

April 2022

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, 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 PATIENTS ON MAY 1, 2022			
Therapeutic class	Drug	Revised status	Potential alternatives
ANALGESIC COMBINATIONS	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPSULES	NON-PREFERRED	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS
ANTIFUNGALS - TOPICAL	KETOCONAZOLE AER 2%	NOT COVERED	KETOCONAZOLE TABLETS TOLNAFTATE CREAM AND SPRAY CLOTRIMAZOLE SOLUTION AND CREAM MICONAZOLE CREAM AND SPRAY NYSTATIN CREAM AND OINTMENT
ICS/LABAs	BREO ELLIPTA 100-25MCG INHALER BREO ELLIPTA 200-25MCG INHALER DULERA 50-5MCG INHALER DULERA 200-5MCG INHALER DULERA 100-5MCG INHALER	REMOVE CURRENT GRANDFATHERING	FLUTICASONE/SALMETEROL (GENERIC AIRDUO RESPICLICK) WIXELA INHUB GENERIC ADVAIR DISKUS (FLUTICASONE/SALMETEROL) GENERIC SYMBICORT (BUDESONIDE/FORMOTEROL)
LOCAL ANESTHETICS - TOPICAL	ZTLIDO PAD 1.8%	NOT COVERED	OTC LIDOCAINE 4% PATCH, CREAM, GEL OTC LIDOCAINE 0.5% SPRAY AND SOLUTION

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.

SEROTONIN- NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	VENLAFAXINE IR 25MG TABLETS VENLAFAXINE IR 37.5MG TABLETS VENLAFAXINE IR 50MG TABLETS VENLAFAXINE IR 75MG TABLETS VENLAFAXINE IR 100MG TABLETS	NON-PREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED FOR LIFETIME	VENLAFAXINE HCL ER CAPSULES PAROXETINE TABLETS FLUOXETINE CAPSULES ESCITALOPRAM TABLETS SERTRALINE TABLETS FLUVOXAMINE TABLETS
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2022 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
AMEBICIDES	SOLOSEC GRA 2GM	ADD PA	
ANALGESIC COMBINATIONS	VANTAL S SOLUTION VANATAL LIQUID VTOL LIQUID	UPDATE QL: 90 ML PER DAY	
ANDROGENS	TESTOSTERONE SOLUTION 30MG/ACT	ADD QL: 1 BOTTLE PER 30 DAYS	
ANTIBIOTICS	DIFICID ORAL SUSPENSION	ADD QL: 1 BOTTLE PER FILL ;1 FILL PER 30 DAYS	
ANTICONVULSANTS - MISC.	EPRONTIA SOLUTION 25MG/ML	ADD QL: 16 ML PER DAY	
ANTIEMETICS - MISCELLANEOUS	SYNDROS SOLUTION 5MG/ML	ADD QL: 8 ML PER DAY	
ANTIFUNGALS	BREXAFEMME TAB 150MG	ADD PA AND QL: 4 TABLETS PER FILL; 1 FILL PER 30 DAYS	
ANTIFUNGALS	CASPOFUNGIN INJ 50MG CASPOFUNGIN INJ 70MG	ADD QL: 1 VIAL PER DAY	
ANTIFUNGALS	NOXAFIL POWDERMIX 300 MG DR ORAL SUSPENSION, CARTON OF 8 PACKETS	ADD QL: 1 PACKET PER DAY	
ANTIFUNGALS	NOXAFIL POWDERMIX 300 MG DR ORAL SUSPENSION, CARTON OF 1 PACKET	ADD QL: 1 PACKET; ONE TIME FILL	
ANTIHISTAMINES - PHENOTHIAZINES	PROMETHAZINE TAB 50MG	ADD QL: 1 TABLET PER DAY	
ANTIHISTAMINES - PHENOTHIAZINES	PROMETHAZINE SOL 6.25/5ML SOLUTION/SYRUP	ADD QL: 40 ML PER DAY	
ANTIHISTAMINES - PHENOTHIAZINES	PROMETHAZINE SUP 12.5MG	ADD QL: 6 SUPPOSITORIES PER DAY	
ANTIMALARIALS	HYDROXYCHLOROQUINE TAB 100 MG HYDROXYCHLOROQUINE TAB 300 MG	ADD QL: 2 TABLET PER DAY	
ANTIMALARIALS	HYDROXYCHLOROQUINE TAB 400 MG	ADD QL: 1 TABLET PER DAY	
ANTINEOPLASTICS MISC.	TIVDAK INJ 40MG	ADD PA	

ANTINEOPLASTICS MISC.	EXKIVITY CAP 40MG	ADD PA AND QL: 4 CAPSULES PER DAY
ANTINEOPLASTICS MISC.	LUPRON DEPOT INJ 45MG	ADD QL: 1 KIT PER 24 WEEKS (6 MONTHS)
ANTINEOPLASTICS MISC.	FYARRO SUS 100MG	ADD PA
ANTINEOPLASTICS MISC	SCSEMBLIX TAB 20MG SCSEMBLIX TAB 40MG	ADD PA AND QL: 2 TABLETS PER DAY
ANTINEOPLASTICS MISC	SCSEMBLIX 40 MG CARTON	ADD PA AND QL: 1 CARTON PER 30 DAYS
ANTINEOPLASTICS MISC.	BESREMI SOL 500MCG	ADD QL: 2 PREFILLED SYRINGES PER 28 DAYS
ANTIPARKINSON AGENTS	DHIVY TAB 25-100MG	ADD PA
ANTIPSORIATICS	STELARA INJ 45MG/0.5 ML STELARA INJ 90MG/ML	UPDATE QL: 1 VIAL/SYRINGE PER 84 DAYS
ANTIRETROVIRALS	BIKTARVY TAB	ADD QL: 1 TABLET PER DAY
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*	HULIO (ADALIMUMAB-FKJP) 20 MG/0.4 ML PREFILLED SYRINGE HULIO (ADALIMUMAB-FKJP) 40 MG/0.8 ML PREFILLED PEN/SYRINGE	ADD QL: 2 SYRINGES/PENS PER 28 DAYS
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	HUMIRA STARTER PACK 40 MG/0.4 ML PREFILLED PEN HUMIRA STARTER PACK 40 MG/0.8 ML PREFILLED PEN	UPDATE QL: ONE TIME FILL (1 PACK FOR 28 DAYS)
BENZISOXAZOLES	INVEGA HAFYE INJ 1560 MG INVEGA HAFYE INJ 1092 MG	ADD PA
CALCITONIN GENE- RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST	QULIPTA TAB 60MG QULIPTA TAB 30MG QULIPTA TAB 10MG	ADD QL: 1 TABLET PER DAY
CHELATING AGENTS	PENICILLAMINE CAPSULES 250MG	ADD ST
COMPLEMENT INHIBITORS	TAVNEOS CAP 10MG	ADD QL: 6 CAPSULES PER DAY
COMPLEMENT INHIBITORS	EMPAVELI INJ 1080MG	UPDATE QL: 10 VIALS PER 30 DAYS
DENTAL PRODUCTS	1.1% SODIUM FLUORIDE DENTAL PASTE (PREVIDENT 5000, FLUORIDEX DAILY DEFENSE, FLUORIDEX ENHANCED WHITENING, CLINPRO 5000, JUST RIGHT 5000, FLUORIMAX 5000)	ADD QL: 113 G/ML PER 30 DAYS

DENTAL PRODUCTS	1.1% SODIUM FLUORIDE DENTAL GEL AND CREAM (PREVIDENT, PREVIDENT 5000, CAVAREST, DENTAGEL, DENTA 5000)	ADD QL: 100 G/ML PER 30 DAYS
DIABETIC SUPPLIES	DEXCOM G5 SENSOR	UPDATE QL: 4 SENSOR PER 28 DAYS
DIABETIC SUPPLIES	POGO AUTOMATE TEST CARTRIDGE	ADD QL: 20 CARTRIDGES (200 TESTS) PER 30 DAYS FOR THE FOLLOWING MEMBERS: - 17 YEARS OF AGE OR OLDER - USING INSULIN - PREGNANT 5 CARTRIDGES (50 TESTS) PER 30 DAYS FOR ALL OTHERS
DIGESTIVE ENZYMES	PANCREAZE CAP 37000	ADD QL: 24 CAPSULES PER DAY
ECZEMA AGENTS	OPZELURA CRE 1.5%	ADD PA AND QL: 1 TUBE PER 30 DAYS
ECZEMA AGENTS	DUPIXENT INJ 100/0.67 ML	ADD QL: 2 SYRINGES OR PENS PER 28 DAYS
ESTROGENS	DIVIGEL GEL 0.75MG DIVIGEL GEL 1.25MG	ADD QL: 30 PACKETS PER 30 DAYS
GASTROINTESTINAL AGENTS - MISC.	TRULANCE TAB 3MG AMITIZA CAP 8 MCG AMITIZA CAP 24 MCG LINZESS CAP 72MCG LINZESS CAP 290MCG LINZESS CAP 145MCG	ADD ST
GASTROINTESTINAL AGENTS - MISC.	BYLVAY (ODEVIXIBAT) 200 MCG PELLETT BYLVAY (ODEVIXIBAT) 600 MCG PELLETT BYLVAY (ODEVIXIBAT) 400 MCG CAPSULE BYLVAY (ODEVIXIBAT) 1200 MCG CAPSULE	ADD PA AND QL: 200 MCG PELLETT- 30 PELLETT PER DAY 600 MCG PELLETT- 10 PELLETT PER DAY 400 MCG CAPSULE- 15 CAPSULE PER DAY 1200 MCG CAPSULE- 5 CAPSULE PER DAY
GASTROINTESTINAL AGENTS - MISC.*	LIVMARLI (MARALIXIBAT)	ADD PA
GROWTH HORMONES	SKYTROFA INJ 6.3MG SKYTROFA INJ 5.2MG SKYTROFA INJ 4.3MG SKYTROFA INJ 3MG SKYTROFA INJ 3.6MG SKYTROFA INJ 13.3MG	ADD QL: 4 CARTRIDGES PER 28 DAYS
GROWTH HORMONES	SKYTROFA INJ 9.1MG SKYTROFA INJ 7.6MG SKYTROFA INJ 11MG	ADD QL: 8 CARTRIDGES PER 28 DAYS

INFLAMMATORY BOWEL AGENTS	STELARA INJ 5MG/ML	ADD QL: (DOSING ONLY) BODY WEIGHT 55 KG OR LESS: 2 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 55KG TO 85 KG: 3 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 85 KG [MAX LIMIT]: 4 VIALS (8 WEEK SUPPLY, ONE TIME FILL)
INFLAMMATORY BOWEL AGENTS	REMICADE INJ 100MG IXIFI (INFLIXIMAB-QBTX) 100 MG VIAL	ADD QL: 5 MG/KG AS FREQUENTLY AS EVERY 8 WEEKS
INSULIN	SEMGLEE (INSULIN GLARGINE-YFGN)	ADD QL: 30 ML PER 30 DAYS
MIGRAINE PRODUCTS	TRUDHESA AER 0.725MG	ADD QL: 2 KITS PER 28 DAYS
OPHTHALMIC - ANGIOGENESIS INHIBITORS*	BYOOVIZ (RANIBIZUMAB-NUNA) 0.5 MG VIAL	ADD PA AND QL FOR DOSING: 0.5 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	UPTRAVI INJ 1800MCG	ADD QL: 2 VIALS PER DAY
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	SERTRALINE CAP 150MG SERTRALINE CAP 200MG	ADD QL: 1 CAP PER DAY
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	TEZSPIRE SOL 210MG	COVERED UNDER THE MEDICAL BENEFIT
ANTIEMETICS	SUSTOL INJ 10/0.4ML	COVERED UNDER THE MEDICAL BENEFIT
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	FIRMAGON INJ 80MG FIRMAGON INJ 120MG	COVERED UNDER THE MEDICAL BENEFIT
ANTINEOPLASTIC COMBINATIONS	HERCEPTIN HYLECTA	COVERED UNDER THE MEDICAL BENEFIT
ANTINEOPLASTIC COMBINATIONS	PHESGO SOL	COVERED UNDER THE MEDICAL BENEFIT
ANTINEOPLASTIC COMBINATIONS	RITUXAN INJ HYCELA	COVERED UNDER THE MEDICAL BENEFIT
ANTIPSORIATICS	ILUMYA SOL 100MG/ML	COVERED UNDER THE MEDICAL BENEFIT
BONE DENSITY REGULATORS	EVENITY INJ 105MG	COVERED UNDER THE MEDICAL BENEFIT
DERMATOLOGICALS	SCENESSE IMP 16MG	COVERED UNDER THE MEDICAL BENEFIT

ENDOCRINE AND METABOLIC AGENTS - MISC.	XGEVA INJ	COVERED UNDER THE MEDICAL BENEFIT
GENITOURINARY AGENTS - MISCELLANEOUS	OXLUMO INJ 94.5/0.5	COVERED UNDER THE MEDICAL BENEFIT
HEMATOLOGICAL AGENTS - MISC.	GIVLAARI INJ 189MG/ML	COVERED UNDER THE MEDICAL BENEFIT
HEMATOLOGICAL AGENTS - MISC.	KALBITOR INJ 10MG/ML	COVERED UNDER THE MEDICAL BENEFIT
HEMATOLOGICAL AGENTS - MISC.	LEQVIO	COVERED UNDER THE MEDICAL BENEFIT
HEMATOPOIETIC AGENTS	MOZOBIL INJ	COVERED UNDER THE MEDICAL BENEFIT
HEMATOPOIETIC AGENTS	REBLOZYL INJ 25MG REBLOZYL INJ 75MG	COVERED UNDER THE MEDICAL BENEFIT
INTERLEUKIN-1BETA BLOCKERS	ILARIS INJ 150MG/ML	COVERED UNDER THE MEDICAL BENEFIT
METABOLIC MODIFIERS	CRYSVITA INJ 10MG/ML CRYSVITA INJ 20MG/ML CRYSVITA INJ 30MG/ML	COVERED UNDER THE MEDICAL BENEFIT
SOMATOSTATIC AGENTS	SOMATULINE INJ 60/0.2ML SOMATULINE INJ 90/0.3ML SOMATULINE INJ 120/.5ML	COVERED UNDER THE MEDICAL BENEFIT

**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.

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).