

October 2022

Pharmacy Formulary Change Notice

Posted 10/1/2022

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 November 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 November 1, 2022 | | |
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| Medication | Changes | Your doctor may change it to one of these preferred drugs: |
| GUANFACINE ER 1MG TABLET GUANFACINE ER 2MG TABLET GUANFACINE ER 3MG TABLET GUANFACINE ER 4MG TABLET | PREFERRED | N/A |
| ROSUVASTATIN 5MG TABLET ROSUVASTATIN 10MG TABLET ROSUVASTATIN 20MG TABLET ROSUVASTATIN 40MG TABLET | PREFERRED | N/A |
| BORTEZOMIB INJ 3.5MG | NON-PREFERRED | N/A |
| (BRAND) FLOVENT HFA AER 44MCG FLOVENT HFA AER 110MCG FLOVENT HFA AER 220MCG | NON-PREFERRED | AUTHORIZED GENERIC FLUTICASONE 44MCG HFA FLUTICASONE 110MCG HFA FLUTICASONE 220MCG HFA |
| XIIDRA 5% DROPS | NON-PREFERRED | CYCLOSPORINE EMU 0.05% (PA REQUIRED) |
| DOXYCYCLINE MONOHYDRATE 50MG TABLET DOXYCYCLINE MONOHYDRATE 75MG TABLET DOXYCYCLINE MONOHYDRATE 100MG TABLET DOXYCYCLINE MONOHYDRATE 150MG TABLET DOXYCYCLINE HYCLATE 50MG CAPSULE DOXYCYCLINE HYCLATE 100MG CAPSULE DOXYCYCLINE HYCLATE TAB 20MG TABLET DOXYCYCLINE HYCLATE TAB 50MG TABLET DOXYCYCLINE HYCLATE TAB 75MG TABLET DOXYCYCLINE HYCLATE TAB 100MG TABLET DOXYCYCLINE HYCLATE 150MG TABLET DOXYCYCLINE HYCLATE DR 50MG TABLET | 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.

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| DOXYCYCLINE HYCLATE DR 75MG TABLET DOXYCYCLINE HYCLATE DR 80MG TABLET DOXYCYCLINE HYCLATE DR 100MG TABLET DOXYCYCLINE HYCLATE DR 150MG TABLET DOXYCYCLINE HYCLATE DR 200MG TABLET | | |
| KANJINTI 420MG INJECTION KANJINTI 150MG SOLUTION MVASI 100MG INJECTION MVASI 400MG INJECTION | PREFERRED WITH PA | |
| HERCEPTIN 150MG INJ | NON-PREFERRED WITH STEP THERAPY | KANJINTI 420MG INJECTION KANJINTI 150MG SOLUTION |
| UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2022 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i> | | |
| BENAZEPRIL 5 MG, 10 MG, 20 MG TABLETS | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY | |
| CAPTOPRIL 12.5 MG, 25 MG, 50 MG TABLETS | UPDATE QL TO DOSE OPTIMIZATION (DO): 3 TABLETS PER DAY | |
| ENALAPRIL 2.5 MG, 5 MG, 10 MG TABLETS ENALAPRIL/HYDROCHLOROTHIAZIDE 5 MG/12.5 MG | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY | |
| FOSINOPRIL 10 MG, 20 MG TABLETS FOSINOPRIL/HYDROCHLOROTHIAZIDE 10 MG/12.5 MG | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY | |
| MOEXIPRIL 7.5 MG TABLETS | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY | |
| PERINDOPRIL 2 MG, 4 MG TABLETS | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY | |
| QUINAPRIL 5 MG, 10 MG, 20 MG TABLETS QUINAPRIL/HYDROCHLOROTHIAZIDE 10 MG/12.5 MG | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY | |
| RAMIPRIL 1.25 MG, 2.5 MG, 5 MG CAPSULES | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY | |
| TRANDOLAPRIL 1 MG, 2 MG TABLETS | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY | |
| ADAPALENE 0.1% SOLUTION | ADD QL: 120 ML PER 30 DAYS | |
| ADAPALENE 0.1% TOPICAL SWAB | ADD QL: 1 SWAB PER DAY | |
| AZELEX (AZELAIC ACID) 20% CREAM | UPDATE QL: 50 GRAMS PER 30 DAYS | |
| BENZOYL PEROXIDE 2.5%, 5%, 10% LIQUID (PANOXYL) | ADD QL: 237 ML PER 30 DAYS | |
| BENZOYL PEROXIDE 4%, 5%, 10% LIQUID WASH (PANOXYL) | ADD QL: 237 GRAMS PER 30 DAYS | |
| BENZOYL PEROXIDE 6% LIQUID CLEANSER | ADD QL: 340.2 GRAMS PER 30 DAYS | |

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| BENZOYL PEROXIDE 3.5%, 4.4% LIQUID CLEANSER/WASH | ADD QL: 125 ML PER 30 DAYS |
| BENZOYL PEROXIDE 5.5% SOLUTION | ADD QL: 40 ML PER 30 DAYS |
| BENZOYL PEROXIDE BAR SULFUR BAR 10% | ADD QL: 1 BAR PER 30 DAYS |
| BENZOYL PEROXIDE 2.5% CREAM | ADD QL: 21 GRAMS PER 30 DAYS |
| EPSOLAY 5% CREAM | ADD PA AND QL: 50 GRAMS PER 30 DAYS |
| BENZOYL PEROXIDE 10% CREAM | ADD QL: 142 GRAMS PER 30 DAYS |
| BENZOYL PEROXIDE 10% AEROSOL/FOAMING WASH | ADD QL: 156 GRAMS PER 30 DAYS |
| ACNE MEDICATION (BENZOYL PEROXIDE) 5%,10% GEL | UPDATE QL: 90 GRAMS PER 30 DAYS |
| TAZAROTENE 1% AEROSOL | ADD QL: 50 GRAMS PER 30 DAYS |
| FABIOR (TAZAROTENE) 0.1% FOAM | UPDATE QL: 100 GRAMS PER 30 DAYS |
| RETIN-A MICRO (TRETINOIN MICROSPHERE) 0.04% RETIN-A MICRO (TRETINOIN MICROSPHERE) 0.1% GEL | UPDATE QL: 50 GRAMS PER 30 DAYS |
| CLINDAMYCIN 1% PAD/SWAB | ADD QL: 2 PADS/SWABS PER DAY |
| ACZONE (DAPSONE) 5% GEL, 7.5% GEL PUMP | UPATE QL: 90 GRAMS PER 30 DAYS |
| ERYGEL 2% SOLUTION | ADD QL: 60 ML PER 30 DAYS |
| ERYTHROMYCIN 2% PLEDGET/PADS | ADD QL: 2 PLEDGETS/PADS PER DAY |
| EPIDUO FORTE 0.3%-2.5% GEL PUMP | UPDATE QL: 60 GRAMS PER 30 DAYS |
| CLINDAMYCIN–TRETINOIN 1.2%-0.025% GEL (VELTIN, ZIANA) | ADD QL: 60 GRAMS PER 30 DAYS |
| TWYNEO 0.1-3% CREAM | ADD PA, ST AND QL: 50 GRAMS PER 30 DAYS |
| SULFACETAMIDE SODIUM/SULFUR 9%-4% WASH | ADD QL: 474 GRAMS/ ML PER 30 DAYS |
| QELBREE 200 MG CAPSULE | UPDATE QL TO DOSE OPTIMIZATION (DO): 3 CAPSULES PER DAY |
| XELSTRYM 4.5 MG, 9 MG, 13.5 MG, 18 MG TRANSDERMAL PATCH | ADD PA AND QL: 1 PATCH PER DAY |
| OXBRYTA 300MG AND 500 MG TABLETS | ADD PA AND QL: 5 TABLETS PER DAY |

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| CARVEDILOL 3.125 MG, 6.25 MG, 12.5 MG TABLETS | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY |
| CARVEDILOL ER 10 MG, 20 MG, 40 MG CAPSULE | UPDATE QL TO DOSE OPTIMIZATION (DO): 1 CAPSULE PER DAY |
| LABETALOL 100 MG, 200 MG TABLETS | UPDATE QL TO DOSE OPTIMIZATION (DO): 8 TABLETS PER DAY |
| RADICAVA ORS 105 MG/5 ML STARTER KIT | ADD PA AND QL: 1 STARTER KIT PER LIFETIME |
| RADICAVA ORS 105 MG/5 ML KIT (MAINTENANCE) | ADD PA AND QL: 1 KIT PER 28 DAYS |
| MELATONIN 10 MG, 12 MG | ADD QL: 1 TABLET/CHEWABLE/SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY |
| MELATONIN LIQUID 1 MG/4 ML | ADD QL: 40 ML PER DAY |
| ATACAND 4 MG, 8 MG TABLETS LOSARTAN 25 MG TABLET BENICAR 5 MG TABLET | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY |
| VALSARTAN 40 MG, 80 MG TABLET | UPDATE QL TO DOSE OPTIMIZATION (DO): 3 TABLETS PER DAY |
| VALSARTAN ORAL SOLUTION 4 MG/ML | ADD ST AND QL: 80 ML PER DAY |
| CLONIDINE 0.1 MG TABLET CLONIDINE 0.2 MG TABLET | UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY |
| NEXICLON XR 0.17 MG TABLET | ADD ST AND QL: 3 TABLETS PER DAY |
| NEXICLON XR 0.26 MG TABLET | ADD ST AND QL: 2 TABLETS PER DAY |
| ASPRUZYO SPRINKLE 500 MG GRANULES ASPRUZYO SPRINKLE 1,000 MG GRANULES | ADD PA AND QL: 2 SACHETS PER DAY |
| ZTALMY 50 MG/ML ORAL SUSPENSION | ADD PA AND QL: 10 BOTTLES PER 30 DAYS |
| ADLARITY 5 MG/DAY, 10 MG/DAY TRANSDERMAL PATCH | ADD QL: 1 PATCH PER WEEK |
| BENADRYL (DIPHENHYDRAMINE) 12.5 MG/5 ML | UPDATE QL: 60 ML PER DAY |
| OPDUALAG IV SOLUTION PLUVICTO IV SOLUTION | ADD PA |
| TAZORAC 0.05% GEL TAZORAC 0.1% GEL | NEW QL: 100 GRAMS PER 30 DAYS |
| TAZORAC 0.05% CREAM, 0.1% CREAM | UPDATE QL: 60 GRAMS PER 30 DAYS |
| DESCOVY 200 MG-25 MG, 120 MG-15 MG TABLET | ADD QL: 1 TABLET PER DAY |
| TRIUMEQ PD FOR ORAL SUSPENSION | ADD QL: 6 TABLETS PER DAY |
| RINVOQ ER 45 MG TABLET | ADD PA AND QL: 1 TABLET PER DAY |

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| DARTISLA 1.7 MG ODT | ADD PA |
| BUTISOL SODIUM 30 MG TABLETS | REMOVE QL |
| LOREEV XR 1 MG CAPSULE LOREEV XR 1.5 MG CAPSULE | UPDATE QL TO DOSE OPTIMIZATION (DO): 1 CAPSULE PER DAY |
| ATENOLOL 25 MG, 50 MG TABLET METOPROLOL TARTRATE 25 MG, 37.5 MG, 50 MG, 75 MG METOPROLOL SUCCINATE ER 25 MG TABLET | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY |
| BETAXOLOL 5 MG,10MG TABLET METOPROLOL SUCCINATE ER 50 MG, 100 MG TABLET BYSTOLIC 2.5 MG, 5 MG, 10 MG TABLET CORGARD 20 MG TABLT | UPDATE QL TO DOSE OPTIMIZATION (DO): 1 TABLET PER DAY |
| KAPSPARGO SPRINKLE 25 MG, 50 MG, 100 MG CAPSULE INDERAL LA 60 MG, 80 MG CAPSULE | UPDATE QL TO DOSE OPTIMIZATION (DO): 1 CAPSULE PER DAY |
| INDERAL LA 120 MG CAPSULE | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY |
| PINDOLOL 5 MG TABLET TIMOLOL 5 MG TABLET | UPDATE QL TO DOSE OPTIMIZATION (DO): 6 TABLETS PER DAY |
| PROPRANOLOL 10 MG, 20 MG, 40 MG, 60 MG TABLET | UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY |
| PROPRANOLOL ORAL SOLUTION 20 MG/5 ML | UPDATE QL: 80 ML PER DAY |
| TIMOLOL MALEATE 0.25%, OPHTHALMIC SOLUTION TIMOLOL MALEATE 0.5% OPHTHALMIC SOLUTION | ADD QL: 15 ML PER 30 DAYS |
| TIMOPTIC (TIMOLOL) 0.25% OPHTHALMIC SOLUTION TIMOPTIC (TIMOLOL) 0.5% OPHTHALMIC SOLUTION | UPDATE QL: 10 ML PER 30 DAYS |
| TIMOLOL MALEATE 0.25% GEL FORMING SOLUTION TIMOLOL MALEATE 0.5% GEL FORMING SOLUTION | ADD QL: 5 ML PER 30 DAYS |
| METFORMIN 625MG TABLET | ADD PA AND QL: 4 TABLETS PER DAY |
| AIMOVIG 70 MG/ML SYRINGE/AUTOINJECTOR (PACK OF ONE) AIMOVIG 140 MG/ML SYRINGE/AUTOINJECTOR EMGALITY 120 MG/ML PREFILLED PEN 120 MG/ML PREFILLED SYRINGE/AUTOINJECTOR | UPDATE QL: 1 PREFILLED PEN/SYRINGE/AUTOINJECTOR PER 28 DAYS |
| EMGALITY 100 MG/ML PREFILLED SYRINGE | 3 PREFILLED SYRINGES PER 28 DAYS |

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| NORLIQVA ORAL SOLUTION | ADD PA AND UPDATE QL: 300 ML (TWO 150 ML BOTTLES) PER 30 DAYS |
| AMLODIPINE 5 MG TABLET | UPDATE QL: 2 TABLETS PER DAY |
| CARDIZEM CD, CARDIZEM LA, CARTIA XT, DILT-XR, MATZIM LA, TAZTIA XT, TIADYLT, TIAZAC (DILTIAZEM EXTENDED-RELEASE) 180 MG | UPDATE QL: 3 TABLETS/CAPSULES PER DAY |
| CARDIZEM CD, CARDIZEM LA, CARTIA XT, DILT-XR, MATZIM LA, TAZTIA XT, TIADYLT, TIAZAC (DILTIAZEM EXTENDED-RELEASE) 240 MG | UPDATE QL: 2 TABLETS/CAPSULES PER DAY |
| DILTIAZEM ER 12-HOUR 60 MG CAPSULE | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY |
| DILTIAZEM ER 12-HOUR 90 MG CAPSULE | ADD QL: 4 CAPSLUES PER DAY |
| PROCARDIA XL (NIFEDIPINE EXTENDED-RELEASE) 60 MG TABLET | UPDATE DOSE OPTIMIZATION TO QL: 2 TABLETS PER DAY |
| VERAPAMIL 40 MG, 80 MG TABLET | UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY |
| CALAN SR (VERAPAMIL EXTENDED-RELEASE) 120 MG TABLET | UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY |
| CAMZYOS 2.5 MG, 5 MG, 10 MG, 15 MG CAPSULE | ADD PA AND QL: 1 CAPSULE PER DAY |
| OZOBAX ORAL SUSPENSION/SOLUTION | ADD PA |
| FLEQSUVY ORAL SolutON | ADD PA AND QL: 16 ML PER DAY |
| BENADRYL ALLERGY PLUS CONGESTION TABLETS (DIPHENHYDRAMINE 25 MG/ PHENYLEPHRINE 10 MG) | ADD QL: 6 TABLETS PER DAY |
| BENADRYL ALLERGY PLUS CONGESTION 12.5 MG/ 5ML (DIPHENHYDRAMINE-PHENYLEPHRINE) | ADD QL: 60 ML PER DAY |
| XARELTO 1 MG/ML ORAL SUSPENSION | ADD QL: 20 ML PER DAY |
| CIBINQO 50, 100 AND 200 MG TABLET | ADD PA AND QL: 1 TABLET PER DAY |
| ORIAHNN CAPSULES | ADD QL: 1 CARTON (4 BLISTER PACKAGES) PER 28 DAYS |
| TARPEYO 4 MG CAPSULE | ADD PA AND QL: 4 CAPSULES PER DAY |
| RELEUKO INJ 300MCG RELEUKO INJ 480MCG | ADD PA |
| ENOXAPARIN 30 MG/0.3 ML SYRINGE ENOXAPARIN 40 MG/0.4 ML SYRINGE ENOXAPARIN 60 MG.0.6 ML SYRINGE | UPDATE QL: 2 SYRINGES PER DAY |

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| <p>ENOXAPARIN 80 MG/0.8 ML SYRINGE ENOXAPARIN 100 MG/1 ML SYRINGE ENOXAPARIN 120 MG/0.8 ML SYRINGE ENOXAPARIN 150 MG/ML SYRINGE</p> | |
| <p>SYLATRON (PEGINTERFERON-ALFA 2B)</p> | <p>REMOVE PA</p> |
| <p>ROSUVASTATIN 5MG TABLET ROSUVASTATIN 10MG TABLET ROSUVASTATIN 20MG TABLET ROSUVASTATIN 40MG TABLET</p> | <p>REMOVE STEP THERAPY (ST)</p> |
| <p>KETOCONAZOLE 200 MG</p> | <p>ADD QL: 2 TABLET PER DAY</p> |
| <p>OZEMPIC INJ 4MG/3ML OZEMPIC INJ 2/1.5ML OZEMPIC INJ 8MG/3ML</p> | <p>ADD QL: 1 PREFILLED PEN PER 28 DAYS</p> |
| <p>MOUNJARO 15MG/0.5 INJECTION MOUNJARO 12.5/0.5 INJECTION MOUNJARO 10MG/0/5 INJECTION MOUNJARO 7.5/0.5 INJECTION MOUNJARO 5MG/0.5 INJECTION MOUNJARO 2.5/0.5 INJECTION</p> | <p>ADD ST AND QL: 4 SINGLE DOSE PENS (1 CARTON) PER 28 DAYS</p> |
| <p>SOAANZ 40MG TABLET SOAANZ 20MG TABLET SOAANZ 60MG TABLET</p> | <p>ADD ST</p> |
| <p>ORPHENADRINE/ASPIRIN/CAFFEINE</p> | <p>ADD ST AND QL: ORPHENADRINE-ASPIRIN-CAFFEINE 25 MG-385 MG-30 MG- 8 TABLETS PER DAY ORPHENADRINE-ASPIRIN-CAFFEINE 50 MG-770 MG-60 MG – 4 TABLETS PER DAY</p> |
| <p>RYALTRIS 665 MCG/25 MCG INHALER</p> | <p>ADD QL: 1 INHALER PER 30 DAYS</p> |
| <p>XHANCE 93 MCG INHALER</p> | <p>ADD ST</p> |
| <p>NASONEX 24HR ALLERGY RELIEF 50 MCG INHALER</p> | <p>ADD QL: 1 INHALER PER 30 DAYS</p> |
| <p>IGALMI SL FILM 120 MCG, 180 MCG (10 COUNT CARTON) IGALMI SL FILM 120 MCG, 180 MCG (30 COUNT CARTON)</p> | <p>ADD PA AND QL: IGALMI SL FILM 120 MCG, 180 MCG 10 COUNT CARTON-2 CARTONS PER MONTH IGALMI SL FILM 120 MCG, 180 MCG 30 COUNT CARTON-1 CARTON PER MONTH</p> |
| <p>DICLOFENAC POTASSIUM 25 MG, 50 MG TABLET KETOPROFEN 50 MG TABLET NAPROXEN 250 MG, 375 MG TABLET</p> | <p>ADD QL: 4 TABLETS PER DAY</p> |
| <p>NAPROXEN 500 MG TABLET</p> | <p>ADD QL: 2 TABLETS PER DAY</p> |

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| NAPROSYN 125 MG/5 ML ORAL SUSPENSION | ADD QL: 60 ML PER DAY |
| VITAMIN D3 (CHOLECALCIFEROL) 400 UNIT/ML | REMOVE QL |
| XIIDRA 5% DROPS | ADD ST |
| NEOMYCIN-POLYMYXIN-HC SUSPENSION NATACYN 5% SUSPENSION | ADD QL: 15 ML PER 30 DAYS |
| AZASITE 1% SOLUTION ZYMAXID 0.5% SOLUTION | ADD QL: 2.5 ML PER 30 DAYS |
| BESIVANCE 0.6% SUSPENSION LEVOFLOXACIN 0.5% SOLUTION | ADD QL: 5 ML PER 30 DAYS |
| MOXEZA AND VIGAMOX) 0.5% SOLUTION | ADD QL: 3 ML PER 30 DAYS |
| VIROPTIC (TRIFLURIDINE) 1% SOLUTION | ADD QL: 7.5 ML PER 30 DAYS |
| POLYCIN (BACITRACIN-POLYMYXIN B) OINTMENT NEO-POLYCIN (NEOMYCIN-BACITRACIN ZN- POLYMYXIN) 5(3.5) MG-400 UNIT-10000 UNIT OINTMENT | ADD QL: 3.5 GM PER 30 DAYS |
| XIPERE INJECTABLE SUSPENSION | ADD PA AND QL: 4 MG (1 SINGLE-DOSE VIAL) PER EYE PER TREATMENT; REPEAT TREATMENTS MAY BE APPROVED NO SOONER THAN 12 WEEKS AFTER THE PRIOR DOSE. |
| PRED-G 0.3-1% SUSPENSION ZYLET 0.5-0.3% SUSPENSION MAXITROLO.1% SUSPENSION | ADD QL: 20 ML PER 30 DAYS |
| PRED-G S.O.P 0.3-0.6% OINTMENT BLEPHAMIDE S.O.P 0-0.2% OINTMENT MAXITROL 0.1% OINTMENT NEO-POLYCIN HC 1% OINTMENT | ADD QL: 7 GRAMS PER 30 DAYS |
| ZIMHI (NALOXONE INJECTION) 5 MG/0.5 ML | ADD QL: 6 PREFILLED SYRINGES PER 3 MONTHS |
| SEGLENTIS 56-44MG TABLET | ADD PA AND QL: 4 TABLETS PER DAY |
| QUVIVIQ (DARIDOREXANT) 25 MG, 50 MG | ADD PA AND QL: 1 TABLET PER DAY |
| VIJOICE 50MG TABLET VIJOICE 125MG TABLET VIJOICE 250MG TABLET | ADD PA AND QL: 1 TABLET PER DAY |
| CLINICAL NUTRIENTS PRENATAL | ADD QL: 4 VITAMINS PER DAY |
| GOOD START PRENATAL NOURISH PLUS KPN PRENATAL VITAFOL GUMMIES UPSPRING PRENATAL COMPLETE THERANATAL OVAVITE | ADD QL: 3 VITAMINS PER DAY |

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| <p>CVS PRENATAL GUMMIES + DHA + FOLIC ACID PERRY PRENATAL PRENARA TRINAZ AZESCO ZALVIT ZIPHEX AZESCHEW PRENATAL / POSTNATAL CVS PRENATAL GUMMIES BRAINSTRONG PRENATAL CVS WOMEN'S PRENATAL + DHA</p> | <p>ADD QL: 2 VITAMINS PER DAY</p> |
| <p>HEMENATAL OB + DHA PNV OB + DHA VENA-BAL DHA</p> | <p>REMOVE QL</p> |
| <p>PROMETRIUM 200 MG</p> | <p>UPDATE QL: 2 CAPSULES PER DAY</p> |
| <p>TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 16 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 32 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 48 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 64 MCG CARTRIDGES)</p> | <p>ADD QL: 1 KIT PER 28 DAYS</p> |
| <p>TYVASO DPI INHALATION POWDER TITRATION KIT (112 16 MCG, 12 32 MCG, 28 48 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER TITRATION KIT (112 16 MCG, 84 32 MCG CARTRIDGES)</p> | <p>ADD QL: 1 KIT, ONE TIME FILL</p> |
| <p>XELPROS 0.005% OPHTHALMIC EMULSION XALATAN 0.005% OPHTHALMIC SOLUTION</p> | <p>UPDATE QL: 2.5 ML</p> |
| <p>METROGEL 1% GEL METROGEL 1% GEL PUMP</p> | <p>ADD QL: GEL: 60 GRAMS PER 30 DAYS PUMP: 55 GRAMS PER 30 DAYS</p> |
| <p>MINOCYCLINE 50 MG CAPSULES/TABLETS</p> | <p>ADD QL: 4 CAPSULES/TABLETS PER DAY</p> |
| <p>MINOCYCLINE 75 MG, 100 MG CAPSULES/TABLETS</p> | <p>ADD QL: 2 CAPSULES/TABLETS PER DAY</p> |
| <p>MINOCYCLINE HYDROCHLORIDE ER (COREMINO, MINOLIRA, SOLODYN, XIMINO) 45 MG, 55 MG, 65 MG, 80 MG, 90 MG, 115 MG, 105 MG, 135 MG CAPSULE/TABLET</p> | <p>ADD QL: 1 CAPSULE/TABLET PER DAY</p> |
| <p>DOXYCYCLINE MONOHYDRATE 50MG TABLET DOXYCYCLINE MONOHYDRATE 75MG TABLET DOXYCYCLINE MONOHYDRATE 100MG TABLET DOXYCYCLINE MONOHYDRATE 150MG TABLET</p> | <p>REMOVE STEP THERAPY</p> |

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| DOXYCYCLINE HYCLATE 50MG CAPSULE DOXYCYCLINE HYCLATE 100MG CAPSULE DOXYCYCLINE HYCLATE TAB 20MG TABLET DOXYCYCLINE HYCLATE TAB 50MG TABLET DOXYCYCLINE HYCLATE TAB 75MG TABLET DOXYCYCLINE HYCLATE TAB 100MG TABLET DOXYCYCLINE HYCLATE 150MG TABLET DOXYCYCLINE HYCLATE DR 50MG TABLET DOXYCYCLINE HYCLATE DR 75MG TABLET DOXYCYCLINE HYCLATE DR 80MG TABLET DOXYCYCLINE HYCLATE DR 100MG TABLET DOXYCYCLINE HYCLATE DR 150MG TABLET DOXYCYCLINE HYCLATE DR 200MG TABLET | REMOVE STEP THERAPY |
| AMVUTTRA 25/0.5 SOLUTION | ADD PA AND QL: 1 SYRINGE PER 3 MONTHS |
| VOQUEZNA TRIPLE PAK VOQUEZNA DUAL PAK | ADD PA, ST AND QL: 1 THERAPY PACK PER FILL; 1 FILL PER 180 DAYS |
| ESTRING 0.2 MG FEMRING 0.05 MG/24HR FEMRING 0.1 MG/24HR | ADD QL: 1 RING PER 90 DAYS |

**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 will 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).