

JULY 2022

Pharmacy Formulary Change Notice

Posted 7/1/22

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).

- The effective date for changes to the positive formulary is no later than June 1, 2022.
- The effective date for changes to the negative formulary is August 1, 2022.
- The effective date for UM changes is no later than August 1, 2022.

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, 2022		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
APRETUDE 600MG ER SUSPENSION TRIUMEQ PD TABLET	COVERED	N/A
PAXLOVID TABLET	COVERED	N/A
XARELTO 1MG/ML SUSPENSION	COVERED	N/A
OMNIPOD DASH KIT INTRO OMNIPOD 5 G6 KIT INTRO OMNIPOD 5 G6 MIS PODS	COVERED	N/A
MOLNUPIRAVIR 200MG CAPSULE	COVERED	N/A
REMDESIVIR 100MG INJ REMDESIVIR 150MG INJ	COVERED	N/A
SOTROVIMAB 500/8ML INJ	COVERED	N/A
BEBTELOVIMAB 175/2ML SOLUTION	COVERED	N/A
CELECOXIB 400MG CAPSULE DICLOFENAC 35MG CAPSULE ETODOLAC 200MG CAPSULE FENOPROFEN 600MG TABLET INDOCIN 25MG/5ML SUSPENSION KETOR TROMET 15.75MG SPRAY MEFENAM ACID 250MG CAPSULE MELOXICAM 10MG CAPSULE MELOXICAM 5MG CAPSULE	NON-PREFERRED	NAPROXEN 125/5ML SUSPENSION IBUPROFEN 100/5ML SUSPENSION INDOMETHACIN CAPSULES DICLOFENAC DR TABLETS ETODOLAC TABLETS KETOPROFEN CAPSULES PIROXICAM CAPSULES TOLMETIN SODIUM CAPSULE

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NALFON 400MG CAPSULE NAPROSYN 25/5ML SUSPENSION NAPROXEN SOD 375MG CR TABLET NAPROXEN SOD 500MG CR TABLET RELAFEN DS 1000MG TABLET ZIPSOR 25MG CAPSULE ZORVOLEX 18MG CAPSULE		MELOXICAM TABLETS NABUMETONE TABLETS NAPROXEN 250 MG TABLETS IBUPROFEN TABLETS SULINDAC TABLETS
CYCLOSPORINE 0.05% EMULSION	PREFERRED WITH PA	N/A
XIIDRA 5% DROPS	NON-PREFERRED	CYCLOSPORINE 0.05% EMULSION
KLOXXADO SPR 8MG	COVERED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2022 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
DYANAVEL XR 5 MG TABLET DYANAVEL XR 10 MG TABLET DYANAVEL XR 15 MG TABLET DYANAVEL XR 20 MG TABLET		ADD PA AND QL LIMIT: 5MG: 1.5 TABLETS PER DAY 10,15 AND 20 MG: 1 TABLET PER DAY
YUSIMRY (ADALIMUMAB-AQVH) SYRINGE		ADD PA AND QL LIMIT: SYRINGES PER 28 DAYS
RINVOQ 15MG ER TABLET RINVOQ 30MG ER TABLET RINVOQ 45MG ER TABLET		ADD PA AND QL: 1 TABLET PER DAY
ACETAMINOPHEN 160/5ML LIQUID		UPDATE QL: 120 ML PER 25 DAYS
LOREEV XR 1MG CAPSULE LOREEV XR 1.5MG CAPSULE LOREEV XR 2MG CAPSULE LOREEV XR 3MG CAPSULE		ADD STEP THERAPY
TEZSPIRE 210MG SOLUTION		ADD PA AND QL: 1 PREFILLED SYRINGE/VIAL PER 28 DAYS
CELONTIN 300MG CAPSULE		ADD QL: 4 CAPSULES PER DAY
FELBATOL 400MG TABLET FELBATOL 600MG TABLET		ADD QL: 6 TABLETS PER DAY
FELBATOL 600/5ML SUSPENSION		ADD QL: 30 ML PER DAY
MYSOLINE 50MG TABLET		ADD QL: 4 TABLETS PER DAY
MYSOLINE 250MG TABLET		ADD QL: 8 TABLETS PER DAY
ZARONTIN 250MG CAPSULE		ADD QL: 6 CAPSULES PER DAY
ZARONTIN 250/5ML Soluton		ADD QL: 30 ML PER DAY

RYBELSUS 3MG TABLET	UPDATE QL: 30 PER LIFETIME
CITALOPRAM 30MG CAPSULE CITALOPRAM 40MG TABLET	ADD QL: 1 PER DAY
PROMETHAZINE 12.5MG TABLET PROMETHAZINE 25MG TABLET	ADD QL: 4 TABLETS PER DAY
PROMETHAZINE 12.5MG SUPPOSITORY PROMETHAZINE 25MG SUPPOSITORY	ADD QL: 6 SUPPOSITORIES PER DAY
PROMETHEGAN 50MG SUPPOSITORY	ADD QL: 1 SUPPOSITORY PER DAY
LEQVIO SOLUTION	ADD PA AND QL: 1 SYRINGE PER 6 MONTHS
KIMMTRAK 100MCG SOLUTION	ADD PA
VONJO 100MG CAPSULE	ADD PA AND QL: 4 CAPSULES PER DAY
ARISTADA 1064MG INJ	ADD QL: 1 KIT EVERY 60 DAYS
APRETUDE 600MG ER SUSPENSION	ADD QL: 1 VIAL EVERY 2 MONTHS
CABENUVA 600-900 SUSPENSION	UPDATE QL: 1 KIT EVERY 2 MONTHS
CABENUVA 400-600 SUSPENSION	UPDATE QL: 1 KIT PER MONTH
LIVTENCITY 200MG TABLET	ADD PA AND QL: 4 TABLETS PER DAY
VALACYCLOVIR 500MG TABLET VALACYCLOVIR 1GM TABLET	500 MG- 60 PER FILL AND 1 FILL PER MONTH 1G- 30 PER FILL, 1 FILL PER MONTH
VEKLURY 100MG INJ	REMOVE QTY LIMIT
DEXTROMETHORPHAN 15MG CAPSULE	ADD QL: 8 CAPSULES PER DAY; 2 FILLS PER 30 DAYS
DEXTROMETHORPHAN 30MG/5ML SUSPENSION	ADD QL: 150 ML PER FILL; 2 FILLS PER 30 DAYS
DEXTROMETHORPHAN 12.5 MG/5 ML ORAL LIQUID DEXTROMETHORPHAN 10 MG/5 ML ORAL LIQUID	ADD QL: 120 ML PER FILL; 2 FILLS PER 30 DAYS
DEXTROMETHORPHAN 7.5 MG ORAL STRIP/CHEW TABLET DEXTROMETHORPHAN 5 MG LOZENGE	ADD QL: 8 PER FILL; 2 FILLS PER 30 DAYS
GUAIFENESIN 200MG TABLET	ADD QL: 12 TABLETS PER DAY; 2 FILLS PER 30 DAYS

GUAIFENESIN 400MG TABLET	ADD QL: 6 TABLETS PER DAY; 2 FILLS PER 30 DAYS
GUAIFENESIN 600MG ER TABLET	ADD QL: 4 TABLETS PER DAY; 2 FILLS PER 30 DAYS
GUAIFENESIN 1200 ER TABLET	ADD QL: 2 TABLETS PER DAY; 2 FILLS PER 30 DAYS
GUAIFENESIN 150 MG/15 ML LIQUID	ADD QL: 250 ML PER FILL; 2 FILLS PER 30 DAYS
GUAIFENESIN 200 MG/5 ML LIQUID	ADD QL: 240 ML PER FILL; 2 FILLS PER 30 DAYS
PSEUDOEPHEDRINE 240 MG ER TABLET	ADD QL: 1 TABLET PER DAY; 2 FILLS PER 30 DAYS
PSEUDOEPHEDRINE 120MG ER TABLET	ADD QL: 2 TABLETS PER DAY; 2 FILLS PER 30 DAYS
PSEUDOEPHEDRINE 60MG TABLET	ADD QL: 4 TABLETS PER DAY; 2 FILLS PER 30 DAYS
ADBRY 150MG/ML INJ	ADD PA AND QL: 2 SYRINGES PER 28 DAYS
ELIDEL 1% CREAM PROTOPIC 0.03% OINTMENT PROTOPIC 0.1%" OINTMENT	UPDATE QL: 100 GRAMS PER 30 DAYS
RECORLEV 150MG TABLET	ADD PA AND QL: 8 TABLETS PER 28 DAYS
VOXZOGO 0.4MG INJ VOXZOGO 0.56MG INJ VOXZOGO 1.2MG INJ	ADD PA AND QL: 1 VIAL PER DAY
CIMETIDINE 300/5ML SOLUTION	ADD QL: 40 MLS PER DAY
ENJAYMO SOLUTION	ADD PA AND QL: 6 VIALS (6,600 MG TOTAL) PER 2 WEEKS
PYRUKYND 5MG TABLET PYRUKYND 20MG TABLET PYRUKYND 50MG TABLET	ADD PA AND QL: 2 TABLETS PER DAY
PYRUKYND TAPER PACK	ADD QL: 1 PACK PER 28 DAYS
MIDAZOLAM 2MG/ML SYRUP	ADD QL: 10 ML PER FILL
COLACE 100MG CAPSULE	ADD QL: 3 CAPSULES PER DAY
VEKLURY 100MG INJ	REMOVE PA
ENTADFI	ADD PA AND QL: 1 PER DAY
VYVGART 400/20ML INJ	ADD PA AND QL: 10 MG/KG ONCE WEEKLY FOR 4 WEEKS (4 WEEKS = 1 CYCLE) 1200 MG (TOTAL OF 3 VIALS) ONCE WEEKLY FOR 4 WEEKS (4 WEEKS = 1 CYCLE)
FENOPROFEN 600MG TABLET	ADD PA

ETODOLAC 200MG CAPSULE	
FENOPROFEN 400MG CAPSULE	REMOVE PA
EYSUVIS 0.25% DROPS	UPDATE QL: 20 ML PER 30 DAYS
TYRVAYA 0.03MG SOLUTION	ADD PA AND QL: 1 CARTON (2 BOTTLES) PER 30 DAYS
VUITY 1.25% OP SOLUTION	ADD PA AND QL: 2.5 ML PER 30 DAYS
VABYSMO 6/0.05ML INJ	ADD PA AND QL: 6 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS

**** THESE CHANGES ARE TO ALIGN WITH NATIONAL COVERAGE OF COVID THERAPY AGENT'S**

***UM UPDATES WILL APPLY WHEN THE MEDICATION BECOMES AVAILABLE ON THE MARKET**

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.

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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).