAB VITAFOL STRP MIS 1MG PRENATVITE TAB PLUS PRENATVITE TAB COMPLETE PRENARA CAP PRENATAL TRINAZ TAB 12-1MG PRENATAL CAP OMEGA-3 YOUR LIFE CAP PRENATAL	1 TABLET/CAPSULE PER DAY

NUTRIENTS TAB PRENATAL PREGENNA TAB AZESCHEW CHW 13-1MG ATABEX CHW PRENATAL PRENATAL MUL CAP DHA TRISTART ONE CAP 35-1-215 CITRANATAL CAP MEDLEY BE WELL PAK ROUNDED	
VITAFOL FE+ CAP CITRANATAL PAK ESSENCE ENFAMIL MIS EXPECTA NEONATAL/DHA MIS	2 TABLETS/CAPSULES PER DAY
ACIDOPHILUS CAP	4 CAPSULES PER DAY
PANTOPRAZOLE PAK 40MG	1 PAK PER DAY
ESOMEPRAZOLE ODT 20 MG	2 TABLETS PER DAY
NAMENDA XR CAP 7MG NAMENDA XR CAP 14MG NAMENDA XR CAP 21MG NAMENDA XR CAP 28MG	1 CAPSULE PER DAY
NAMENDA XR CAP TITRATIO	1 PACK
NICOTROL NS SPRAY 10MG/ML	80 SPRAYS (40 DOSES) PER DAY
NICOTROL INH	16 CARTRIDGES PER DAY
TYSABRI INJ 300/15ML	1 VIAL PER 28 DAYS
MAVENCLAD PAK 10MG	1 BOX PER FILL, 2 FILLS PER 46 WEEKS
SYMDEKO TAB 50-75MG	1 CARTON PER 28 DAYS
ARAVA TAB 10MG ARAVA TAB 20MG	1 TABLET PER DAY
HUMIRA PEN INJ 40MG/0.8	2 PER 28 DAYS
HUMIRA PEN INJ PS/UV	1 PACK- ONE TIME FILL
HUMIRA PEN INJ CD/UC/HS	1 PACK – ONE TIME FILL
HUMIRA KIT 40MG/0.8	2 SYRINGES PER 28 DAYS
HUMIRA PEDIA INJ CROHNS	1 PACK – ONE TIME FILL
DOXYCYCLINE HYCLATE (TARGADOX, ACTICLATE, GENERICS) 20 MG, 50 MG, 75 MG, 100 MG TABLETS/CAPSULES DOXYCYCLINE HYCLATE DR (DORYX, DORYX MPC, GENERICS) TABLET/CAPSULE 50 MG, 75 MG, 80 MG, 100 MG, 120 MG TABLETS DOXYCYCLINE MONOHYDRATE (MONODOXYNE NL, OKEBO, AVIDOXY, GENERICS) 50 MG, 75 MG, 100 MG DOXYCYCLINE HYCLATE DR (DORYX, GENERICS) 150 MG, 200 MG TABLETS	2 TABLETS/CAPSULES PER DAY

DOXYCYCLINE HYCLATE (ACTICLATE, GENERICS) 150 MG TABLET	1 TABLET PER DAY
DOXY 100 INJECTION 100 MG/VIAL	2 VIALS (200 MG) PER DAY
OXYBUTYNIN SYP 5MG/5ML	20 ML PER DAY
OXYBUTYNIN TAB 10MG ER OXYBUTYNIN TAB 15MG ER	2 TABLETS PER DAY
VESICARE LS SUS 5MG/5ML	10 ML PER DAY
GYNE-LOTRIM CRE 1% VAG	45 G PER 30 DAYS
MONISTAT 3 KIT COMBO PK	1 PACK PER 30 DAYS
TERCONAZOLE CRE 0.4%	90 G PER 30 DAYS

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.

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).