

October 2023

**Pharmacy Formulary Change Notice
Posted 10/01/2023**

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 11/01/2023.

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 11/01/2023		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
HADLIMA 40/0.4ML INJECTION HADLIMA 40/0.8ML INJECTION	PREFERRED WITH PA	N/A
CETIRIZINE 5MG CHEWABLE CETIRIZINE 10MG CHEWABLE CETIRIZINE HCL 10 MG CAPSULE CETIRIZINE 10MG TABLET CETIRIZINE 1MG/ML SOLUTION/SYRUP CETIRIZINE-PSEUDOEPHEDRINE 5-120MG TABLET	PREFERRED	N/A
AMJEVITA 10MG SYRINGE	PREFERRED WITH PA	N/A
UDENYCA 6MG/0.6 AUTOINJECTOR	PREFERRED WITH PA	N/A
VITA-PAC CAPSULE	NOT COVERED	NESTABS RX OTC PRENATAL VITAMINS
PAROXETINE 10MG/5ML	PREFERRED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2023 NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY		
TEZSPIRE SOL 210MG		UPDATE QL 1 PEN/SYRINGE/VIAL PER 28 DAYS

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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.

QALSODY 100 MG/15 ML VIAL INTRATHECAL SOLUTION	ADD PA AND QL 1 VIAL EVERY 4 WEEKS
COMBOGESIC (ACETAMINOPHEN 325 MG-IBUPROFEN 97.5MG) TABLET	ADD ST AND QL 12 TABLETS PER DAY
ADVIL DUAL ACTION (IBUPROFEN 125 MG /ACETAMINOPHEN 250 MG) TABLET	ADD QL 6 TABLETS PER DAY
MELOXICAM 7.5MG/5ML ORAL SUSPENSION	ADD QL 10 ML PER DAY
BUSPIRONE 5 MG, 7.5 MG, 10 MG, 15 MG TABLET	REMOVE QL 3 TABLETS PER DAY
BUSPIRONE 30 MG TABLET	REMOVE QL 2 TABLETS PER DAY
HYDROXYZINE HYDROCHLORIDE 10 MG, 25 MG TABLET HYDROXYZINE PAMOATE 25 MG, 50 MG, 100 MG CAPSULE	REMOVE QL 4 PER DAY
HYDROXYZINE HYDROCHLORIDE 50 MG TABLET	REMOVE QL 8 TABLETS PER DAY
HYDROXYZINE HYDROCHLORIDE 10 MG/5 ML SYRUP/SOLUTION	REMOVE QL 100 ML PER DAY
MEPROBAMATE 200 MG AND 400 MG TABLET	REMOVE QL 4 TABLETS PER DAY
LUMRYZ PKG 4.5GM, 6 GM, 7.5 GM AND 9 GM	ADD PA AND QL LUMRYZ 4.5 G, 6 G, 7.5 G, 9 G (CARTON OF 7 PACKETS)- 4 CARTONS PER 28 DAYS LUMRYZ 4.5 G, 6 G, 7.5 G, 9 G (CARTON OF 30 PACKETS)- 1 CARTON PER 30 DAYS
MIRTAZAPINE 7.5 MG, 15 MG MIRTAZAPINE 30 MG, 45 MG TABLET REMERNON SOLTAB (MIRTAZAPINE ORALLY DISINTEGRATING TABLET) 15 MG, 30 ,45 MG TABLET CELEXA (CITALOPRAM) 40 MG TABLET LEXAPRO (ESCITALOPRAM) 20 MG TABLET FLUOXETINE 60 MG TABLET PAROXETINE HYDROCHLORIDE/MESYLATE (PAXIL/PEXEVA) 20 MG TABLET PAXIL CR (PAROXETINE EXTENDED-RELEASE) 12.5 MG TABLET	REMOVE QL/DOSE OP 1 TABLET PER DAY
CITALOPRAM 30 MG CAPSULE FLUOXETINE (PROZAC) 10 MG CAPSULE SERTRALINE 150 MG, 200 MG CAPSULE	REMOVE QL/DOSE OP 1 CAPSULE PER DAY
CELEXA (CITALOPRAM) 10 MG, 20 MG TABLET LEXAPRO (ESCITALOPRAM) 5 MG, 10 MG TABLET FLUOXETINE (PROZAC, SARAFEM) 10 MG TABLET FLUVOXAMINE 25 MG, 50 MG TABLET PAROXETINE HYDROCHLORIDE/MESYLATE (PAXIL/ PEXEVA) 10 MG AND 40 MG TABLET ZOLOFT (SERTRALINE) 25 MG, 50 MG TABLET	REMOVE QL/DOSE OP 1.5 TABLETS PER DAY

CITALOPRAM 10 MG/5 ML SOLUTION ESCITALOPRAM 5 MG/5 ML SOLUTION	REMOVE QL 20 ML PER DAY
FLUOXETINE (PROZAC) 40 MG CAPSULE FLUVOXAMINE EXTENDED-RELEASE 100 MG AND 200 MG CAPSULE	REMOVE QL 2 CAPSULES PER DAY
FLUOXETINE (PROZAC, SARAFEM) 20 MG TABLET/CAPSULE	REMOVE QL 4 TABLETS OR CAPSULES PER DAY
FLUOXETINE 20 MG/5 ML SOLUTION	REMOVE QL 20 ML PER DAY
FLUOXETINE WEEKLY DELAYED-RELEASE 90 MG CAPSULE	REMOVE QL 4 CAPSULES PER 28 DAYS
FLUVOXAMINE 100 MG TABLET	REMOVE QL 3 TABLETS PER DAY
PAROXETINE HYDROCHLORIDE/MESYLATE (PAXIL/PEXEVA) 30 MG TABLET PAXIL CR (PAROXETINE EXTENDED-RELEASE) 25 MG, 37.5 MG TABLET ZOLOFT (SERTRALINE) 100 MG TABLET	REMOVE QL 2 TABLETS PER DAY
PAXIL (PAROXETINE HYDROCHLORIDE) 10 MG/5 ML SUSPENSION	REMOVE QL 30 ML PER DAY
ZOLOFT (SERTRALINE) 20 MG/ ML SOLUTION	REMOVE QL 10 ML PER DAY
GUANFACINE 1 MG AND 2 MG TABLET	REMOVE QL/ DOSE OP 1 TABLET PER DAY
KISQALI (RIBOCICLIB) 200 MG TABLET	UPDATE QL 21 TABLETS PER 28 DAYS
KISQALI (RIBOCICLIB) 400 MG TABLET	ADD QL 42 TABLETS PER 28 DAYS
KISQALI (RIBOCICLIB) 600 MG TABLET	ADD QL 63 TABLETS PER 28 DAYS
KISQALI FEMARA CO-PACK (RIBOCICLIB/LETROZOLE) 600 MG/2.5 MG TABLET	UPDATE QL 91 TABLETS PER 28 DAYS
KISQALI FEMARA CO-PACK (RIBOCICLIB/LETROZOLE) 400 MG/2.5 MG TABLET	UPDATE QL 70 TABLETS PER 28 DAYS
KISQALI FEMARA CO-PACK (RIBOCICLIB/LETROZOLE) 200 MG/2.5 MG TABLET	UPDATE QL 49 TABLETS PER 28 DAYS
VERZENIO (ABEMACICLIB) 50 MG, 100 MG, 150 MG, 200 MG TABLET	UPDATE 56 TABLETS PER 28 DAYS
MEKINIST (TRAMETINIB) 4.7 MG SOLUTION/BOTTLE	ADD QL 40 ML PER DAY
ERLEADA (APALUTAMIDE) 240 MG TABLET	ADD QL 1 TABLET PER DAY
TAFINLAR (DABRAFENIB) 10 MG TABLETS FOR ORAL SUSPENSION	ADD QL 15 TABLETS PER DAY
ZYNYZ 500 MG/ 20 ML VIAL	ADD PA AND QL 500 MG EVERY 28 DAYS
ACEBUTOLOL 200 MG CAPSULE	REMOVE QL 6 CAPSULES PER DAY
ACEBUTOLOL 400 MG	REMOVE QL 3 CAPSULES PER DAY
TENORMIN (ATENOLOL) 25 MG, 50 MG, 100 MG TABLET BETAXOLOL 20 MG TABLET BISOPROLOL 10 MG TABLET TOPROL XL (METOPROLOL SUCCINATE ER) 200	REMOVE QL/DOSE OP 2 TABLETS PER DAY

MG TABLET BYSTOLIC (NEBIVOLOL) 20 MG TABLET	
BETAXOLOL 10 MG TABLET BISOPROLOL 5 MG BYSTOLIC (NEBIVOLOL) 2.5 MG, 5 MG, 10 MG	REMOVE DOSE OP 1 TABLET PER DAY
TOPROL XL (METOPROLOL SUCCINATE ER) 25 MG METOPROLOL TARTRATE 25 MG	REMOVE QL 16 TABLETS PER DAY
TOPROL XL (METOPROLOL SUCCINATE ER) 50 MG LOPRESSOR (METOPROLOL TARTRATE) 50 MG	REMOVE QL 8 TABLETS PER DAY
TOPROL XL (METOPROLOL SUCCINATE ER) 100 MG LOPRESSOR (METOPROLOL TARTRATE) 100 MG	REMOVE QL 4 TABLETS PER DAY
KASPARGO SPRINKLE (METOPROLOL SUCCINATE ER) 25 MG CAPSULE	REMOVE QL 16 CAPSULE PER DAY
KASPARGO SPRINKLE (METOPROLOL SUCCINATE ER) 50 MG CAPSULE	REMOVE QL 8 CAPSULES PER DAY
KASPARGO SPRINKLE (METOPROLOL SUCCINATE ER) 100 MG CAPSULE	REMOVE QL 4 CAPSULES PER DAY
KASPARGO SPRINKLE (METOPROLOL SUCCINATE ER) 200 MG CAPSULE	REMOVE QL 2 CAPSULES PER DAY
METOPROLOL TARTRATE 37.5 MG TABLET	REMOVE QL 10 TABLETS PER DAY
METOPROLOL TARTRATE 75 MG TABLET	REMOVE 5 TABLETS PER DAY
ALDACTONE (SPIRONOLACTONE) 25 MG, 50 MG TABLET	REMOVE QL 2 TABLETS PER DAY
ALDACTONE (SPIRONOLACTONE) 100 MG	REMOVE QL 4 TABLETS PER DAY
ALDACTAZIDE (SPIRONOLACTONE/HYDROCHLOROTHIAZIDE) 25 MG/25 MG	UPDATE DOSE OP TO QL 2 8 TABLETS PER DAY
CAROSPIR (SPIRONOLACTONE ORAL SUSPENSION) 25 MG/5 ML	REMOVE QL 20 ML PER DAY
SOGROYA (SOMAPACITAN-BECO) 15 MG/1.5 ML PREFILLED PEN	ADD QL 4 PENS PER 28 DAYS
VOWST (FECAL MICROBIOTA SPORES, LIVE - BRPK)	ADD PA AND QL 12 CAPSULES PER FILL: ONE TIME ONLY
UDENCYA (PEGFILGRASTIM-CBQV) 6 MG/0.6 ML PREFILLED SYRINGE OR AUTOINJECTOR	ADD QL 2 SYRINGES OR AUTOINJECTORS PER 28 DAYS
RIZAFILM (RIZATRIPTAN) 10 MG ORAL FILM*	ADD QL 6 FILMS PER 30 DAYS
ELYXYB (CELECOXIB ORAL SOLUTION) 120 MG/4.8 ML (25 MG/ML)	ADD QL 9 BOTTLES (43.2 ML) PER 30 DAYS
ZAVZPRET (ZAVEGEPANT) 10 MG NASAL SPRAY	ADD ST AND QL 1 SPRAY PER DAY: 8 SPRAYS (DEVICES) PER 30 DAYS
KALYDECO (IVACAFTOR) 5.8 MG* AND 13.4 MG	ADD QL 2 PACKETS PER DAY

<p>TRIKAFTA (ELEXACAFTOR/TEZACAFTOR/IVACAFTOR 80 MG/40 MG/60 MG AND IVACAFTOR 59.5 MG) GRANULES AND TRIKAFTA (ELEXACAFTOR/TEZACAFTOR/IVACAFTOR 100 MG/50 MG/75 MG AND IVACAFTOR 75 MG) GRANULES</p>	<p>ADD QL 1 CARTON (56 PACKETS) PER 28 DAYS</p>
<p>OXYBUTYNIN 2.5 MG TABLETS</p>	<p>ADD 3 TABLETS PER DAY</p>
<p>OXYBUTYNIN 5 MG/5 ML SOLUTION</p>	<p>ADD 20 ML PER DAY</p>

**THIS CHANGE WILL BE IMPELMENTED ONCE THE MEDICATION IS 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.

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).