

February 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 February 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 February 1, 2020		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
DIPHENHYDRAMINE 6.25MG SOLUTION LORATADINE 5MG CHEWABLE TABLET	PREFERRED	N/A
ED CHLORPED 2MG/ML LIQUID SILPHEN COUG 12.5/5ML SYRUP CLEMASTINE 2.68MG TABLET	NON-PREFERRED	CHLORPHENIRAMINE 4MG TABLETS ED CHLORPED JR SYRUP DIPHENHYDRAMINE 12.5/5ML LIQUID CLEMASTINE 1.34 MG OTC
(GENERIC) FENOPROFEN 200MG CAPSULE FENOPROFEN 400MG CAPSULE FENOPROFEN 600MG TABLET MEFENAM ACID 250MG CAPSULE NAPROXEN SOD 375MG CR TABLET NAPROXEN SOD 500MG CR TABLET	PREFERRED	N/A
(BRAND) EC-NAPROSYN 375MG TABLET EC-NAPROSYN 500MG TABLET ADVIL CHILD 100/5ML SUSPENSION	NON-PREFERRED	GENERIC NAPROXEN TABLETS IBUPROFEN 100/5 ML SUSPENSION
DICLOFENAC GEL 1%	PREFERRED WITH PA	N/A
PAIN RELIEF ROLL-ON LIQUID LIDOCAINE 4% PLUS CREAM ALOE/LIDOCAINE 0.5% GEL REGENECARE 2% GEL LIDODOSE 3% GEL REGENECARE SPRAY	PREFERRED	N/A

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<p>ALOCANE 4% GEL AFTERBURN 2.5% GEL XOLIDO 2% CREAM BURN RELIEF 0.5% AEROSAL ASPERCREME 4% SPRAY LIDOCAINE 3% CREAM LIDOCAINE 4% CREAM LIDOCAINE 5% CREAM AFTERSUN 0.5% GEL LIDOCAINE 4% PAD</p>		
<p>LIDOCAINE 3% CREAM LIDOCAINE 5% OINTMENT</p>	NON-PREFERRED	<p>OTC LIDOCAINE PRODUCTS</p> <p>RX LIDOCAINE 5% PATCH (PA REQUIRED)</p>
<p>PREGABALIN 25MG CAPSULE PREGABALIN 50MG CAPSULE PREGABALIN 75MG CAPSULE PREGABALIN 100MG CAPSULE PREGABALIN 150MG CAPSULE PREGABALIN 200MG CAPSULE PREGABALIN 225MG CAPSULE PREGABALIN 300MG CAPSULE PREGABALIN SOL 20MG/ML</p>	PREFERRED WITH NO PRIOR AUTHORIZATION (PA)	N/A
<p>PIMECROLIMUS 1% CREAM</p>	PREFERRED WITH STEP THERAPY (ST)	N/A
<p>FENOFIBRATE 130MG CAPSULE FENOFIBRATE 145MG TABLET FENOFIBRIC 35MG TABLET FENOFIBRIC 105MG TABLET FENOFIBRIC 135MG DR CAPSULE</p>	NON-PREFERRED WITH ST	<p>FENOFIBRATE 134MG, 160MG, 200MG, 43 MG, 48MG, 54 MG, 67 MG FENOFIBRIC ACID 45 MG</p>
<p>GLOBAL DIABETIC RITE AID</p>	NON-PREFERRED	<p>MANUFACTURERS BD DIABETES DYNAREX HEALTH MART ULTIMED</p>
<p>BD DIABETES DYNAREX HEALTH MART ULTIMED</p>	PREFERRED	N/A
<p>IRON 45MG TABLET SLOW-RELEASE FE 45MG TABLET HEMAX TABLET GENTLE IRON 28MG CAPSULE HIGH POTENCY FE 27MG TABLET NU-IRON 150 150MG CAPSULE</p>	PREFERRED	N/A

ABATRON AF TABLET SLOW IRON 50MG TABLET FERGON 27MG TABLET		
FOLITAB 500 TABLET IRON 28MG TABLET FERROUS GLUC 324MG TABLET EZFE 200MG CAPSULE FERROUS GLUC TAB 324MG FERROUS SULF 324MG EC TABLET FERRETTS 325MG TABLET FERREX 150MG CAPSULE FERREX 28 MIS FERREX 150 PLUS CAPSULE FERREX 150 FORTE PL CAPSULE CHEWABLE IRON PEDIATRIC IRON CHEWABLE FERROUS SUL 220/5ML LIQUID FERROUS SULF 300/5ML SYRUP FEOSOL 200MG TABLET SLOW RELEASE FE 143MG CR TABLET	NON-PREFERRED	OTC GENERIC IRON SUPPLEMENTS RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET MULTIGEN TABLET MULTIGEN PLS TABLET MULTIGEN FOLIC TABLET FERRAPLUS 90 TABLET TARON FORTE CAPSULE FOLIVANE-F CAPSULE FOLIVANE-PLS CAPSULE CENTRATLEX CAPSULE
IFEREX 150 FORTE CAPSULE HEMATOGEN CAPSULE HEMATOGEN FORTE CAPSULE TRICON CAPSULE MYFERON 150 FORTE CAPSULE FERROCITE PLUS TABLET FEROCON CAPSULE PUREVIT DUA FE PLUS CAPSULE HEMATINIC PL VIT/MIN TABLET HEMATINIC/FA TABLET POLY-IRON 150 FORT CAPSULE CORVITA 150 TABLET TRIGELS-F FORTE CAPSULE TL ICON CAPSULE SE-TAN PLUS CAPSULE	NON-PREFERRED	OTC GENERIC IRON SUPPLEMENTS RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET MULTIGEN TABLET MULTIGEN PLS TABLET MULTIGEN FOLIC TABLET FERRAPLUS 90 TABLET TARON FORTE CAPSULE FOLIVANE-F CAPSULE FOLIVANE-PLS CAPSULE CENTRATLEX CAPSULE
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2020 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
JATENZO CAPSULE	ADD ST WITH QUANTITY LIMITS (QL) 58 MG AND 198 MG QL: 4 PER DAY 237 MG QL: 2 PER DAY	
NAYZILAM SPRAY 5MG	ADD PA WITH QL QL: 50 MG PER 30 DAYS	
OXTELLAR XR 150 MG OXTELLAR XR 600 MG	REVISED QL LIMIT: 150 MG: 3 TABLETS PER DAY 600 MG: 4 TABLETS PER DAY	
PIQRAY 200 MG TABLETS PIQRAY 250 MG TABLETS	ADD PA WITH QL QL: 1 CARTON PER 28 DAYS	

PIQRAY 300 MG TABLETS	
XPOVIO PAK 60MG XPOVIO PAK 80MG XPOVIO PAK 100MG	ADD QL 1 CARTON PER 28 DAYS
NUBEQA 300MG TABLET	ADD QL 4 TABLETS PER DAY
TURALIO CAP 200MG	ADD QL 4 TABLETS PER DAY
PIQRAY 200MG TAB DOSE PIQRAY 300MG TAB DOSE PIQRAY 250MG TAB DOSE	REVISE QL 1 CARTON PER 28 DAYS
EZALLOR SPRINKLE 5 MG CAP EZALLOR SPRINKLE 10 MG CAP EZALLOR SPRINKLE 20 MG CAP EZALLOR SPRINKLE 40 MG CAP	ADD PA AND QL QL: 1 TABLET PER DAY
DUAKLIR 400/12 INHALER	ADD ST AND QL QL: 1 INHALER PER 30 DAYS
KALYDECO PAK 25MG	ADD QL 2 PACKETS PER DAY
ORKAMBI GRANULES	ADD QL 2 PACKETS PER DAY
DOVATO TABLET EDURANT 25 MG TABLET DELSTRIGO TABLET COMPLERA TABLET ODEFSEY TABLET JULUCA TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 1 PER DAY
INTELENCE TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 200 MG- 2 TABLETS PER DAY 400 MG- 4 TABLETS PER DAY 25 MG – 16 TABLETS PER DAY
ATRIPLA TABLET BIKTARVY TABLET CIMDUO TABLET DESCOVY TABLET EMTRIVA 200 MG CAPSULE EPIVIR 300 MG TABLET EPZICOM TABLET EVOTAZ TABLET GENVOYA TABLET PIFELTRO 100 MG TABLET PREZCOBIX TABLET PREZISTA 800 MG TABLET REYATAZ 300 MG CAPSULE	ADD QL 1 PER DAY

<p>STRIBILD TABLET SUSTIVA 600 MG TABLET SYMFI TABLET SYMFI LO TABLET SYMITUZA TABLET TRIUMEQ TABLET TRUVADA TABLET TYBOST 150 MG TABLET VIDEX EC 400 MG CAPSULE VIDEX EC 250 MG CAPSULE VIRAMUNE XR 400 MG TABLET TEMIXYS TABLET</p>	
<p>REYATAZ 200 MG CAPSULE REYATAZ 150 MG CAPSULE VIDEX EC 200 MG CAPSULE ZERIT 40 MG CAPSULE ZERIT 30 MG CAPSULE COMBIVIR TABLET DUTREBIS TABLET EPIVIR 150 MG TABLET ISENTRESS HD 600 MG TABLET PREZISTA 600 MG TABLET RETROVIR 300 MG TABLET SELZENTRY 75 MG TABLET TIVICAY 10 MG, 25 MG AND 50 MG TABLET TRIZIVIR TABLET VIRAMUNE 200 MG TABLET ZIAGEN 300 MG TABLET</p>	<p>ADD QL 2 PER DAY</p>
<p>ISENTRESS 100 MG GRANULE PACKET FOR SUSPENSION</p>	<p>ADD QL 2 PACKETS PER DAY</p>
<p>VIDEX EC 125 MG CAPSULE VIRAMUNE XR 100MG TABLET</p>	<p>ADD QL 3 PER DAY</p>
<p>APTIVUS 250 MG CAPSULE INVIRASE 500 MG TABLET ISENTRESS 400 MG TABLET KALETRA 200 MG-50 MG TABLET LEXIVA 700 MG TABLET SELZENTRY 300 MG TABLET SELZENTRY 150 MG TABLET SUSTIVA 200 MG CAPSULE VIRACEPT 625 MG TABLET ZERIT 20 MG CAPSULE ZERIT 15 MG CAPSULE</p>	<p>ADD QL 4 PER DAY</p>
<p>REYATAZ 50 MG POWDER FOR SUSPENSION</p>	<p>ADD QL 5 PACKETS PER DAY</p>
<p>CRIXIVAN 400 MG CAPSULE PREZISTA 150 MG TABLET</p>	<p>ADD QL 6 PER DAY</p>

RESCRIPTOR 200 MG TABLET RETROVIR 100 MG CAPSULE ISENTRESS 100 MG CHEWABLE	
SELZENTRY 25 MG TABLET	ADD QL 8 PER DAY
TROGARZO 150MG/ML VIAL	ADD QL 8 VIALS PER 28 DAYS
INVIRASE 200 MG CAPSULE KALETRA 100 MG-25 MG TABLET PREZISTA 75 MG TABLET VIRACEPT 250 MG TABLET	ADD QL 10 PER DAY
CRIXIVAN 200 MG CAPSULE NORVIR 100 MG TABLET NORVIR 100 MG CAPSULE NORVIR 100 MG ORAL POWDER PACKET RESCRIPTOR 100 MG TABLET SUSTIVA 50 MG CAPSULE	ADD QL 12 PER DAY
APTIVUS 100 MG/ML SOLUTION	ADD QL 13 ML PER DAY
PREZISTA 100 MG/ML SUSPENSION	ADD QL 14 ML PER DAY
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION NORVIR 80 MG/ML ORAL SOLUTION	ADD QL 16 ML PER DAY
ISENTRESS 25 MG CHEWABLE	ADD QL 24 TABLETS PER DAY
EMTRIVA 10 MG/ML SOLUTION	ADD QL 29 ML PER DAY
EPIVIR 10 MG/ML ORAL SOLUTION ZIAGEN 20 MG/ML SOLUTION	ADD QL 32 ML PER DAY
VIDEX 4 GM PEDIATRIC ORAL SOLUTION VIDEX 2 GM PEDIATRIC ORAL SOLUTION VIRAMUNE 50 MG/5 ML SUSPENSION	ADD QL 40 ML PER DAY
VIRACEPT 50 MG/G POWDER	ADD QL 53 GM PER DAY
FUZEON 90 MG VIAL	ADD QL 60 VIALS PER 30 DAYS
LEXIVA 50 MG/ML SUSPENSION	ADD QL 60 ML PER DAY
SELZENTRY 20 MG/ML ORAL SOLUTION	ADD QL 62 ML PER DAY
RETROVIR 10 MG/ML SYRUP	ADD QL 64 ML PER DAY

ZERIT 1 MG/ML SOLUTION	ADD QL 80 ML PER DAY
ZELNORM 6MG TABLET	ADD PA AND QL QL 2 TABLETS PER DAY
RUZURGI 10MG TABLET	ADD PA AND QL QL 10 TABLETS PER DAY
SUBLOCADE 100/0.5 INJECTION SUBLOCADE 300/1.5 INJECTION	REMOVE PA
VIVITROL 380MG INJECTION	REMOVE PA AND ADD QL QL 1 VIAL PER 28 DAYS
ZUBSOLV 2.9-0.71 SUB	REVISE QL QL 5 PER DAY
QTERNMET XR TABLET	ADD ST AND QL QL: 5 MG/5 MG/1000 MG, 10 MG/5 MG/1000 MG: 1 TABLET PER DAY 2.5 MG/2.5 MG/1000 MG, 5 MG/2.5 MG/10000 MG: 2 TABLETS PER DAY
QTERN 5-5MG TABLET	ADD QL 1 TABLET 28 DAYS
OZEMPIC 2/1.5ML INJECTION	ADD QL 1 PER 28 DAYS
DUET DHA DUET DHA BALANCED NESTABS ABC NESTABS DHA OBTREX DHA SELECT-OB+DHA THERANATAL COMPLETE VITAFOL FE+ VITAFOL-OB+DHA BAL-CARE DHA ESSENTIAL	ADD QL 2 PER DAY
CITRANATAL B-CALM	ADD QL 3 PER DAY
DOXEPIN HCL 5% CREAM, ZONALON 5% CREAM, PRUDOXIN 5% CREAM	ADD PA AND QL QL 1 TUBE PER FILL; 1 FILL PER 3 MONTHS
LIDOCAINE/PRILOCAINE CREAM	REVISE QL 30 GM 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.

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).