



December 2024

Pharmacy Formulary Change Notice

Highmark Blue Cross Blue Shield (Highmark BCBS) 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 February 1, 2025 for Child Health Plus (CHP) members.

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

EFFECTIVE FOR ALL CHP MEMBERS ON 2/1/2025		
MEDICATION	CHANGES	YOUR DOCTOR MAY CHANGE IT TO ONE OF THESE PREFERRED DRUGS:
ARMODAFINIL 50MG TABLET ARMODAFINIL 150MG TABLET ARMODAFINIL 200MG TABLET ARMODAFINIL 250MG TABLET MODAFINIL 100MG TABLET MODAFINIL 200MG TABLET	PREFERRED WITH PA	N/A
BASAGLAR KWIKPEN	NON-PREFERRED	INSULIN GLARGINE 100U/ML VIAL/PEN INSULIN GLARGINE-YFGN 100U/ML VIAL/PEN GLARGINE-YFGN 100U/ML VIAL/PEN LANTUS/LANTUS SOLOSTAR
INSULIN GLARGINE 100U/ML VIAL/PEN INSULIN GLARGINE-YFGN 100U/ML VIAL/PEN GLARGINE-YFGN 100U/ML VIAL/PEN	PREFERRED	N/A
TRULICITY 0.75MG/0.5ML TRULICITY 1.5MG/0.5ML TRULICITY 3MG/0.5ML TRULICITY 4.5MG/0.5ML	NON-PREFERRED	OZEMPIC INJECTION LIRAGLUTIDE INJECTION (PA REQUIRED)
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2025 NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY		
ADBRY 300MG/2ML INJECTION	ADD QL: 1 AUTOINJECTOR PER 28 DAYS	

AKEEGA 50/500MG TABLET AKEEGA 100/500 TABLET	UPDATE QL: 2 TABLETS PER DAY
AMLODIPINE/BENAZEPRIL 2.5-10MG CAPSULE AMLODIPINE/BENAZEPRIL 5-10MG CAPSULE AMLODIPINE/BENAZEPRIL 5-20MG CAPSULE	UPDATE QL: 2 CAPSULES PER DAY
APAP/CODEINE 120MG-12MG/5ML SUSPENSION OR ELIXIR	UPDATE QL: 90ML PER DAY
AUSTEDO 6MG TABLET	UPDATE QL: 2 TABLETS PER DAY
AUSTEDO XR 24MG TABLET	UPDATE QL: 1 TABLET PER DAY
AUSTEDO XR 18MG TABLET ER	ADD QL: 1 TABLET PER DAY
AUSTEDO XR 30MG TABLET ER AUSTEDO XR 36MG TABLET ER AUSTEDO XR 42MG TABLET ER AUSTEDO XR 48MG TABLET ER	ADD QL: 1 TABLET PER DAY
AUSTEDO XR 6MG TABLET AUSTEDO XR 12MG TABLET	UPDATE QL: 1 TABLET PER DAY
BACLOFEN 15MG TABLET	ADD QL: 3 TABLETS PER DAY
BENAZEPRIL 5MG TABLET BENAZEPRIL 10MG TABLET BENAZEPRIL 20MG TABLET ENALAPRIL 2.5MG TABLET ENALAPRIL 5MG TABLET ENALAPRIL 10MG TABLET ENALAPRIL/HYDROCHLOROTHIAZIDE 5MG/12.5MG TABLET FOSINOPRIL 10MG TABLET FOSINOPRIL 20MG TABLET LISINOPRIL 2.5MG TABLET LISINOPRIL 5MG TABLET LISINOPRIL 10MG TABLET LISINOPRIL 20MG TABLET MOEXIPRIL 7.5MG TABLET QUINAPRIL 5MG TABLET QUINAPRIL 10MG TABLET QUINAPRIL 20MG TABLET	UPDATE QL: 4 TABLETS PER DAY
BENLYSTA 200MG/ML PREFILLED SYRINGE OR AUTOINJECTOR	ADD DOSING: 15KG TO LESS THAN 40KG: 2 INJECTIONS PER 28 DAYS ADD QUANTITY LIMIT: 40KG AND ABOVE: 4 INJECTIONS PER 28 DAYS

CAPTOPRIL 12.5MG TABLET CAPTOPRIL 25MG TABLET CAPTOPRIL 50MG TABLET	UPDATE QL: 6 TABLETS PER DAY
CATAPRES-TTS-1 (CLONIDINE) 0.1MG TRANSDERMAL PATCH CATAPRES-TTS-2 (CLONIDINE) 0.2MG TRANSDERMAL PATCH	UPDATE QL: 12 PATCHES PER 28 DAYS
CHEWTADZY 5MG CHEWABLE TABLET	NEW PA AND QL: 1 TABLET PER DAY
CLONIDINE 0.1MG TABLET CLONIDINE 0.2MG TABLET	UPDATE QL: 6 TABLETS PER DAY
COREG (CARVEDILOL) 3.125MG TABLET COREG (CARVEDILOL) 6.25MG TABLET COREG (CARVEDILOL) 12.5MG TABLET	UPDATE QL: 4 TABLETS PER DAY
COREG CR (CARVEDILOL ER) 10MG CAPSULE COREG CR (CARVEDILOL ER) 20MG CAPSULE INDERAL LA (PROPRANOLOL ER) 60MG CAPSULE INDERAL LA (PROPRANOLOL ER) 80MG CAPSULE INDERAL LA (PROPRANOLOL ER) 120MG CAPSULE	UPDATE QL: 4 CAPSULES PER DAY
COREG CR (CARVEDILOL ER) 40MG CAPSULE	UPDATE QL: 2 CAPSULES PER DAY
DEXILANT 30MG CAPSULE DEXILANT 60MG CAPSULE	REMOVE QL: 1 CAPSULE PER DAY
EBGLYSS 250MG/2ML INJECTION	ADD PA AND QL: 1 PEN/SYRINGE PER 28 DAYS
EDURANT PED 2.5MG TABLET FOR ORAL SUSPENSION	ADD QL: 6 TABLETS PER DAY
ENILLORING VAGINAL RING	ADD QL: 1 RING PER 28 DAYS
ERZOFRI 351MG ER INJECTION	ADD PA AND QL: 1 KIT, ONE TIME FILL
ERZOFRI 39MG ER INJECTION ERZOFRI 78MG ER INJECTION ERZOFRI 117MG ER INJECTION ERZOFRI 156MG ER INJECTION ERZOFRI 234MG ER INJECTION	ADD PA AND QL: 1 KIT EVERY 30 DAYS
ESOMEPRAZOLE STRONTIUM 49.3MG CAPSULE	REMOVE QL: 1 CAPSULE PER DAY
EZETIMIBE 10MG TABLET	REMOVE STEP THERAPY
FIRDAPSE 10MG TABLET	UPDATE QL: 10 TABLETS PER DAY
FREESTYLE LIBRE 3 SENSOR PLUS	ADD QL: 2 SENSORS PER 30 DAYS

GUAIFENESIN-CODEINE SOLUTION	UPDATE QL: 300ML PER 5 DAYS; 2 FILLS PER 30 DAYS
GUANFACINE 1MG TABLET	UPDATE QL: 2 TABLETS PER DAY
HISTEX-AC SYPRUP	ADD QL: 100ML PER 5 DAYS; 2 FILLS PER 30 DAYS
HORIZANT 300MG TABLET ER HORIZANT 600MG TABLET ER	ADD ST
HYCODAN 5MG-1.5MG/5ML SYRUP/SOLUTION	ADD QL: 150ML PER 5 DAYS; 2 FILLS PER 30 DAYS
HYCODAN 5MG-1.5MG TABLET	ADD QL: 30 TABLETS PER 5 DAYS; 2 FILLS PER 30 DAYS
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX 10MG-8MG/5ML SUSPENSION	UPDATE QL: 50ML PER 5 DAYS; 2 FILLS PER 30 DAYS
INGREZZA 40MG CAPSULE INGREZZA 60MG CAPSULE INGREZZA 80MG CAPSULE	ADD QL: 1 CAPSULE PER DAY
INTUNIV 1MG TABLET INTUNIV 2MG TABLET INTUNIV 3MG TABLET INTUNIV 4MG TABLET	REMOVE QL: 1 TABLET PER DAY
JUBBONTI 60MG/ML INJECTION	ADD PA AND QL: 60MG (1 PREFILLED SYRINGE) EVERY 6 MONTHS
KAPVAY 0.1MG TABLET	REMOVE QL: 4 TABLETS PER DAY
LABETALOL 100MG TABLET LABETALOL 200MG TABLET	UPDATE QL: 12 TABLETS PER DAY
LAZCLUZE 80MG TABLET LAZCLUZE 240MG TABLET	ADD PA AND QL: 80MG: 2 TABLETS PER DAY 240MG: 1 TABLET PER DAY
LIVDELZI 10MG CAPSULE	NEW PA AND QL: 1 CAPSULE PER DAY
LOTENSIN HCT (BENAZEPRIL/HYDROCHLOROTHIAZIDE) 5MG/6.25MG TABLET LOTENSIN HCT (BENAZEPRIL/HYDROCHLOROTHIAZIDE) 10MG/12.5MG TABLET ZESTORETIC (LISINOPRIL/HYDROCHLOROTHIAZIDE) 10MG/12.5MG TABLET AZOR (AMLODIPINE/OLMESARTAN) 5MG/20MG TABLET	

<p>EXFORGE (AMLODIPINE/VALSARTAN) 5MG/160MG TABLET HYZAAR (LOSARTAN/HYDROCHLOROTHIAZIDE) 50MG/12.5MG TABLET BENICAR HCT (OLMESARTAN/HYDROCHLOROTHIAZIDE) 20MG/12.5MG TABLET MICARDIS HCT (TELMISARTAN/HYDROCHLOROTHIAZIDE) 40MG/12.5MG TABLET DIOVAN HCT (VALSARTAN/HYDROCHLOROTHIAZIDE) 80MG/12.5MG, 160MG/12.5MG TABLET DIOVAN HCT (VALSARTAN/HYDROCHLOROTHIAZIDE) 80MG/12.5MG, 160MG/12.5MG TABLET EXFORGE HCT (AMLODIPINE/VALSARTAN/HCTZ) 5MG/160MG/12.5MG TABLET TRIBENZOR (AMLODIPINE/OLMESARTAN/HCTZ) 5MG/20MG/12.5MG TABLET TWINSTA (AMLODIPINE/TELMISARTAN) 5MG/40MG TABLET</p>	<p>UPDATE QL: 2 TABLETS PER DAY</p> <p>UPDATE QL: 2 TABLETS PER DAY</p>
LYMPHIR INJECTION	ADD PA
MAXI-TUSS CD LIQUID	ADD QL: 150ML PER 5 DAYS; 2 FILLS PER 30 DAYS
M-END PE LIQUID RYDEX LIQUID	ADD QL: 450ML PER 5 DAYS; 2 FILLS PER 30 DAYS
METHYLDOPA 250MG TABLET	UPDATE QL: 6 TABLETS PER DAY
NADOLOL 20MG TABLET NADOLOL 40MG TABLET	UPDATE QL: 4 TABLETS PER DAY
NALOXONE 0.4MG/ML INJECTION NALOXONE HCL 1MG/ML INJECTION NALOXONE INJECTION 2MG/2ML PREFILLED SYRINGE NALOXONE INJECTION 4MG/10ML VIAL	ADD QL: 6 CARPUJECTS/PREFILLED SYRINGES/VIALS PER 3 MONTHS
NEFFY 2MG/0.1ML NASAL SPRAY	ADD QL: 1 CARTON (2 SINGLE-DOSE NASAL SPRAYS) PER FILL; 4 FILLS PER CALENDAR YEAR
NEMLUVIO 30MG INJECTION	ADD PA AND QL: 1 PEN PER 28 DAYS
NEXIUM 2.5MG GRANULES PACKET NEXIUM 5MG GRANULES PACKET	REMOVE QL: 1 PACKET PER DAY

NEXIUM 10MG GRANULES PACKET NEXIUM 20MG GRANULES PACKET NEXIUM 40MG GRANULES PACKET	
NEXIUM (ESOMEPRAZOLE) 20MG TABLET/ CAPSULE OTC	REMOVE QL: 2 CAPSULES/TABLETS PER DAY
NEXIUM (ESOMEPRAZOLE) 20MG RX NEXIUM (ESOMEPRAZOLE) 40MG RX PREVACID (LANSOPRAZOLE) RX 15MG PREVACID (LANSOPRAZOLE) RX 30MG PREVACID (LANSOPRAZOLE) ODT 15MG PREVACID (LANSOPRAZOLE) ODT 30MG PRILOSEC (OMEPRAZOLE) RX 10MG PRILOSEC (OMEPRAZOLE) RX 20MG PRILOSEC (OMEPRAZOLE) RX 40MG	REMOVE QL: 1 CAPSULE/TABLET PER DAY
NIKTIMVO INJECTION	ADD PA
NYPOZI 300MCG/0.5ML INJECTION	ADD PA
OCREVUS ZUNOVO 920MG AND 23,000 UNITS/23ML SINGLE-DOSE VIAL	ADD PA AND QL: 1 VIAL PER 6 MONTHS
OHTUVAYRE 3MG/2.5ML AMPULE	ADD PA AND QL: 1 CARTON (60 AMPULES) PER 30 DAYS
ONYDA XR 0.1MG/ML SUSPENSION	ADD PA AND REMOVE QL: 4ML PER DAY
OPSYNVI TABLET	ADD PA
OXYCODONE/APAP 5/325MG/5ML SOLUTION	UPDATE QL: 60ML PER DAY
PAVBLU 2MG INJECTION ENZEEVU 2MG INJECTION AHZANTIVE 2MG INJECTION YESAFILI 2MG INJECTION OPUVIZ 2MG INJECTION	ADD PA AND DOSING DIABETIC MACULAR EDEMA, DIABETIC RETINOPATHY, NEOVASCULAR "WET" AGE-RELATED MACULAR DEGENERATION, RETINAL VEIN OCCLUSION: 2MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS. RETINOPATHY OF PREMATURITY: 0.4MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 10 DAYS
PEMAZYRE 4.5MG TABLET PEMAZYRE 9MG TABLET	UPDATE QL: 1 TABLET PER DAY
PIASKY 340MG/2ML INJECTION	ADD PA AND QL: 3 VIALS PER 28 DAYS
POLY-TUSSIN AC LIQUID CAPCOF 5-2-10MG SYRUP MAR-COF BP (PSEUDOEPHEDRINE- BROMPHENIRAMINE-CODEINE) LIQUID	ADD QL: 300ML PER 5 DAYS; 2 FILLS PER 30 DAYS
PRILOSEC 2.5MG POWDER PACKET	REMOVE QL: 1 PACKET PER DAY

PRILOSEC 10MG POWDER PACKET	
PRILOSEC OTC 20MG TABLET PREVACID 24 HR (LANSOPRAZOLE) 15MG OTC OMEPRAZOLE 20MG ODT	REMOVE QL: 2 CAPSULES/TABLETS PER DAY
PROMETHAZINE AND PHENYLEPHRINE WITH CODEINE SYRUP	UPDATE QL: 150ML PER 5 DAYS; 2 FILLS PER 30 DAYS
PROMETHAZINE/CODEINE SYRUP	UPDATE QL: 150ML PER 5 DAYS; 2 FILLS PER 30 DAYS
PROPRANOLOL 10MG TABLET PROPRANOLOL 20MG TABLET PROPRANOLOL 40MG TABLET PROPRANOLOL 60MG TABLET	UPDATE QL: 8 TABLETS PER DAY
PROTONIX 20MG TABLET PROTONIX 40MG TABLET	REMOVE QL: 1 TABLET/PACKET OF GRANULES FOR SUSPENSION PER DAY
QBREXZA 2.4% PAD	ADD PA
QELBREE (VILOXAZINE) 100MG CAPSULE	REMOVE DOSE OP: 1 CAPSULE PER DAY
QELBREE (VILOXAZINE) 150MG CAPSULE	REMOVE DOSE OP: 2 CAPSULES PER DAY
QELBREE (VILOXAZINE) 200MG CAPSULE	REMOVE DOSE OP: 3 CAPSULES PER DAY
RABEPRAZOLE 20MG TABLET/CAPSULE RABEPRAZOLE 10MG TABLET/CAPSULE	REMOVE QL: 1 TABLET/CAPSULE PER DAY
RABEPRAZOLE 5MG TABLET/CAPSULE	REMOVE QL: 1 TABLET/CAPSULE PER DAY
RAMIPRIL 1.25MG CAPSULE RAMIPRIL 2.5MG CAPSULE RAMIPRIL 5MG CAPSULE	UPDATE QL: 4 CAPSULES PER DAY
RIVIVE 3MG/0.1ML NASAL SPRAY REXTOVY 4MG/0.25ML NASAL SPRAY REZENOPY 10MG/0.11ML NASAL SPRAY	ADD QL: 6 NASAL SPRAYS (3 CARTONS) PER 3 MONTHS
RYSTIGGO 840MG/6ML VIAL	ADD QL: 6ML (1 VIAL) ONCE WEEKLY FOR 6 WEEKS (6 WEEKS = 1 CYCLE)
RYSTIGGO 280MG/2ML VIAL	ADD QL: 840MG OR 6ML (3 VIALS) ONCE WEEKLY FOR 6 WEEKS (6 WEEKS = 1 CYCLE)
RYSTIGGO 420MG/3ML VIAL	ADD QL: 3ML (1 VIAL) ONCE WEEKLY FOR 6 WEEKS (6 WEEKS= 1 CYCLE)
RYSTIGGO 560MG/4ML VIAL	ADD QL: 4ML (1 VIAL) ONCE WEEKLY FOR 6 WEEKS (6 WEEKS = 1 CYCLE)

RYTELO 47MG VIAL RYTELO 188MG VIAL	ADD PA AND DOSING: 7.1MG/KG PER 4 WEEKS
SIMLANDI 20MG/0.2ML SYRINGE	ADD QL: 2 SYRINGES PER 28 DAYS
SIMLANDI 40MG/0.4ML SYRINGE SIMLANDI 40/0.4ML 1 PEN KIT	ADD QL: 2 AUTOINJECTORS/SYRINGES PER 28 DAYS
SKYRIZI 600MG/10ML SINGLE-DOSE VIAL	UPDATE QL: 6 VIALS TOTAL TO LAST 12 WEEKS
SKYRIZI 90MG/ML PEN	UPDATE QL: 2 PREFILLED PENS PER 56 DAYS (8 WEEKS)
SOFDRA 12.45% GEL	ADD QL: 1 BOTTLE (40.2ML) PER 30 DAYS
STELARA 5MG/ML INJECTION STELARA 45MG/0.5ML INJECTION STELARA 90MG/ML INJECTION	ADD STEP THERAPY
STRATTERA (ATOMOXETINE) 10MG CAPSULE STRATTERA (ATOMOXETINE) 18MG CAPSULE STRATTERA (ATOMOXETINE) 25MG CAPSULE STRATTERA (ATOMOXETINE) 40MG CAPSULE	REMOVE DOSE OP: 2 CAPSULES PER DAY
STRATTERA (ATOMOXETINE) 60MG CAPSULE STRATTERA (ATOMOXETINE) 80MG CAPSULE STRATTERA (ATOMOXETINE) 100MG CAPSULE	REMOVE DOSE OP: 1 CAPSULE PER DAY
TAFINLAR 10MG TABLETS FOR ORAL SUSPENSION	UPDATE QL: 30 TABLETS PER DAY
TALTZ 20MG/0.5ML SYRINGE TALTZ 40MG/0.5ML SYRINGE	ADD QL: 1 SYRINGE PER 28 DAYS
TECELRA INJECTION	ADD PA
TEZRULY (TERAZOSIN) 1MG/ML ORAL SOLUTION	ADD PA AND QL: 20ML PER DAY
TREMFYA 100MG/ML PEN/SYRINGE	UPDATE QL: 1 PEN/SYRINGE PER 56 DAYS (8 WEEKS)
TREMFYA 200MG/20ML INJECTION	ADD QL: 3 VIALS TOTAL TO LAST 12 WEEKS
TREMFYA 200MG/2ML PEN/SYRINGE	ADD QL: 1 PEN/SYRINGE PER 28 DAYS (4 WEEKS)
TUSNEL C (PSEUDOEPHEDRINE-GUAIFENESIN WITH CODEINE) SYRUP TRIACIN C (PSEUDOEPHEDRINE-TRIPOLIDINE-CODEINE) SYRUP	ADD QL: 200ML PER 5 DAYS; 2 FILLS PER 30 DAYS

TUXARIN ER 54.3MG-8MG TABLET	ADD QL: 10 TABLETS PER 5 DAYS; 2 FILLS PER 30 DAYS
TUZISTRA XR SUSPENSION	ADD QL: 100ML PER 5 DAYS; 2 FILLS PER 30 DAYS
VAFSEO 150MG TABLET VAFSEO 300MG TABLET VAFSEO 450MG TABLET	ADD PA AND QL: 150MG AND 450MG: 1 TABLET PER DAY 300MG: 2 TABLETS PER DAY
VIGADRONE 500MG TABLET	ADD QL: 6 TABLETS PER DAY
VIGADRONE 500MG POWDER PACKET	ADD QL: 6 PACKETS PER DAY
VIGAFYDE 100MG/ML ORAL SOLUTION	ADD PA AND QL: 750ML PER 30 DAYS
VORANIGO 10MG TABLET VORANIGO 40MG TABLET	ADD PA AND QL: 10MG: 2 TABLETS PER DAY 40MG: 1 TABLET PER DAY
VYVGART HYTRULO SINGLE DOSE VIAL	UPDATE QL: 4 VIALS PER 28 DAYS
WYOST 120MG/1.7ML VIAL	ADD PA AND QL: 1 VIAL PER 28 DAYS
XCOPRI 12.5MG TABLET	ADD QL: 1 TABLET PER DAY
XCOPRI 25MG TABLET	ADD QL: 1 TABLET PER DAY
XENPOZYME 4MG INJECTION	ADD DOSING: 3MG/KG EVERY 2 WEEKS
YIMMUGO 100MG/ML INJECTION	ADD PA
YORVIPATH 168MCG/0.56ML INJECTION YORVIPATH 294MCG/0.98ML INJECTION YORVIPATH 420MCG/1.4ML INJECTION	ADD PA AND QL: 2 PREFILLED PENS (1 PACK) PER 28 DAYS
ZEGERID 20-1100MG CAPSULE OTC ZEGERID 20-1100MG CAPSULE RX ZEGERID 40-1100MG CAPSULE RX	REMOVE QL: 1 CAPSULE PER DAY
ZEGERID 20-1680MG PACKET ZEGERID 40-1680MG PACKET	REMOVE QL: 1 PACKET PER DAY
ZITUVIMET XR 100-1000MG TABLET	ADD QL: 1 TABLET PER DAY
ZITUVIMET XR 50-500MG TABLET ZITUVIMET XR 50-1000MG TABLET	ADD QL: 2 TABLETS PER DAY
ZORYVE (ROFLUMILAST) 0.15% CREAM	ADD PA AND QL: 60GM PER 30 DAYS
ZUNVEYL (BENZGALANTAMINE) 5MG TABLET ZUNVEYL (BENZGALANTAMINE) 10MG TABLET ZUNVEYL (BENZGALANTAMINE) 15MG TABLET	ADD QL: 2 TABLETS PER DAY

ZURNAI (NALMEFENE) 1.5MG/0.5ML INJECTION	ADD QL: 6 AUTOINJECTORS PER 3 MONTHS
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LEGEND

In each class, drugs are listed alphabetically by either brand name or generic name.

Brand-name drug: Uppercase in bold type

Generic drug: Lowercase in plain type

AL: Age limit restriction

DO: Dose Optimization Program

GR: Gender restriction

OTC: Over-the-counter medication available without a prescription. (Prescribers please indicate OTC on the prescription.)

PA: Prior authorization is required. Prior authorization is the process of obtaining approval of benefits before certain prescriptions are filled.

QL: Quantity limits; certain prescription medications have specific quantity limits per prescription per month.

SP: Specialty pharmacy

ST: Step therapy is required. You may need to use one medication before benefits for the use of another medication can be authorized.

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 BCBS first by calling **1-866-231-0847 (TTY 711)**.

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 **1-866-231-0847 (TTY 711)**, Monday through Friday, 8:30 a.m. to 6 p.m. Eastern time.

Enclosure: Get help in another language

www.bcbswny.com/stateplans

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

ATTENTION: Language assistance services, free of charge, are available to you. Call 866-231-0847 (TTY 711).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-231-0847 (TTY 711).	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 866-231-0847 (TTY 711)。	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (TTY 711) (رقم هاتف الصم والبكم 866-231-0847)	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 866-231-0847 (TTY 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 866-231-0847 (телетайп: TTY 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 866-231-0847 (TTY 711).	Italian
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-231-0847 (TTY 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 866-231-0847 (TTY 711).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 866-231-0847 (TTY 711).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 866-231-0847 (TTY 711).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 866-231-0847 (TTY 711).	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১- 866-231-0847 (TTY 711)।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 866-231-0847 (TTY 711).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 866-231-0847 (TTY 711).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 866-231-0847 (TTY 711)۔	Urdu
BAA !KOHWIINIDZIN: Saad bee 1ka'e'eyeed bee 1ka'an7da'awo', t'11 j77k'eh [a' n1 h0l=-go 1t'4. Kohj8' 866-231-0847 (TTY 711) hod7ilnih.	Navajo