



April 2023

### Pharmacy Formulary Change Notice

Highmark Blue Cross Blue Shield CHPlus of Western New York is here to help you stay on top of your healthcare. We want to tell you about some upcoming changes to your Preferred Drug List (PDL) as of May 1, 2023.

Your PDL is a list of preferred drugs covered by Highmark BCBSWNY. A group of doctors and pharmacists check the PDL to make sure the drugs you're taking are safe and effective.

Effective for all CHPlus members on May 1, 2023		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
(OTC) CHLOR-TRIMETON 12MG TABLET CR CHLOR-TRIMETON 4MG TABLET (OTC) XYZAL 5MG TABLET LEVOCETIRIZINE 5MG TABLET	PREFERRED	N/A
TREXALL 5MG TABLET TREXALL 7.5MG TABLET TREXALL 10MG TABLET TREXALL 15MG TABLET	NON-PREFERRED WITH STEP THERAPY	METHOTREXATE 2.5MG TABLET
HUMIRA PEDIATRIC CROHNS INJECTION HUMIRA PEDIATRIC UC PEN KIT HUMIRA CD/UC/HS PEN HUMIRA CD/UC/HS PEN KIT HUMIRA PS/UV PEN HUMIRA PS/UV PEN KIT HUMIRA 20/0.2ML INJECTION HUMIRA 40/0.4ML INJECTION HUMIRA 40/0.4ML PEN HUMIRA 40MG/0.8 KIT HUMIRA 80/0.8ML PEN	NON-PREFERRED WITH STEP THERAPY	(PA REQUIRED) AMJEVITA 20 MG SYRINGE AMJEVITA 40 MG SURECLICK PEN
SUNLENCA 300MG TABLET SUNLENCA INJECTION	COVERED WITH PA	N/A
INFED 50MG/ML INJECTION	NON-PREFERRED WITH PA	(PA REQUIRED) FERUMOXYTOL 510/17ML INJECTION

<b>UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2023</b> <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
<b>ANTIDEPRESSANTS</b>	AUVELITY 45 MG/105 MG TABLET	ADD PA AND QL 2 TABLETS PER DAY
<b>ANTIDIABETICS</b>	TZIELD 2MG/2ML INJECTION	ADD PA AND DOSING LIMITS
<b>ANTIFUNGALS</b>	VIVJOA 150MG CAPSULE	ADD PA AND QL 18 CAPSULES (1 CARTON) PER YEAR
<b>ANTI-INFECTIVES - THROAT</b>	NYSTATIN 100,000 UNITS/ML SUSPENSION	UPDATE QL 24 ML PER DAY
<b>ANTIMETABOLITES*</b>	JYLAMVO 2 MG/ML ORAL SOLUTION	ADD PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	IMJUDO 25/1.25ML INJECTION IMJUDO 300/15ML INJECTION	ADD PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>	LYTGOBI 12 MG, 16 MG, 20 MG CARTON	ADD PA AND QL 1 CARTON PER 7 DAYS
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	PEDMARK 12.5GM INJECTION	ADD PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	TECVAYLI 30MG/3ML INJECTION TECVAYLI 153/1.7 INJECTION	ADD PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>	VEGZELMA 100 MG, 400 MG VIAL	ADD PA AND QL 1.25 MG PER EYE
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	ELAHERE 5MG/ML INJECTION	ADD PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	REZLIDHIA 150MG CAPSULE	ADD PA AND QL 1 CAPSULES PER DAY
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	HYRIMOZ 10 MG/0.2 ML PREFILLED SYRINGE	ADD QL 2 SYRINGES PER 28 DAYS
<b>ANTIVIRALS</b>	FUZEON 90MG INJ	UPDATE QL: 2 VIALS PER DAY
<b>CHELATING AGENTS</b>	CUVRIOR 300 MG TABLET	ADD PA AND QL 10 TABLETS PER DAY
<b>DERMATOLOGICALS</b>	JUBLIA 10% SOLUTION	ADD QL 8 ML PER 30 DAYS
<b>DERMATOLOGICALS</b>	ZYCLARA 2.5% CREAM (PUMP) ZYCLARA 3.75% CREAM (PACKETS) ZYCLARA 3.75% CREAM (PUMP)	1 PUMP OR 1 BOX (28 PACKETS) PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
<b>DERMATOLOGICALS</b>	TOLNAFTATE 1% CREAM	UPDATE QL 30 GM PER 30 DAYS
<b>DERMATOLOGICALS</b>	FORMULA 7 RAPID GEL	ADD QL 28 GM PER 30 DAYS

<b>DERMATOLOGICALS</b>	FUNGIFOAM 1% AEROSAL	ADD QL 75 GM PER 30 DAYS
<b>DIABETIC SUPPLIES</b>	OMNIPOD 5 POD	ADD QL 15 PODS PER 30 DAYS
<b>DIABETIC SUPPLIES</b>	DEXCOM G7 RECEIVER	ADD QL 1 RECEIVER PER YEAR
<b>DIABETIC SUPPLIES</b>	DEXCOM G7 SENSOR	ADD QL 3 SENSORS/TRANSMITTERS PER 30 DAYS
<b>DIABETIC SUPPLIES</b>	FREESTYLE LIBRE 3 SENSOR FREESTYLE LIBRE 14 DAY SENSOR	ADD QL 2 SENSORS PER 28 DAYS
<b>DIGESTIVE AIDS</b>	SUCRAID 17,000 UNITS/2 ML SINGLE-USE ORAL SOLUTION	ADD QL 300 ML PER 30 DAYS
<b>DIURETICS</b>	FUROSCIX 80 MG/10 ML KIT	ADD PA AND QL 6 KITS PER 30 DAYS
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	PHEBURANE 483/GM ORAL PELLETT	ADD QL 8 BOTTLES PER 30 DAYS
<b>ESTROGEN COMBINATIONS*</b>	BIJUVA 0.5MG/100MG CAPSULE	ADD QL 1 CAPSULE PER DAY
<b>ESTROGENS</b>	ELESTRIN GEL 0.06%	UPDATE QL 52 GRAMS PER 30 DAYS
<b>ESTROGENS</b>	EVAMIST 1.53MG SPRAY	UPDATE QL 16.2 ML PER 30 DAYS
<b>ESTROGENS</b>	ESTROGEL GEL	UPDATE QL 50 GRAMS PER 30 DAYS
<b>GASTROINTESTINAL AGENTS - MISC.</b>	SKYRIZI 180 MG/ 1.2 ML PREFILLED CARTRIDGE	ADD NEW QL 1 KIT PER 56 DAYS (8 WEEKS)
<b>CYSTINOSIS AGENTS</b>	CYSTAGON 50MG CAPSULE CYSTAGON 150MG CAPSULE PROCYSBI 25MG GRANULES PROCYSBI 75MG GRANULES PROCYSBI 300MG GRANULES	ADD PA
<b>GOUT AGENTS</b>	ZYLOPRIM 100 MG TABLET	ADD QL 8 TABLETS PER DAY
<b>GOUT AGENTS</b>	ALLOPURINOL 200 MG TABLET	ADD QL 4 TABLETS PER DAY
<b>GOUT AGENTS</b>	ZYLOPRIM 300 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>HEMATOLOGICAL AGENTS - MISC.*</b>	ULTOMIRIS 245 MG/ 3.5 ML PREFILLED CARTRIDGE	ADD QL 2 CARONS PER WEEK
<b>INSULINS</b>	INSULIN DEGLUDEC/INSULIN DEGLUDEC FLEXTOUCH U-100 INSULIN GLARGINE/INSULIN GLARGINE SOLOSTAR U-100*	ADD QL 30 ML PER 30 DAYS
<b>INSULINS</b>	INSULIN DEGLUDEC FLEXTOUCH U- 200	ADD QL 18 ML PER 30 DAYS
<b>INSULINS*</b>	REZVOGLAR KWIKPEN U-100	ADD QL 30 ML PER 30 DAYS

<b>MUSCULOSKELETAL THERAPY AGENTS</b>	METHOCARBAMOL 1,000 MG TABLET	ADD QL 4 TABLETS PER DAY
<b>NEUROMUSCULAR AGENTS</b>	RELYVRIO 3-1GM PAK	ADD PA AND QL 7 PACKETS- 3 CARTONS ONCE, ONE TIME FILL 56 PACKETS- 1 CARTON PER 28 DAYS
<b>OPHTHALMIC AGENTS</b>	BEPREVE 1.5% DROPS	UPDATE QL 10 ML PER 30 DAYS
<b>PROTON PUMP INHIBITORS*</b>	KONVOMEK SOLUTION	ADD QL 20 mL per day
<b>RESPIRATORY AGENTS - MISC.</b>	PIRFENIDONE 534 MG TABLET	ADD QL 3 TABLETS PER DAY
<b>RESPIRATORY AGENTS - MISC.</b>	ORKAMBI 75-94MG GRANULES	ADD QL 2 PACKETS PER DAY
<b>VAGINAL ESTROGENS</b>	ESTRACE VAGINAL CREAM 0.01%	ADD QL 42.5 GRAMS PER 30 DAYS

*\*THIS CHANGE WILL BE IMPELMENTED ONCE THE MEDICATION IS ON THE MARKET*

*\*\*THIS CHANGE WILL BE IMPLEMENTED ASAP*

### **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 them 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, they will need to get approval from Highmark BCBSWNY first by calling **866-231-0847**.

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 Member Services at **866-231-0847 (TTY 711)**, Monday through Friday from 8:30 a.m. to 6 p.m. Eastern time.

Enclosures: Get help in another language

Nondiscrimination notice

**bcbswny.com/stateplans**

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