

Effective Date: 01/01/2025

## Pharmacy Comprehensive Drug List Change Notice

Posted 12/01/2024

We want to tell you about some upcoming changes to the Comprehensive Drug List. The Comprehensive Drug List is a list of drugs covered by Healthy Blue. Please see the table below:

<b>EFFECTIVE FOR ALL MEMBERS ON JANUARY 1, 2025</b>			
Therapeutic class	Drug	Revised status	Potential alternatives
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>	ADDERALL XR CAP 5MG ADDERALL XR CAP 10MG ADDERALL XR CAP 15MG ADDERALL XR CAP 20MG ADDERALL XR CAP 25MG ADDERALL XR CAP 30MG	Non-covered / PA required	Refer to State PDL
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>	ALLI CAP 60MG	Benefit exclusion	Refer to State PDL
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>	AMPHETAMINE/DEXTROAMPHETAMINE CAP 5MG ER AMPHETAMINE/DEXTROAMPHETAMINE CAP 10MG ER AMPHETAMINE/DEXTROAMPHETAMINE CAP 12.5MG ER AMPHETAMINE/DEXTROAMPHETAMINE CAP 15MG ER AMPHETAMINE/DEXTROAMPHETAMINE CAP 20MG ER AMPHETAMINE/DEXTROAMPHETAMINE CAP 25MG ER AMPHETAMINE/DEXTROAMPHETAMINE CAP 30MG ER AMPHETAMINE/DEXTROAMPHETAMINE CAP 37.5MG ER AMPHETAMINE/DEXTROAMPHETAMINE CAP 50MG ER	Covered	N/A
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>	CONCERTA TAB 18MG CONCERTA TAB 27MG CONCERTA TAB 36MG CONCERTA TAB 54MG	Non-covered / PA required	Refer to State PDL
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>	METHYLPHENIDATE TAB 18MG ER METHYLPHENIDATE TAB 27MG ER METHYLPHENIDATE TAB 36MG ER METHYLPHENIDATE TAB 54MG ER	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	ADDAPRIN TAB 200MG	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	ADVIL CHILD SUSPENSION 100/5ML	Covered	N/A

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<b>ANALGESICS - ANTI-INFLAMMATORY</b>	IBU-200 TAB 200MG	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	IBUPROFEN TAB 200MG (generic OTC products)	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	INFANT ADVIL DROPS 50/1.25	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	MOTRIN CHILD CHEWABLE 100MG	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	MOTRIN CHILD SUSPENSION 100/5ML	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	MOTRIN IB TAB 200MG	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	MOTRIN INFANT DROPS 50/1.25	Covered	N/A
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	WAL-PROFEN TAB 200MG	Covered	N/A
<b>ANALGESICS - NONNARCOTIC</b>	ASPIRIN SUPPOSITORY 300MG	Covered	N/A
<b>ANDROGENS-ANABOLIC</b>	DEPO-TESTOSTERONE INJ 100MG/ML DEPO-TESTOSTERONE INJ 200MG/ML	Covered	N/A
<b>ANDROGENS-ANABOLIC</b>	TESTOSTERONE CYPIONATE INJ 100MG/ML TESTOSTERONE CYPIONATE INJ 200MG/ML	Covered	N/A
<b>ANDROGENS-ANABOLIC</b>	TESTOSTERONE ENANTHATE INJ 200MG/ML	Covered	N/A
<b>ANORECTAL AND RELATED PRODUCTS</b>	HYDROCORTISONE ENEMA 100MG	Covered	N/A
<b>ANORECTAL AND RELATED PRODUCTS</b>	PREPARATION H CREAM 1%	Covered	N/A
<b>ANTIANSIETY AGENTS</b>	LOREEV XR CAP 1MG LOREEV XR CAP 1.5MG LOREEV XR CAP 2MG LOREEV XR CAP 3MG	Non-covered / PA required	Generic lorazepam immediate release
<b>ANTICOAGULANTS</b>	HEPARIN SODIUM INJ 1000/ML HEPARIN SODIUM INJ 10000/10ML HEPARIN SODIUM INJ 10000/ML HEPARIN SODIUM INJ 5000/0.5ML HEPARIN SODIUM INJ 5000/ML HEPARIN SODIUM INJ 20000/ML HEPARIN SODIUM INJ 30000/30ML HEPARIN SODIUM INJ 50000/10ML	Covered	N/A
<b>ANTICONSULSANTS</b>	DIASTAT ACUDIAL GEL 5-10MG DIASTAT ACUDIAL GEL 12.5-20MG	Covered	N/A
<b>ANTICONSULSANTS</b>	DIASTAT PEDIATRIC GEL 2.5M GEL	Covered	N/A
<b>ANTIDIABETICS</b>	BAQSIMI ONE POWDER 3MG/DOSE BAQSIMI TWO POWDER 3MG/DOSE	Covered	N/A

<b>ANTIDIABETICS</b>	DIAZOXIDE SUSPENSION 50MG/ML	Non-covered / PA required	Refer to State PDL
<b>ANTIDIABETICS</b>	GLUCAGON EMERGENCY KIT 1MG	Non-covered / PA required	Refer to State PDL
<b>ANTIDIABETICS</b>	GVOKE HYPOPEN 1 INJ 0.5/.1ML GVOKE HYPOPEN 1 INJ 1MG/.2ML GVOKE HYPOPEN 2 INJ 0.5MG/.1ML GVOKE HYPOPEN 2 INJ 1MG/.2ML	Covered	N/A
<b>ANTIDIABETICS</b>	GVOKE KIT SOLUTION 1MG/0.2MG	Non-covered / PA required	Refer to State PDL
<b>ANTIDIABETICS</b>	PROGLYCEM SUSPENSION 50MG/ML	Non-covered / PA required	Refer to State PDL
<b>ANTIDIABETICS</b>	ZEGALOGUE INJ 0.6MG/0.6ML	Covered	N/A
<b>ANTIDEPRESSANTS</b>	NORTRIPTYLINE SOL 10MG/5ML	Covered	N/A
<b>ANTIFUNGALS</b>	FLUCYTOSINE CAP 250MG FLUCYTOSINE CAP 500MG	Covered	N/A
<b>ANTIHISTAMINES</b>	ALLEGRA ALLERGY TAB 30MG	Covered	N/A
<b>ANTIHISTAMINES</b>	ALLEGRA HIVE TAB 180MG	Covered	N/A
<b>ANTIHISTAMINES</b>	CETIRIZINE CHEWABLE 5MG CETIRIZINE CHEWABLE 10MG (generic OTC products)	Covered	N/A
<b>ANTIHISTAMINES</b>	FEXOFENADINE ORAL SUSPENSION 30MG/5ML (generic OTC products)	Covered	N/A
<b>ANTIHISTAMINES</b>	FEXOFENADINE TAB 60MG FEXOFENADINE TAB 180MG (generic OTC products)	Covered	N/A
<b>ANTIHISTAMINES</b>	LORATADINE CAP 10MG (generic OTC products)	Covered	N/A
<b>ANTIHISTAMINES</b>	LORATADINE SOLUTION 5MG/5ML LORATADINE SOLUTION 10/10ML (generic OTC products)	Covered	N/A
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	TRIMETHOPRIM TAB 100MG	Covered	N/A
<b>ANTIPSYCHOTICS/ ANTIMANIC AGENTS</b>	LOXAPINE CAP 5MG LOXAPINE CAP 10MG LOXAPINE CAP 25MG LOXAPINE CAP 50MG	Covered	N/A
<b>DERMATOLOGICALS</b>	7T LIDO GEL 2%	Non-covered / PA required	OTC generic and single source brand lidocaine agents

<b>DERMATOLOGICALS</b>	ASTERO GEL 4%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	BENZOYL PEROXIDE CREAM 2.5% (OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	BENZOYL PEROXIDE ER LIQUID CLEANSER 4.4% (OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	BENZOYL PEROXIDE GEL 4% BENZOYL PEROXIDE GEL 8% (OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	BENZOYL PEROXIDE LOTION 5% BENZOYL PEROXIDE LOTION 10% (OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	BENZOYL PEROXIDE SOLUTION 5.5% (OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	BRUSELIX CREAM 3.88%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	CAPSAICIN CREAM 0.025% CAPSAICIN CREAM 0.1% (select generic OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	CARAC CREAM 0.5%	Non-covered / PA required	Generic fluorouracil cream 5%; Generic fluorouracil solution 2%, 5%
<b>DERMATOLOGICALS</b>	CLOTRIMAZOLE SOLUTION 1% (generic OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	CLOTRIMAZOLE OINTMENT 1% (OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	DOCOSANOL CREAM 10% (generic OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	EFUDEX CREAM 5%	Non-covered / PA required	Generic fluorouracil cream 5%; Generic fluorouracil solution 2%, 5%
<b>DERMATOLOGICALS</b>	EHA LOTION 4%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	FLUOROURACIL CREAM 0.5%	Non-covered / PA required	Generic fluorouracil cream 5%; Generic fluorouracil solution 2%, 5%
<b>DERMATOLOGICALS</b>	GEN7T LOTION 3.5%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	GEN7T PAD 3.5%	Non-covered / PA required	OTC generic and single source brand lidocaine agents

<b>DERMATOLOGICALS</b>	GENTAMICIN CREAM 0.1%	Covered	N/A
<b>DERMATOLOGICALS</b>	GENTAMICIN OINTMENT 0.1%	Covered	N/A
<b>DERMATOLOGICALS</b>	GLYDO GEL 2%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	G-MYCO NAIL SOLUTION	Covered	N/A
<b>DERMATOLOGICALS</b>	KLISYRI OIN 1%	Non-covered / PA required	Generic fluorouracil cream 5%; Generic fluorouracil solution 2%, 5%; Generic imiquimod cream packets 3.75%, 5%
<b>DERMATOLOGICALS</b>	LDO PLUS GEL 4%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDOCAINE CRE 3% LIDOCAINE CRE 5% LIDOCAINE CRE 10%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDOCAINE HCL GEL 2% LIDOCAINE HCL GEL 2.8% LIDOCAINE HCL GEL 3% LIDOCAINE HCL GEL 4% (OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	LIDOCAINE GEL 2% LIDOCAINE GEL 2% JELLY (Prescription-only products)	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDOCAINE LOTION 3%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDOCAINE PAD 3.5%	Covered	N/A
<b>DERMATOLOGICALS</b>	LIDOCAINE HC CRE 4.12%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDOPIN CREAM 3% LIDOPIN CREAM 3.25%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDORX GEL 3%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDO-SORB LOTION 3%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDOTRAL CREAM 3.88%	Non-covered / PA required	OTC generic and single source brand lidocaine agents

<b>DERMATOLOGICALS</b>	LIDOTRAN CREAM 3.88%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDTOPIC CREAM 7.5%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LIDTOPIC MAX CREAM 10%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	LYDEXA CREAM 4.12%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	MYCO NAIL SPRAY MYCO-NAIL SOLUTION (OTC products)	Covered	N/A
<b>DERMATOLOGICALS</b>	NEUROZYL CREAM 4.12%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	PROXIVOL GEL 2%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	TOLAK CRE 4%	Non-covered / PA required	Generic fluorouracil cream 5%; Generic fluorouracil solution 2%, 5%
<b>DERMATOLOGICALS</b>	TRILOCAINE CREAM 4.12%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DERMATOLOGICALS</b>	ZIONODIL LOTION 3%	Non-covered / PA required	OTC generic and single source brand lidocaine agents
<b>DIAGNOSTIC PRODUCTS</b>	FREESTYLE TEST STRIP	Non-covered / PA required	Refer to State PDL
<b>DIAGNOSTIC PRODUCTS</b>	FREESTYLE INSULINX TEST STRIP	Non-covered / PA required	Refer to State PDL
<b>DIAGNOSTIC PRODUCTS</b>	FREESTYLE LITE TEST STRIP	Non-covered / PA required	Refer to State PDL
<b>DIAGNOSTIC PRODUCTS</b>	FREESTYLE PRECISION NEO TEST STRIP	Non-covered / PA required	Refer to State PDL
<b>DIAGNOSTIC PRODUCTS</b>	PRECISION XTRA TEST STRIP	Non-covered / PA required	Refer to State PDL

<b>DIAGNOSTIC PRODUCTS</b>	RELION TRUE METRIX TEST STRIP	Covered	N/A
<b>DIAGNOSTIC PRODUCTS</b>	TRUE METRIX GLUCOSE TEST STRIP	Covered	N/A
<b>DIURETICS</b>	CAROSPIR SUSPENSION 25MG/5ML	Non-covered / PA required	Generic spironolactone tablet
<b>DIURETICS</b>	SOAANZ TAB 20MG SOAANZ TAB 40MG SOAANZ TAB 60MG	Non-covered / PA required	Generic torsemide tablet
<b>DIURETICS</b>	SPIRONOLACTONE SUSPENSION 25MG/5ML	Non-covered / PA required	Generic spironolactone tablet
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	LEVOCARNITINE TAB 330MG	Covered	N/A
<b>ESTROGENS</b>	ALORA DIS 0.025MG ALORA DIS 0.075MG ALORA DIS 0.1MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	BIJUVA CAP 0.5-100MG BIJUVA CAP 1-100MG	Non-covered / PA required	Individual generic ingredients (estradiol and progesterone)
<b>ESTROGENS</b>	CLIMARA DIS 0.025MG CLIMARA DIS 0.0375MG CLIMARA DIS 0.05MG CLIMARA DIS 0.06MG CLIMARA DIS 0.075MG CLIMARA DIS 0.1MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	DIVIGEL GEL 0.25MG DIVIGEL GEL 0.5MG DIVIGEL GEL 0.75MG DIVIGEL GEL 1.25MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	DIVIGEL GEL 1MG/GM	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	DOTTI DIS 0.025MG DOTTI DIS 0.0375MG DOTTI DIS 0.05MG DOTTI DIS 0.075MG DOTTI DIS 0.1MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	ELESTRIN GEL 0.06%	Non-covered / PA required	Generic estradiol weekly transdermal patches

<b>ESTROGENS</b>	ESTRADIOL DIS 0.025MG (TWICE WEEKLY) ESTRADIOL DIS 0.0375MG (TWICE WEEKLY) ESTRADIOL DIS 0.05MG (TWICE WEEKLY) ESTRADIOL DIS 0.075MG (TWICE WEEKLY) ESTRADIOL DIS 0.1MG (TWICE WEEKLY)	Non-covered / PA required	Generic estradiol <b>weekly</b> transdermal patches
<b>ESTROGENS</b>	ESTRADIOL GEL 0.06%	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	ESTRADIOL GEL 0.25MG ESTRADIOL GEL 0.5MG ESTRADIOL GEL 0.75MG ESTRADIOL GEL 1.25MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	ESTRADIOL GEL 1MG/GM	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	ESTROGEL GEL	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	EVAMIST SPR 1.53MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	LYLLANA DIS 0.025MG LYLLANA DIS 0.0375MG LYLLANA DIS 0.05MG LYLLANA DIS 0.075MG LYLLANA DIS 0.1MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	MENOSTAR DIS 14MCG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	MINIVELLE DIS 0.025MG MINIVELLE DIS 0.0375MG MINIVELLE DIS 0.05MG MINIVELLE DIS 0.075MG MINIVELLE DIS 0.1MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>ESTROGENS</b>	VIVELLE-DOT DIS 0.025MG VIVELLE-DOT DIS 0.0375MG VIVELLE-DOT DIS 0.05MG VIVELLE-DOT DIS 0.075MG VIVELLE-DOT DIS 0.1MG	Non-covered / PA required	Generic estradiol weekly transdermal patches
<b>HEMATOLOGICAL AGENTS - MISC.</b>	ANAGRELIDE CAP 0.5MG ANAGRELIDE CAP 1MG	Covered	N/A
<b>HEMATOPOIETIC AGENTS</b>	ABATRON AF TAB	Covered	N/A
<b>HEMATOPOIETIC AGENTS</b>	FE C PLUS TAB	Covered	N/A



<b>HEMATOPOIETIC AGENTS</b>	HEMATOGEN CAP	Covered	N/A
<b>HEMATOPOIETIC AGENTS</b>	HEMAX TAB	Covered	N/A
<b>HEMATOPOIETIC AGENTS</b>	IRON 100 TAB PLUS	Covered	N/A
<b>HEMATOPOIETIC AGENTS</b>	IRON COMPLEX CAP	Covered	N/A
<b>LAXATIVES</b>	SENNAPLUS CAP 8.6-50MG	Covered	N/A
<b>LAXATIVES</b>	STOOL SOFTENER/LAXATIVE CAP 8.6-50MG	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	ACCU-CHEK KIT FASTCLIX (LANCET DEVICE)	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	ACCU-CHEK KIT SOFTCLIX (LANCET DEVICE)	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	ADJ LANCING MIS DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	ADV LANCING MIS DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	ADVOCATE MIS LANCING DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	AUTOLET II KIT CLINISAF (LANCET DEVICE)	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	AUTOLET LITE KIT (LANCET DEVICE)	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	AUTOLET LITE KIT CLINISAF (LANCET DEVICE)	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	AUTOLET LITE KIT STARTER (LANCET DEVICE)	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	CARETOUCH MIS EJECTOR (LANCET DEVICE)	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	CHOSEN MIS LANCING DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	DROPLET GENT MIS LANCING DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	EASY MINI MIS (LANCET DEVICE)	Non-covered / PA required	Refer to Comprehensive Drug List

<b>MEDICAL DEVICES AND SUPPLIES</b>	EASY MINI MIS EJECT (LANCET DEVICE)	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	EASY TOUCH MIS /EJECTOR (LANCET DEVICE)	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	EMBRACE LANCET MIS /EJECTOR	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	FREESTYLE KIT FREEDOM	Non-covered / PA required	Refer to State PDL
<b>MEDICAL DEVICES AND SUPPLIES</b>	FREESTYLE KIT LITE	Non-covered / PA required	Refer to State PDL
<b>MEDICAL DEVICES AND SUPPLIES</b>	GENTEEL LANC KIT BLUE (LANCET DEVICE)	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	GLOBAL LANCET MIS DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	GNP LANCING MIS DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	GOJJI MIS LANCET DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	HYPOLANCE KIT LANCING DEVICE	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	LANCET AUTO MIS INJECTOR	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	LANCET WITH MIS EJECTOR	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	LANCING DEVICE MIS	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	MICROLET MIS NEXT (LANCET DEVICE)	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	MULTI-LANCET MIS DEVICE (LANCET DEVICE)	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	ONETOUCH MIS LANCING DEVICE	Covered	N/A

<b>MEDICAL DEVICES AND SUPPLIES</b>	ONETOUCH DEL MIS LANCING DEVICE	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	PRECISION NEO SYSTEM KIT FREESTYLE	Non-covered / PA required	Refer to State PDL
<b>MEDICAL DEVICES AND SUPPLIES</b>	PRODIGY MIS LANCET DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	RAPID-SAFE MIS LANCING DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	RELION KIT LANCING DEVICE	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	RELION TRUE KIT METRIX AIR	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	SELECT-LITE KIT DEVICE/LANCET	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	SIMPLE DIAG MIS LANCING DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	SM TRUEDRAW MIS LANCING DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	SOLUS V2 MIS LANCING DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	TRUE METRIX KIT AIR	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	TRUE METRIX KIT METER	Covered	N/A
<b>MEDICAL DEVICES AND SUPPLIES</b>	ULTI-LANCE MIS CLR TIP (LANCET DEVICE)	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MEDICAL DEVICES AND SUPPLIES</b>	VANTAGE LANCING MIS DEVICE	Non-covered / PA required	Refer to Comprehensive Drug List
<b>MIGRAINE PRODUCTS</b>	ERGOTAMINE/CAFFEINE TAB 1-100MG	Covered	N/A
<b>MIGRAINE PRODUCTS</b>	MIGERGOT SUPPOSITORY 2/100MG	Covered	N/A
<b>MOUTH/THROAT/DENTAL AGENTS</b>	FRAICHE CONCENTRATE 0.63%	Covered	N/A
<b>MOUTH/THROAT/DENTAL AGENTS</b>	FRAICHE RINSE CONCENTRATE 0.63%	Covered	N/A
<b>MOUTH/THROAT/DENTAL AGENTS</b>	KOURZEQ PASTE 0.1%	Covered	N/A

<b>MOUTH/THROAT/ DENTAL AGENTS</b>	ORALONE DENTAL PASTE 0.1%	Covered	N/A
<b>MOUTH/THROAT/ DENTAL AGENTS</b>	PERIOMED CONCENTRATE 0.63%	Covered	N/A
<b>MOUTH/THROAT/ DENTAL AGENTS</b>	TRIAMCINOLON PASTE DENTAL 0.1%	Covered	N/A
<b>MULTIVITAMINS</b>	ACTIVITE TAB	Non- covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>MULTIVITAMINS</b>	DEXATRAN CAP	Non- covered / PA required	Generic OTC multivitamins with minerals
<b>MULTIVITAMINS</b>	DIALYVITE TAB	Non- covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>MULTIVITAMINS</b>	FOLAGENT CAP DHA	Non- covered / PA required	Generic OTC multivitamins with minerals
<b>MULTIVITAMINS</b>	FOLAMED DHA CAP	Non- covered / PA required	Generic OTC multivitamins with minerals
<b>MULTIVITAMINS</b>	GENICIN TAB VITA-S	Non- covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>MULTIVITAMINS</b>	MENATROL CAP	Non- covered / PA required	Generic OTC multivitamins with minerals
<b>MULTIVITAMINS</b>	MULTIPRO CAP	Non- covered / PA required	Generic OTC multivitamins with minerals
<b>MULTIVITAMINS</b>	MULTIPLE VITAMINS W/ MINERALS CAP (select generic OTC products)	Covered	N/A
<b>MULTIVITAMINS</b>	MULTIPLE VITAMINS W/ MINERALS TAB (select generic prescription-only and OTC products)	Covered	N/A
<b>MULTIVITAMINS</b>	MULTIPLE VITAMINS W/ MINERALS LIQUID (select generic OTC products)	Covered	N/A
<b>MULTIVITAMINS</b>	MULTIVITAMIN/FLUORIDE DRO 0.5MG/ML	Covered	N/A
<b>MULTIVITAMINS</b>	NEPHRONEX TAB	Non- covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>MULTIVITAMINS</b>	OCUVEL CAP 0.5MG	Non- covered / PA required	Generic OTC multivitamins with minerals

<b>MULTIVITAMINS</b>	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLUTION 0.25 MG/ML (select generic prescription-only and OTC products)	Covered	N/A
<b>MULTIVITAMINS</b>	REMEDIENT CAP	Non-covered / PA required	Generic OTC multivitamins with minerals
<b>MULTIVITAMINS</b>	TM-VITE RX TAB	Non-covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>MULTIVITAMINS</b>	TRONVITE TAB	Non-covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>MULTIVITAMINS</b>	V-C FORTE CAP	Non-covered / PA required	Generic OTC multivitamins with minerals
<b>MULTIVITAMINS</b>	VIC-FORTE CAP	Non-covered / PA required	Generic OTC multivitamins with minerals
<b>MULTIVITAMINS</b>	VITASURE TAB	Non-covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>MULTIVITAMINS</b>	VP-VITE RX TAB	Non-covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>MULTIVITAMINS</b>	XVITE TAB	Non-covered / PA required	Generic OTC B-complex with vitamin C and folic acid products
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	BUDESONIDE NASAL SPRAY 32MCG/ACTUATION (generic OTC products)	Covered	N/A
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	CROMOLYN SODIUM NASAL SPRAY 5.2MG/ACTUATION (generic OTC products)	Covered	N/A
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	FLUTICASONE NASAL SPRAY 50MCG/ACTUATION (generic OTC products)	Covered	N/A
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	TRIAMCINOLON SPRAY 55MCG/ACTUATION (generic OTC products)	Covered	N/A
<b>OPHTHALMIC AGENTS</b>	LACRISERT MIS 5MG OPHTHALMIC	Non-covered / PA required	Generic cyclosporine ophthalmic emulsion
<b>OPHTHALMIC AGENTS</b>	PILOCARPINE SOLUTION 1% OPHTHALMIC PILOCARPINE SOLUTION 2% OPHTHALMIC PILOCARPINE SOLUTION 4% OPHTHALMIC	Covered	N/A
<b>OPHTHALMIC AGENTS</b>	RHOPRESSA SOLUTION 0.02%	Covered	N/A
<b>OPHTHALMIC AGENTS</b>	TRIFLURIDINE SOLUTION 1% OPHTHALMIC	Covered	N/A

<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 5-12.5MG CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10-25MG	Covered	N/A
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	DALFAMPRIDINE TAB 10MG ER	Covered	N/A
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	DISULFIRAM TAB 250MG DISULFIRAM TAB 500MG	Covered	N/A
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	FINGOLIMOD CAP 0.5MG	Covered	N/A
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	KESIMPTA INJ 20MG/.4ML	Covered with PA	N/A
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	PERPHENAZINE/AMITRIPTYLINE TAB 2-10MG PERPHENAZINE/AMITRIPTYLINE TAB 2-25MG PERPHENAZINE/AMITRIPTYLINE TAB 4-10MG PERPHENAZINE/AMITRIPTYLINE TAB 4-25MG PERPHENAZINE/AMITRIPTYLINE TAB 4-50MG	Covered	N/A
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	TERIFLUNOMIDE TAB 7MG TERIFLUNOMIDE TAB 14MG	Covered	N/A
<b>ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS</b>	DARTISLA ODT TAB 1.7MG	Non-covered / PA required	Generic glycopyrrolate tablet 1mg, 2mg
<b>ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS</b>	GLYCATE TAB 1.5MG	Non-covered / PA required	Generic glycopyrrolate tablet 1mg, 2mg
<b>ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS</b>	GLYCOPYRROLATE TAB 1.5MG	Non-covered / PA required	Generic glycopyrrolate tablet 1mg, 2mg
<b>URINARY ANTISPASMODICS</b>	FESOTERODINE TAB 4MG ER FESOTERODINE TAB 8MG ER	Covered	N/A
<b>URINARY ANTISPASMODICS</b>	MYRBETRIQ TAB 25MG MYRBETRIQ TAB 50MG	Covered	N/A
<b>URINARY ANTISPASMODICS</b>	TOVIAZ TAB 4MG TOVIAZ TAB 8MG	Non-covered / PA required	Refer to State PDL
<b>VAGINAL AND RELATED PRODUCTS</b>	ESTRACE VAGINAL CREAM 0.01%	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet
<b>VAGINAL AND RELATED PRODUCTS</b>	ESTRADIOL CREAM 0.01%	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet

VAGINAL AND RELATED PRODUCTS	ESTRING MIS 2MG	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet
VAGINAL AND RELATED PRODUCTS	ESTRING MIS 7.5/24HR	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet
VAGINAL AND RELATED PRODUCTS	FEMRING MIS 0.05/24HR FEMRING MIS 0.1MG/24HR	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet
VAGINAL AND RELATED PRODUCTS	GYNECORT 10 CREAM 1% (OTC)	Covered	N/A
VAGINAL AND RELATED PRODUCTS	IMVEXXY MAINTENANCE VAGINAL INSERT 4MCG IMVEXXY MAINTENANCE VAGINAL INSERT 10MCG	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet
VAGINAL AND RELATED PRODUCTS	IMVEXXY STARTER VAGINAL INSERT 4MCG IMVEXXY STARTER VAGINAL INSERT 10MCG	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet
VAGINAL AND RELATED PRODUCTS	PREMARIN VAGINAL CREAM 0.625MG	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet
VAGINAL AND RELATED PRODUCTS	VAGIFEM TAB 10MCG	Non-covered / PA required	Generic estradiol vaginal tablet, Yuvaferm vaginal tablet
VAGINAL AND RELATED PRODUCTS	VAGISIL CREAM 1% (OTC)	Covered	N/A

### What action do I need to take?

Some drugs may no longer be covered. Determine if a change to a covered drug can be done. If so, a new prescription needs to be sent to the pharmacy.

If the non-covered drug cannot be changed, a prior authorization may be needed.

### What if I have questions?

For members, call Pharmacy Customer Service at **866-781-5094 (TTY 1-866-773-9634)**, 24 hours a day, seven days a week.

For providers, you can find the *Comprehensive Drug List* on our website by visiting **www.HealthyBlueSC.com** and selecting **Providers**. If you need assistance with any other item, contact Provider Service at **866-757-8286**.