

August 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 August 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 August 1, 2020		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
DEXCOM GLUCOSE AND FREESTYLE LIBRE SYSTEM SENSOR TRANSMITTER RECEIVER	PREFERRED WITH PA UNDER THE PHARMACY BENEFIT	N/A
INSULIN ASPART INJ 100/ML INSULIN ASPART INJ PENFILL INSULIN ASPART INJ FLEXPEN (AUTHORIZED GENERIC NOVOLOG)	PREFERRED	N/A
AKLIEF CRE 0.005%	ADD PA ADD QL 1 PUMP PER 30 DAYS	N/A
AMZEEQ AER 4%	ADD PA ADD QL 30 GRAMS PER 30 DAYS	N/A
ABSORICA LD CAP 8MG ABSORICA LD CAP 16MG ABSORICA LD CAP N/A 24MG ABSORICA LD CAP 32MG	ADD PA ADD QL 30 DAY SUPPLY PER FILL	N/A
NEXLETOL TAB 180MG	ADD PA ADD QL 1 TABLET PER DAY	N/A
IBSRELA TAB 50 MG*	ADD PA ADD QL 2 TABLETS PER DAY	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.

PIZENSY*	ADD PA ADD QL 20 GRAMS PER DAY	N/A
PALFORZIA INITIAL DOSE ESCALATION KIT	ADD PA ADD QL 1 KIT PER FILL; ONE TIME FILL	N/A
PALFORZIA UP-DOSING KITS (LEVELS 1-11)	ADD PA ADD QL 1 KIT PER FILL	N/A
PALFORZIA 300MG SACHETS	ADD PA ADD QL 1 SACHET PER DAY	N/A
EXSERVAN 50 MG FILM*	ADD ST ADD PA ADD QL 4 FILMS PER DAY	N/A
VALTOCO SPR 5MG	ADD PA ADD QL 10 CARTONS PER 30 DAYS	N/A
TRIJARDY XR TAB 5-2.5-1000MG TRIJARDY XR TAB 12.5-2.5- 1000MG	ADD ST ADD QL 2 TABLETS PER DAY	N/A
TRIJARDY XR TAB 10-5-1000MG TRIJARDY XR TAB 25-5-1000MG	ADD ST ADD QL 1 TABLET PER DAY	N/A
NEXLIZET TAB 180MG*	ADD PA ADD QL 1 TABLET PER DAY	N/A
REDITREX INJ*	ADD PA ADD QL 4 AUTO-INJECTORS PER 28 DAYS	N/A
PADCEV INJ 20MG ENHERTU INJ 100MG	ADD PA	N/A
AYVAKIT TAB 100MG	ADD PA ADD QL 1 TABLET PER DAY	N/A
TAZVERIK TAB 200MG	ADD PA ADD QL 8 TABLETS PER DAY	N/A
CALCIPOTRIEN OIN 0.005% SORILUX AER 0.005%	ADD QL 120 GRAMS PER 30 DAYS	N/A
VECTICAL OIN 3MCG/GM	ADD QL 800 GRAMS PER 28 DAYS	N/A
CAPLYTA CAP 42MG	ADD ST ADD QL	N/A

	1 TABLET PER DAY	
LATUDA TAB 20MG LATUDA TAB 40MG LATUDA TAB 60MG LATUDA TAB 120MG	ADD QL 1 TABLET PER DAY	N/A
LATUDA TAB 80MG	ADD QL 2 TABLETS PER DAY	N/A
VRAYLAR CAP 1.5-3MG	ADD QL 1 PACK PER YEAR	N/A
VRAYLAR CAP 1.5MG VRAYLAR CAP 3MG VRAYLAR CAP 4.5MG VRAYLAR CAP 6MG	ADD QL 1 CAPSULE PER DAY	N/A
XELJANZ XR TAB 22MG	ADD QL 1 TABLET PER DAY	N/A
KAPVAY TAB 0.1 MG	ADD QL 4 TABLETS PER DAY	N/A
EVEKEO TAB 5MG	ADD QL 3 TABLETS PER DAY	N/A
EVEKEO TAB 10MG	ADD QL 6 TABLETS PER DAY	N/A
INTUNIV TAB 1MG INTUNIV TAB 2MG INTUNIV TAB 3MG INTUNIV TAB 4MG	ADD QL 1 TABLET PER DAY	N/A
APTENSIO XR CAP 10MG APTENSIO XR CAP 15MG APTENSIO XR CAP 20MG APTENSIO XR CAP 30MG APTENSIO XR CAP 40MG APTENSIO XR CAP 50MG APTENSIO XR CAP 60MG	ADD QL 1 CAPSULE PER DAY	N/A
RIOMET ER SUS 500/5ML	ADD ST ADD QL 2 BOTTLES PER 30 DAYS	N/A
BONSITY INJ 620MCG/2.48ML*	ADD PA ADD QL 1 PEN PER 28 DAYS	N/A
SPIRIVA CAP HANDIHLR 18 MCG/DOSE	ADD QL 1 INHALER PER 90 DAYS	N/A
UBRELVY TAB 50MG	ADD ST ADD QL 16 TABLETS PER 30 DAYS	N/A
VYEPTI INJ 100MG/ML	ADD PA ADD ST; ADD QL	N/A

	1 VIAL PER 3 MONTHS	
NURTEC CHW 75MG ODT	ADD ST ADD QL 15 TABLETS PER 30 DAYS	N/A
KATERZIA SUS 1MG/ML	ADD PA ADD QL 2 150ML BOTTLES PER 30 DAYS	N/A
ENTRESTO TAB 24-26MG	INCREASE QL 6 TABLETS PER DAY	N/A
ENSTILAR AER TACLONEX OIN TACLONEX SUS	ADD QL 420 GRAMS PER 28 DAYS	N/A
DUOBRII LOT	UPDATE QL 2 TUBES (200 GRAMS) PER MONTH	N/A
SECUADO DIS 3.8MG	ADD QL 1 PATCH PER DAY	N/A
ELIQUIS TAB 2.5MG	ADD QL 2 TABLETS PER DAY	N/A
ELIQUIS TAB 5MG	ADD QL 74 TABLETS PER 30 DAYS	N/A
NOVAREL INJ 5000UNIT NOVAREL INJ 10000UNIT PREGNYL INJ 10000UNT OVIDREL INJ	ADD PA	N/A
BAXDELA TAB 450MG	ADD PA	N/A
HEMADY TAB 20MG*	ADD PA ADD QL 2 TABLETS PER DAY	N/A
ORTIKOS CAP 6MG* ORTIKOS CAP 9MG*	ADD PA ADD QL 1 CAPSULE PER DAY	N/A
ZIEXTENZO INJ 6/0.6ML	ADD PA ADD QL 2 SYRINGES	N/A
REBLOZYL INJ 25MG REBLOZYL INJ 75MG	ADD PA	N/A
UDENYCA INJ 6MG/.6ML	ADD ST ADD PA	N/A
NEULASTA INJ 6MG/0.6M FULPHILA INJ 6/0.6ML	ADD PA	N/A
FRAGMIN INJ 2500/0.2	UPDATE QL 17 OR YOUNGER: 2 SYRINGES PER 30 DAYS	N/A

	18 OR OLDER: 1 SYRINGE PER 30 DAYS	
BUDESONIDE SUS 0.5MG/2ML BUDESONIDE SUS 0.25MG/2ML BUDESONIDE SUS 1MG/2ML	REMOVE AGE EDIT	N/A
RELAFEN DS TAB 1000MG	ADD ST ADD QL 2 TABLETS PER DAY	N/A
NABUMETONE TAB 500MG	ADD QL 4 TABLETS PER DAY	N/A
SHORT ACTING OPIOIDS	ADD PA WHEN PRESCRIBED BY A DENTIST	N/A
CORTISPORIN SUS -TC OTIC	ADD ST	N/A
XENLETA TAB 600MG	ADD PA ADD QL 10 TABLETS PER FILL; 1 FILL PER 30 DAYS	N/A
RABEPRAZOLE SPRINKLE*	ADD PA ADD QL 1 CAPSULE PER DAY	N/A
SCENESSE IMP 16MG	ADD PA ADD QL 1 IMPLANT PER 2 MONTHS	N/A
REYVOW TAB 50MG	ADD PA ADD QL 4 TABLETS PER 30 DAYS	N/A
REYVOW TAB 100MG	ADD PA ADD QL 8 TABLETS PER 30 DAYS	N/A
BYNFEZIA PEN 2500MCG/ML	ADD PA ADD QL 1 PEN PER 14 DAYS	N/A
AVSOLA 100MG VIAL*	ADD PA	N/A
ABRILADA 10 MG/0.2 ML, 20 MG/0.4 ML PREFILLED SYRINGE	ADD PA ADD QL 2 PENS/SYRINGES PER 28 DAYS	N/A
ABRILADA 40MG/0.8 ML PREFILLED PEN/SYRINGE	ADD PA ADD QL 2 SYRINGES PER 28 DAYS	N/A

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 them 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, they 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. Eastern time.

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).