



October 2021

Pharmacy Formulary Change Notice

Highmark Blue Cross Blue Shield 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 October 1, 2021.

Your PDL is a list of preferred drugs covered by BlueHealth Medicaid. 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 October 1, 2021		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
NALOXONE (SYRINGE, VIAL) NALTREXONE NARCAN NASAL SPRAY	PREFERRED WITH NO PA REQUIRED	N/A
SUBLOCADE INJECTION VIVITROL INJECTION	PREFERRED WITH NO PA REQUIRED; COVERED THROUGH EITHER PHARMACY OR MEDICAL BENEFIT	N/A
SUBOXONE FILM	PREFERRED WITH NO PA REQUIRED	N/A
BUPRENORPHINE/NALOXONE FILM*	NON-PREFERRED WITH PA REQUIRED	SUBOXONE FILM
BUPRENORPHINE SUBLINGUAL TABLET BUPRENORPHINE/NALOXONE TABLET	PREFERRED WITH NO PA REQUIRED	N/A
BUNAVAIL FILM* ZUSOLV SL TABLET*	NON-PREFERRED WITH PA REQUIRED	SUBOXONE FILM BUPRENORPHINE TABLET BUPRENORPHINE/NALOXONE TABLET
UM EDITS – EFFECTIVE FOR ALL MEMBERS ON OCTOBER 1, 2021		
SUBOXONE FILM BUPRENORPHINE/NALOXONE FILM BUPRENORPHINE/NALOXONE TABLET		QTY LIMIT BUPRENORPHINE/NALOXONE 2-0.5 MG: 12 PER DAY BUPRENORPHINE/NALOXONE 4-1 MG: 6 PER DAY

	BUPRENORPHINE/NALOXONE 8-2 MG: 3 PER DAY BUPRENORPHINE/NALOXONE 12-3 MG: 2 PER DAY
BUPRENORPHINE SUBLINGUAL TABLET	BUPRENORPHINE SL 2 MG: 12 PER 90 DAYS BUPRENORPHINE SL 8 MG: 3 PER DAYS
BUNAVAIL FILM	BUNAVAIL FILM 2.1-0.3 MG: 6 PER DAY BUNAVAIL FILM 4.2-0.7 MG: 3 PER DAY BUNAVAIL FILM 6.3-1 MG: 2 PER DAY
ZUBSOLV SL TABLET	ZUBSOLV SL TABLET 0.7-0.18 MG: 23 PER DAY ZUBSOLV SL TABLET 1.4-0.36 MG: 12 PER DAY ZUBSOLV SL TABLET 2.9-0.71 MG: 5 PER DAY ZUBSOLV SL TABLET 5.7-1.4 MG: 3 PER DAY ZUBSOLV SL TABLET 8.6-2.1 MG: 2 PER DAY ZUBSOLV SL TABLET 11.4-2.9 MG: 1 PER DAY

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, he or she will need to get approval from BlueHealth Medicaid 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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