

June 2019

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 Aug. 1, 2019.

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 Aug. 1, 2019		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
PANOXYL-4 ACNE CREAMY WASH	NON-PREFERRED	OTC BENZOYL PEROXIDE (BP) 10% AND 5% WASH BP 5% AND 10% GEL
CHILD ALLEGRA ALLERGY 30 MG/5 ML	NON-PREFERRED	CHILD LORATADINE 5 MG/5 ML SOL ALLER-EASE 30 MG/5 ML SUSP
CETAPHIL MOISTURIZING CREAM	NON-PREFERRED	AMLACTIN 12% LOTION CERAVE MOISTURIZING CREAM
K-PHOS NEUTRAL TABLET	NON-PREFERRED	PHOSPHA 250 NEUTRAL TABLET POTASSIUM CITRATE ER 5, 10 OR 15 MEQ TAB
PEDIALYTE SOLUTION	NON-PREFERRED	PEDIATRIC ELECTROLYTE SOLUTION
FLEET GLYCERIN ADULT SUPPOSITORY	NON-PREFERRED	GENERIC ADULT GLYCERIN SUPPOSITORY
CITRUCEL 500 MG CAPLET	NON-PREFERRED	OTC GENERIC FIBER THERAPY 500 MG CAPLET
D-VI-SOL 400 UNITS/ML DROP FLINTSTONES TAB CHEW FLINTSTONES MULTI-VIT GUMMIES POLY-VI-SOL DROPS POLY-VI-SOL DROPS WITH IRON	NON-PREFERRED	PEDIATRIC VITAMINS: TRI-VIT-FLUOR 0.25 MG/ML DROP CHILDREN'S CHEWABLES
FEOSOL 200MG TABLET	NON-PREFERRED	FERROUS GLUCONATE 324 MG TAB SLOW RELEASE IRON 45 MG TAB EZFE 200 CAPSULE

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.

NEPHRO-VITE RX TABLET	NON-PREFERRED	RENA-VITE RX TABLET VP-VITE RX TABLET
EDITS <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
Medication	Formulary status change	
ALTRENO 0.05% LOTION	PRIOR AUTHORIZATION (PA) REQUIRED ADD QUANTITY LIMIT (QL) 45 GRAMS PER 30 DAYS	
PLIXDA 0.1% SWAB	PA REQUIRED ADD QL 1 SWAB PER DAY	
DAURISMO 25 MG TABLET	PA REQUIRED ADD QL 2 TABLETS PER DAY	
DAURISMO 100 MG TABLET	PA REQUIRED ADD QL 1 TABLET PER DAY	
XOSPATA 40 MG TABLET	PA REQUIRED ADD QL 3 TABLETS PER DAY	
LORBRENA 25 MG TABLET	PA REQUIRED ADD QL 3 TABLETS	
LORBRENA 100 MG TABLET	PA REQUIRED ADD QL 1 TABLET PER DAY	
TALZENNA 0.25 MG CAPSULE	PA REQUIRED ADD QL 3 CAPSULES PER DAY	
TALZENNA 1 MG CAPSULE	PA REQUIRED ADD QL 1 CAPSULE PER DAY	
VITRAKVI 25 MG CAPSULE	PA REQUIRED ADD QL 6 TABLETS PER DAY	
VITRAKVI 100 MG CAPSULE	PA REQUIRED ADD QL 2 TABLETS PER DAY	
LUTRATE DEPOT 22.5MG	ADD QL 1 KIT PER 12 WEEKS	

ELZONRIS 1,000 MCG/ML VIAL	PA REQUIRED
VENCLEXTA 100 MG TABLET	REVISE QL 6 TABLETS PER DAY
XARELTO 2.5MG	REVISE QL 2 TABLETS PER DAY
SYMPAZAN 5 MG FILM	PA REQUIRED ADD QL 1 FILM PER DAY
SYMPAZAN 10 MG FILM SYMPAZAN 20 MG FILM	PA REQUIRED ADD QL 2 FILMS PER DAY
OXTELLAR XR TABLET	PA REQUIRED
DIACOMIT	ADD STEP THERAPY (ST)
ELEPSIA XR*	PA REQUIRED ADD QL 2 TABLETS PER DAY
SPRAVATO 56 MG DOSE PACK SPRAVATO 84 MG DOSE PACK	ADD QL 4 KITS PER 28 DAYS
NOCDURNA 27.7 MCG TABLET SL NOCDURNA 55.3 MCG TABLET SL	PA REQUIRED ADD QL 1 TABLET PER DAY
ARIKAYCE 590 MG/8.4 ML VIAL	PA REQUIRED ADD QL 1 KIT (28 VIALS) PER 28 DAYS
AEMCOLO DR 194 MG TABLET	PA REQUIRED ADD QL 12 TABLETS PER FILL
PROAIR DIGIHALER	ADD QL 2 INHALERS PER 30 DAYS
BIJUVA 1 MG-100 MG CAPSULE	ADD ST ADD QL 1 CAPSULE PER DAY
MOTEGRITY 1 MG TABLET MOTEGRITY 2 MG TABLET	PA REQUIRED ADD QL 1 TABLET PER DAY
ORALAIR	ADD QL 3 TABLETS PER GRASS POLLEN SEASON FOR DOSE TITRATION FOR INDIVIDUALS AGES 5 -17 YEARS

GAMIFANT 10 MG/2 ML VIAL GAMIFANT 50 MG/10 ML VIAL	PA REQUIRED
ARNUIITY ELLIPTA INH	ADD QL 1 INHALER (30 BLISTERS) PER 30 DAYS
REVCovi 2.4 MG/1.5 ML VIAL	PA REQUIRED
ULTOMIRIS 300 MG/30 ML VIAL	PA REQUIRED ADD QL 12 VIALS PER 56 DAYS
FIRDAPSE 10 MG TABLET	PA REQUIRED ADD QL 8 TABLETS PER DAY
CASSIPA 16MG 4MG SL FILM*	ADD QL 1 SUBLINGUAL FILM PER DAY
OXERVATE 0.002% EYE DROP	PA REQUIRED ADD QL 2 VIALS PER DAY
CEQUA 0.09% SOLUTION	ADD ST ADD QL 2 VIALS PER DAY
DALIRESP 250 MCG TABLET DALIRESP 500 MCG TABLET	ADD QL 1 TABLET PER DAY
YUPELRI 175 MCG/3 ML SOLUTION	ADD QL 1 CARTON (30 VIALS) PER 30 DAYS
ACTEMRA ACTPEN 162 MG/0.9 ML	ADD QL 4 PER 28 DAYS
SEYSARA 60 MG TABLET SEYSARA 100 MG TABLET SEYSARA 150 MG TABLET	ADD ST ADD QL 1 TABLET PER DAY
NUZYRA 150 MG TABLET NUZYRA 150 MG TABLET-7 DAY NUZYRA 150 MG-7 DAY WITH LOAD	PA REQUIRED ADD QL 30 TABLETS PER FILL 1 FILL PER 30 DAYS
CORDRAN 0.025% CREAM	ADD QL 120 GMS PER 30 DAYS
BRYHALI 0.01% LOTION	ADD QL 100 GMS PER 30 DAYS
HALOBETASOL PROP 0.05% FOAM	NON-PREFERRED
XELPROS 0.005% EYE DROP	ADD QL 5 MLS PER 30 DAYS
MITIGO 200 MG/20 ML VIAL MITIGO 500 MG/20 ML VIAL	ADD QL 2 VIALS PER MONTH

**As these new drugs come to market, clinical edits will be put in place.*

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).