

April 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 May 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 MAY 1, 2020		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
(GENERIC OTC CAPSAICIN) CAPSAICIN CREAM 0.025% DOULEURIN LOTION CAPSAICIN XL PAD 0.025% CAPSAICIN CREAM 0.1% MENTHOZEN CREAM ALLEVESS PAD 0.05-5% BIO-THERM LOTION	PREFERRED	N/A
(GENERIC SYMBICORT) BUDESONIDE/FORMOTEROL AER 80-4.5 BUDESONIDE/FORMOTEROL AER 160-4.5	PREFERRED	N/A
BRILINTA TAB 60MG BRILINTA TAB 90MG PRASUGREL TAB 5MG PRASUGREL TAB 10MG	PREFERRED	N/A
(BRAND) POLY-VI-SOL DROPS POLY-VI-SOL WITH IRON DROPS	PREFERRED	N/A
LANCETS MANUFACTURER: ABLE DIAGNOSTIC ACCESS DIABETIC SUPPLY ACCESS LLC ACON LABORATORIES AMBIMEDINC ARKRAY USA CHAIN DRUG CONSORTIUM	PREFERRED	N/A

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> 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 PROGRESSIVE HEALTH RELIAMED RITE AID CORPORATION SAM'S WEST SELECT BRAND SHERWOOD MEDICAL TELCARE INC. THERASENSE INC. TOPCO WALGREENS WAL-MART STORES </p>	<p>PREFERRED</p>	<p>N/A</p>
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UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2020	
<i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>	
PRETOMANID TAB 200MG	ADD PRIOR AUTHORIZATION (PA)
ZEVALIN KIT Y-90 AZEDRA DOSIM INJ 15MCI/ML AZEDRA THERA INJ 15MCI/ML	ADD PA
HERCEPTIN HYLEC SOL 60-10000	ADD STEP THERAPY (ST)
BRUKINSA CAPSULE 80MG	ADD PA AND QUANTITY LIMIT (QL) QL: 4 CAPS PER DAY
INREBIC CAPSULE 100MG	ADD PA AND QL QL: 4 CAPS PER DAY
ROZLYTREK CAPSULE 100MG ROZLYTREK CAPSULE 200MG	ADD PA AND QL 100 MG CAPSULE QL: 1 CAPS PER DAY 200 MG CAPSULE QL: 3 CAPS PER DAY
APTIVUS SOLUTION APTIVUS CAP 250MG	ADD PA
DESCOVY TAB 200/25	ADD ST
GLYCOPYRROLATE TAB 1.5MG	ADD PA
KHAPZORY SOL 175MG KHAPZORY SOL 300MG	ADD PA
CREON CAPSULES PANCREAZE CAPSULES PERTZYE CAPSULES VIOKACE TABLETS ZENPEP CAPSULES	ADD PA
DUAVEE TAB 0.45-20	ADD PA
DEPO-ESTRADIOL INJ 5MG/ML	ADD PA
BEOVU INJ 6/0.05ML	ADD PA
THIOLA TAB 100MG THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD PA
GIVLAARI INJ 189MG/ML	ADD PA
ESPEROCT INJ 3000UNIT	ADD PA
RYBELSUS 3 MG TABLETS RYBELSUS 7 MG TABLETS RYBELSUS 14 MG TABLETS	ADD ST AND QL 3 MG TABLET QL: 1 CARTON (30 TABLETS), PER ONE TIME FILL. 7 MG, 14 MG TABLET QL: 1 CARTON (30 TABLETS) PER 30 DAYS
OXBRYTA TAB 500MG	ADD PA AND QL QL: 3 TABLETS PER DAY

DRIZALMA CAP 20MG DR DRIZALMA CAP 30MG DR DRIZALMA CAP 40MG DR DRIZALMA CAP 60MG DR	ADD PA AND QL 30 MG CAPSULES QL: 1 CAP PER DAY 40 MG CAPSULE QL: 1 CAP PER DAY
XCOPRI TABLETS	ADD PA AND QL 12.5 MG, 25 MG, 50 MG, 100 MG, 150 MG QL: 1 TABLET PER DAY 200 MG QL: 2 TABLETS PER DAY
CYTELZO INJECTION	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
HADLIMA INJECTION	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
ETICOVO SYRINGE	ADD PA AND QL 25 MG/0.5 ML PREFILLED SYRINGE QL: 8 SYRINGES PER 28 DAYS 50 MG/ML PREFILLED SYRINGE QL: 4 SYRINGES PER 28 DAYS
RINVOQ TAB 15MG ER	ADD PA AND QL QL: 1 TABLET PER DAY
VUMERITY CAPSULE 231MG	ADD PA AND QL QL: 4 CAPS PER 30 DAYS
TRIKAFTA TABLET	ADD PA AND QL QL: 1 CARTON (84 TABLETS) PER 28 DAYS
NOURIANZ TABLET 20MG NOURIANZ TABLET 40MG	ADD PA AND QL QL: 1 TABLET PER DAY
WAKIX TAB 4.45MG WAKIX TAB 17.8MG	ADD PA AND QL QL: 2 TABS PER DAY
LUPRON DEPOT-PED INJ 11.25 MG	ADD PA AND QL QL: 1 KIT PER 84 DAYS
DELSTRIGO TABLET	REMOVE PA
AZELEX CREAM 20%	ADD QL 30 GRAMS (GM) PER 30 DAYS
BENZOYL PEROXIDE LIQ 5% WASH ERYTHROMYCIN-BENZOYL PEROXIDE 3 %-5 % TOPICAL GEL	46.6GM PER 30 DAYS
BPO GEL 4% BPO GEL 8 %	ADD QL 42.5GM PER 30 DAYS
BP GEL 10%	ADD QL 180GM PER 30 DAYS
TRETINOIN GEL 0.01% TRETINOIN GEL 0.025% TRETINOIN MICROSPHERES 0.1 % TOPICAL GEL CLINDAMYCIN 1.2 % -BENZOYL PEROXIDE 5 % TOPICAL GEL	ADD QL 45GM PER 30 DAYS

TRETINOIN MICROSPHERES 0.04 % TOPICAL GEL CLINDAMYCIN 1 %-BENZOYL PEROXIDE 5 % TOPICAL GEL WITH PUMP	ADD QL 50GM PER 30 DAYS
CLINDAMYCIN PHOSPHATE 1 % TOPICAL SOLUTION CLINDAMYCIN 1 % LOTION CLINDAMYCIN PHOSPHATE 1 % TOPICAL SWAB ERYTHROMYCIN 2 % TOPICAL SOLUTION ERYGEL 2 % TOPICAL	ADD QL 60GM PER 30 DAYS
ERYTHROMYCIN 2 % TOPICAL SWAB	ADD QL 2 SWABS PER DAY
TOBRAMYCIN 300 MG/5 ML NEBULIZATION	ADD QL 280ML PER 28 DAYS
DEXTROAMPHETAMINE 10 MG TABLET	ADD QL 6 TABLETS PER DAY
DEXTROAMPHETAMINE ER 10 MG CAPSULE	ADD QL 4 CAPSULES PER DAY
EUCERIN CALMING ITCH-RELIEF 0.1 % LOTION	ADD QL 480GM PER 30 DAYS
ACETAMINOPHEN 500 MG CAPSULE ACETAMINOPHEN EXTRA STRENGTH 500 MG TABLET	ADD QL 100 TABLETS PER 25 DAYS
ACETAMINOPHEN ER 650 MG TABLET	ADD QL 100 TABLETS PER 90 DAYS
ACETAMINOPHEN 160 MG/5 ML ORAL LIQUID PAIN RELIEVE DROP 80/0.8ML ACETAMINOPHN SUSPENSION 160/5ML INFANT'S NON-ASPIRIN 100 MG/ML ORAL DROPS,SUSPENSION	ADD QL 100ML PER 25 DAYS
CATAPRES-TTS DIS 0.1/24HR CATAPRES-TTS DIS 0.2/24HR CATAPRES-TTS DIS 0.3/24HR	ADD QL 8 PATCHES PER MONTH
FASENRA PEN INJ 30MG/ML	30 MG (1 SYRINGE/AUTOINJECTOR) EVERY 8 WEEKS
NUCALA 100 MG VIAL NUCALA 100 MG/ML PREFILLED SYRINGE/AUTOINJECTOR	ADD QL 100 MG (1 VIAL/SYRINGE/AUTOINJECTOR) EVERY 4 WEEKS
DIASTAT PED GEL 2.5M GEL DIASTAT ACDL GEL 5-10MG DIASTAT ACDL GEL 12.5-20MG	ADD QL 2 SYRINGES PER FILL; 5 FILLS PER 30 DAYS
NAYZILAM SPRAY 5MG	ADD QL 50 MG PER 30 DAYS
ONFI SUS 2.5MG/ML	ADD QL 16 ML PER DAY

ZONISAMIDE CAPSULE 25MG ZONISAMIDE CAPSULE 100MG	ADD QL 1 CAPSULE PER DAY
LEVETIRACETAM TAB 250MG	ADD QL 2 TABLETS PER DAY
SYMPAZAN MIS 10MG SYMPAZAN MIS 20MG	ADD QL 2 FILMS PER DAY
SYMPAZAN MIS 5MG	ADD QL 1 FILM PER DAY
LEVETIRACETAM TAB 1000MG ROWEEPR TAB 1000MG	ADD QL 3 TABLETS PER DAY
LEVETIRACETAM TAB 750MG ROWEEPR TAB 750MG	ADD QL 4 TABLETS PER DAY
LEVETIRACETAM TAB 500MG ROWEEPR TAB 500MG	ADD QL 6 TABLETS PER DAY
SYMLIN PEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR	ADD QL 2 BOXES PER 30 DAYS
NATEGLINIDE TAB 60MG NATEGLINIDE TAB 120MG	ADD QL 3 TABLETS PER DAY
TERBINAFINE HCL 250 MG TABLET	ADD QL 1 TABLET PER DAY
FLUCONAZOLE 200 MG TABLET	ADD QL 2 TABLETS PER DAY
CICLOPIROX 8 % TOPICAL SOLUTION	ADD QL 7ML PER 30 DAYS
FLUCONAZOLE 40 MG/ML ORAL SUSPENSION	ADD QL 10ML PER 30 DAYS
SPORANOX 10 MG/ML ORAL SOLUTION	ADD QL 20ML PER 30 DAYS
CICLOPIROX 0.77 % TOPICAL GEL CICLOPIROX 0.77 % TOPICAL CREAM	ADD QL 90GM PER 30 DAYS
CICLOPIROX 0.77 % TOPICAL SUSPENSION	ADD QL 90ML PER 30 DAYS
NYSTATIN-TRIAMCINOLONE 100,000 UNIT/G-0.1 % TOPICAL CREAM AND OINTMENT	ADD QL 120GM PER 30 DAYS
CHILDREN'S WAL-DRYL ALLERGY 12.5 MG/5 ML PREFILLED SPOON	ADD QL 4ML PER DAY
VITRAKVI SOL 20MG/ML	ADD QL 10 ML PER DAY

PRAMIPEXOLE TAB 0.125MG PRAMIPEXOLE TAB 0.25MG PRAMIPEXOLE TAB 0.5MG PRAMIPEXOLE TAB 0.75MG PRAMIPEXOLE TAB 1MG PRAMIPEXOLE TAB 1.5MG	ADD QL 3 TABLETS PER DAY
AMANTADINE CAP 100MG	ADD QL 4 TABLETS PER DAY
DOXEPIN 5 % TOPICAL CREAM	ADD QL 45GM PER 30 DAYS
CALCIPOTRIENE 0.005 % SCALP SOLUTION	ADD QL 60ML PER 30 DAYS
CALCIPOTRIENE 0.005 % TOPICAL CREAM	ADD QL 120GM PER 30 DAYS
SAPHRIS SUB 2.5MG	ADD QL 2 PER DAY
SELENIUM SULFIDE 2.5 % LOTION	ADD QL 120ML PER 30 DAYS
VALACYCLOVIR 1 GRAM TABLET	ADD QL 30 TABLETS PER 30 DAYS
GUANFACINE TAB 1MG ER GUANFACINE TAB 2MG ER GUANFACINE TAB 3MG ER GUANFACINE TAB 4MG ER	ADD QL 1 TABLET PER DAY
METHYLPHENIDATE CAP 30MG ER	ADD QL 2 TABLET PER DAY
CLONIDINE TAB 0.1MG ER	ADD QL 4 CAPSULES PER DAY
XANAX XR TAB 0.5MG XANAX XR TAB 1MG XANAX XR TAB 2MG XANAX XR TAB 3MG	ADD QL 1 TABLET PER DAY
ATIVAN TAB 0.5MG ATIVAN TAB 1MG ATIVAN TAB 2MG ALPRAZOLAM TAB 0.25 ODT ALPRAZOLAM TAB 0.5MG ODT ALPRAZOLAM TAB 1MG ODT ALPRAZOLAM TAB 2MG ODT XANAX TAB 0.25MG XANAX TAB 0.5MG XANAX TAB 1MG XANAX TAB 2MG	ADD QL 3 TABLETS PER DAY

<p>KLONOPIN TAB 0.5MG KLONOPIN TAB 1MG KLONOPIN TAB 2MG CLONAZEPAM ODT TAB 0.125MG CLONAZEPAM ODT TAB 0.25MG CLONAZEPAM ODT TAB 0.5MG CLONAZEPAM ODT TAB 1MG CLONAZEPAM ODT TAB 2MG</p>	<p>ADD QL 3 TABLETS PER DAY</p>
<p>LORAZEPAM ORAL CONCENTRATE 2MG/ML</p>	<p>ADD QL 3 ML PER DAY</p>
<p>CHLORDIAZEPOXIDE CAP 5MG CHLORDIAZEPOXIDE CAP 10MG CHLORDIAZEPOXIDE CAP 25MG CLORAZEPATE DIPOTASSIUM TAB 15MG CLORAZEPATE DIPOTASSIUM TAB3.75MG CLORAZEPATE DIPOTASSIUM TAB 7.5MG CLORAZEPATE DIPOTASSIUM TAB 15MG VALIUM TAB 2MG VALIUM TAB 5MG VALIUM TAB 10MG OXAZEPAM CAP 10MG OXAZEPAM CAP 15MG OXAZEPAM CAP 30MG</p>	<p>ADD QL 4 TABS/CAPS PER DAY</p>
<p>ALPRAZOLAM ORAL CONCENTRATE 1 MG/ML</p>	<p>ADD QL 4 ML PER DAY</p>
<p>DIAZEPAM ORAL CONCENTRATE 5MG/ML</p>	<p>ADD QL 8 ML PER DAY</p>
<p>FIRAZYR INJ 30MG/3ML</p>	<p>ADD QL 24 SYRINGES PER 30 DAYS</p>
<p>BACLOFEN TAB 5MG BACLOFEN TAB 10MG</p>	<p>ADD QL 3 TABLET PER DAY</p>
<p>CHLORHEXIDINE GLUCONATE 4 % TOPICAL LIQUID ANTISEPTIC SKIN CLEANSER (CHLORHEXIDINE) 4 % LIQUID</p>	<p>ADD QL 480GM PER 30 DAYS</p>
<p>NORGESTIMATE 0.18 MG/0.215 MG/0.25 MG- ETHINYL ESTRADIOL 25 MCG TABLET SLYND TAB 4MG</p>	<p>ADD QL 1 TABLET PER DAY</p>
<p>NUVARING VAGINAL</p>	<p>ADD QL 1 RING PER 28 DAYS</p>
<p>BERINERT INJ 500UNIT</p>	<p>ADD QL 24 VIALS PER 30 DAYS</p>
<p>RUCONEST INJ 2100UNIT</p>	<p>ADD QL 16 VIALS PER 30 DAYS</p>
<p>HYDROCORTISONE ACETATE 0.5 % TOPICAL CREAM</p>	<p>ADD QL 30 GM PER 30 DAYS</p>

PROMETHAZINE 6.25 MG-CODEINE 10 MG/5 ML SYRUP PROMETHAZINE-PHENYLEPHRINE-CODEINE 6.25 MG-5 MG-10 MG/5 ML SYRUP CODEINE 10 MG-GUAIFENESIN 100 MG/5 ML ORAL LIQUID HYDROCODONE 10 MG-CHLORPHENIRAMINE 8 MG/5 ML ORAL SUSP EXTEND.REL 12HR	ADD QL 120 ML PER 30 DAYS
PROMETHAZINE-PHENYLEPHRINE 6.25 MG-5 MG/5 ML SYRUP PROMETHAZINE-DM 6.25 MG-15 MG/5 ML SYRUP GUAIFENESIN-DM 10 MG-100 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN-GUAIFENESIN 10 MG-100 MG/5 ML SYRUP	ADD QL 240 ML PER 30 DAYS
GLUCAGON EMERGENCY KIT 1 MG INJECTION GLUCAGEN HYPOKIT 1 MG INJECTION	ADD QL 2 KITS PER 30 DAYS
BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE GVOKE PFS INJ	ONE PACK: 2 PACKS PER 30 DAYS TWO PACK: 1 PACK PER 30 DAYS
INSULIN SYRINGES AND PEN NEEDLES	ADD QL 200 PER 30 DAYS
CREON 6,000-19,000-30,000 UNIT CAPSULE CREON 12,000-38,000-60,000 UNIT CAPSULE CREON 24,000-76,000-120,000 UNIT CAPSULE ZENPEP 10,000 UNIT-34,000 UNIT-55,000 UNIT CAPSULE ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE ZENPEP 20,000 UNIT-68,000 UNIT-109,000 UNIT CAPSULE ZENPEP 40,000-126,000-168,000 UNIT CAPSULE ZENPEP 40,000 UNIT-136,000 UNIT-218,000 UNIT CAPSULE	ADD QL 25 CAPS PER DAY
UREA CREAM 40% UREA CREAM 45%	ADD QL 30 GM PER 30 DAYS
AMMONIUM LACTATE 12 % TOPICAL CREAM	ADD QL 450 GM PER 30 DAYS
SANTYL OINTMENT 250/GM	ADD QL 30 GM PER 30 DAYS
RANITIDINE 300 MG CAPSULE RANITIDINE 75 MG TABLET ZANTAC 300 MG TABLET	ADD QL 1 TAB/CAP PER DAY

FAMOTIDINE TAB 10MG FAMOTIDINE TAB 40MG	ADD QL 2 TABLETS PER DAY
CIMETIDINE 300 MG TABLET FAMOTIDINE 20MG TABLET	ADD QL 4 TABLETS PER DAY
HARVONI 45-200MG TABLET HARVONI 45 MG/200 MG PELLETS HARVONI 33.75 MG/150 MG PELLETS	ADD QL 45 MG/200 MG TABLETS; 1 PER DAY 45 MG/200 MG PELLETS: 2 PACKETS PER DAY 33.75 MG/150 MG PELLETS: 1 PACKET PER DAY
SOVALDI 200MG TABLETS SOVALDI 200 MG PELLETS SOVALDI 150 MG PELLETS	200 MG TABLETS: 1 PER DAY 200 MG PELLETS: 2 PACKETS PER DAY 150 MG PELLETS: 1 PACKET PER DAY
RIBAVIRIN 200 MG TABLET	ADD QL 6 TABLETS PER DAY
INSULIN LISPRO	ADD QL 30 ML PER 30 DAYS
MOVIPREP ORAL POWDER PACKET	ADD QL 1 KIT PER 30 DAYS
ZAFIRLUKAST TAB 10MG ZAFIRLUKAST TAB 20MG	ADD QL 2 TABLETS PER DAY
BOUDREAUXS BUTT PASTE 16 % TOPICAL OINTMENT DIAPER RASH 40 % TOPICAL PASTE	ADD QL 120 GM PER 30 DAYS
ZINC OXIDE OINTMENT 20% DIAPER RASH OINTMENT 40% TRIPLE PASTE TOPICAL OINTMENT HYDROCERIN TOPICAL CREAM	ADD QL 480 GM PER 30 DAYS
GLATOPA INJ 40MG/ML	ADD QL 40 MG/ML: 12 SYRINGES PER 28 DAYS
CARISOPRODOL/ASA 200-325 TABLET CARISOPRODOL ASA/COD TABLET	ADD QL 40 TABLETS PER 30 DAYS
FLONASE SENSIMIST 27.5 MCG/ACTUATION NASAL SUSPENSION	ADD QL 1 INHALER PER 30 DAYS
DORAL TAB 15MG ESTAZOLAM TAB 1MG ESTAZOLAM TAB 2MG FLURAZEPAM CAP 15MG FLURAZEPAM CAP 30MG TRIAZOLAM TAB 0.125MG TRIAZOLAM TAB 0.25MG RESTORIL CAP 7.5MG RESTORIL CAP 15MG RESTORIL CAP 22.5MG RESTORIL CAP 30MG	ADD QL 1 TAB/CAP PER DAY
MIDAZOLAM SYP 2MG/ML	ADD QL 10 ML PER FILL

KETOPROFEN ER 200 MG 24 HR CAPSULE,EXTENDED RELEASE	ADD QL 1 CAPSULE PER DAY
NAPROXEN SOD TAB 375MG CR NAPROXEN SOD TAB 500MG CR	ADD QL 2 TABLETS PER DAY
MEFENAMIC ACID 250 MG CAPSULE	ADD QL 29 CAPSULES PER FILL
IBUPROFEN 200 MG TABLET	ADD QL 100 TABLETS PER 25 DAYS
IBUPROFEN JR STRENGTH 100 MG CHEWABLE TABLET NAPROXEN SODIUM 220 MG TABLET	ADD QL 100 TABLETS PER 90 DAYS
IBUPROFEN 50 MG/1.25 ML ORAL DROPS,SUSPENSION CHILDREN'S IBUPROFEN 100 MG/5 ML ORAL SUSPENSION	ADD QL 120 ML PER 30 DAYS
VITAMIN D3 DROP 400UNIT	ADD QL 60 TABLETS PER 30 DAYS
MOXIFLOXACIN SOL HCL 0.5%	ADD QL 3 ML PER 30 DAYS
LATANOPROST SOL 0.005%	ADD QL 5 ML PER 30 DAYS
KETOROLAC SOL 0.5%	ADD QL 5 ML PER 30 DAYS
INFUMORPH INJ 10MG/ML INFUMORPH INJ 25MG/ML	ADD QL 2 VIALS PER MONTH
POLY-VITE SOL /IRON	ADD QL 50 ML PER 40 DAYS
KALBITOR INJ 10MG/ML	ADD QL 48 VIALS PER 30 DAYS
BRILINTA TAB 60MG BRILINTA TAB 90MG	2 TABLETS PER DAY
METRONIDAZOLE 1 % TOPICAL GEL WITH PUMP	ADD QL 60 GM PER 30 DAYS
ASPIRIN 81 MG CHEWABLE TABLET	ADD QL 100 TABLETS PER 90 DAYS
NICOTINE POL GUM 2MG NICOTINE POL GUM 2MG	ADD QL 24 PIECES PER DAY
NICOTINE TD DIS 14MG/24H NICOTINE TD DIS 21MG/24H	ADD QL 1 PATCH PER DAY
SIGNIFOR LAR INJ 10MG SIGNIFOR LAR INJ 30MG	ADD QL 10, 30 MG: 1 KIT PER 28 DAYS
LAXATIVE (BISACODYL) 5 MG TABLET	ADD QL 100 TABLETS PER 90 DAYS
ALBUTEROL SULFATE CONCENTRATE 5 MG/ML(0.5 %) SOLUTION FOR NEBULIZATION	ADD QL 60 ML PER 30 DAYS

DULERA 50 MCG/5 MCG INHALER AIRDUO DIGIHALER 60 ACTUATION/INHALER	ADD QL 1 INHALER PER 30 DAYS
PLIAGLIS CREAM 7-7%	QL QL: 30 GRAMS PER 30 DAYS
SYNERA DIS 70-70MG	ADD QL QL: 2 PATCHES PER 30 DAYS
MONUROL 3 GRAM ORAL PACKET	ADD QL 1 PACKET PER 30 DAYS
OXYBUTYNIN CHLORIDE ER 5 MG TABLET	ADD QL 1 TABLET PER DAY
THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD QL 100 MG: 10 PER DAY 300 MG: 3 PER DAY
MICONAZOLE NITRATE 4 % (200 MG)-2 % (9 GRAM)VAGINAL CREAM	ADD QL 1 TUBE PER 30 DAYS
TERCONAZOLE 0.8 % VAGINAL CREAM	ADD QL 40 GM PER 30 DAYS
TERCONAZOLE 80 MG VAGINAL SUPPOSITORY	ADD QL 6 SUPP PER 30 DAYS
JYNARQUE TAB 15MG JYNARQUE TAB 30MG	ADD QL 4 PER DAY
GUANFACINE TAB 2MG	REVISED QL 1 PER DAY
FLECAINIDE 50 MG TABLET	REVISED QL 3 TABLETS PER DAY
FLECAINIDE 100 MG TABLET	REVISED QL 4 TABLETS PER DAY
MUPIROCIN CRE 2%	REVISED QL 30 GM PER 30 DAYS
CENTANY OIN 2%	REVISED QL 30 GM PER FILL; 1 FILL PER 30 DAYS
OXTELLAR XR TAB 150MG	REVISED QL 3 TABS PER DAY
OXTELLAR XR TAB 600MG	REVISED QL 4 TABS PER DAY
SURMONTIL CAP 25MG SURMONTIL CAP 50MG	REVISED QL 1 CAPSULES PER DAY
SURMONTIL CAP 100MG	REVISED QL 3 CAPSULES PER DAY
ARAKODA TAB 100MG	REVISED QL 64 TABLETS PER YEAR
IMBRUVICA CAP 140MG	REVISED QL 3 CAPSULES PER DAY

ARISTADA INITIO INJ	REVISED QL 1 PRE-FILLED SYRINGE PER FILL; 1 FILL PER 42 DAYS
FAZACLO TAB 100 ODT	REVISED QL 9 TABLETS PER DAY
SELENIUM SUL LOT 2.5%	REVISED QL 120 ML PER 30 DAYS
KAPSPARGO CAP 200MG	REVISED QL 2 CAPSULES PER DAY
FORTAMET TAB 500MG	REVISED QL 4 TABLETS PER DAY
DOPTELET TAB 20MG	REVISED QL 60 TABLETS PER 30 DAYS
TOUJEO SOLO INJ 300IU/ML	REVISED QL 13.5 ML PER 30 DAYS
ZTLIDO PAD 1.8%	REVISED QL 3 PATCHES PER DAY
LIDO/PRILOCN CRE 2.5-2.5%	REVISED QL 30 GM PER 30 DAYS
EMGALITY INJ 100MG/ML	REVISED QL 3 SYRINGES PER 30 DAYS
FLONASE SENS SUS 27.5MCG	REVISED QL 2 INHALERS PER 30 DAYS
THERANATAL MIS COMPLETE	REVISED QL 3 (2 TABLETS/1 SOFTGEL) PER DAY
PREVACID 24H CAP 15MG DR	REVISED QL 2 CAPSULES PER DAY
XOPENEX CONC NEB 1.25/0.5 XOPENEX NEB 0.31MG XOPENEX NEB 0.63MG XOPENEX NEB 1.25/3ML	REVISED QL 90 VIALS PER 30 DAYS
UREA 45% CREAM	REVISED QL 255 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 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).