HIGHMARK. WESTERN NEW YORK

April 2022

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 May 1, 2022.

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 May 1, 2022		
Medication	**Changes**	**Your doctor may change it to one of these preferred drugs:**
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPSULES	NON-PREFERRED	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS
KETOCONAZOLE AER 2%	NOT COVERED	KETOCONAZOLE TABLETS TOLNAFTATE CREAM AND SPRAY CLOTRIMAZOLE SOLUTION AND CREAM MICONAZOLE CREAM AND SPRAY NYSTATIN CREAM AND OINTMENT
BREO ELLIPTA 100-25MCG INHALER BREO ELLIPTA 200-25MCG INHALER DULERA 50-5MCG INHALER DULERA 200-5MCG INHALER DULERA 100-5MCG INHALER	REMOVE CURRENT GRANDFATHERING	FLUTICASONE/SALMETEROL (GENERIC AIRDUO RESPICLICK) WIXELA INHUB GENERIC ADVAIR DISKUS (FLUTICASONE/SALMETEROL) GENERIC SYMBICORT (BUDESONIDE/FORMOTEROL)
ZTLIDO PAD 1.8%	NOT COVERED	OTC LIDOCAINE 4% PATCH, CREAM, GEL OTC LIDOCAINE 0.5% SPRAY AND SOLUTION
VENLAFAXINE IR 25MG TABLETS VENLAFAXINE IR 37.5MG TABLETS VENLAFAXINE IR 50MG TABLETS VENLAFAXINE IR 75MG TABLETS VENLAFAXINE IR 100MG TABLETS	NON-PREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED FOR LIFETIME	VENLAFAXINE HCL ER CAPSULES PAROXETINE TABLETS FLUOXETINE CAPSULES ESCITALOPRAM TABLETS SERTRALINE TABLETS FLUVOXAMINE TABLETS

UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2022 *NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY*	
SOLOSEC GRA 2GM	ADD PA
VANTAL S SOLUTION VANATAL LIQUID VTOL LIQUID	UPDATE QL: 90 ML PER DAY
TESTOSTERONE SOLUTION 30MG/ACT	ADD QL: 1 BOTTLE PER 30 DAYS
DIFICID ORAL SUSPENSION	ADD QL: 1 BOTTLE PER FILL ;1 FILL PER 30 DAYS
EPRONTIA SOLUTION 25MG/ML	ADD QL: 16 ML PER DAY
SYNDROS SOLUTION 5MG/ML	ADD QL: 8 ML PER DAY
BREXAFEMME TAB 150MG	ADD PA AND QL: 4 TABLETS PER FILL; 1 FILL PER 30 DAYS
CASPOFUNGIN INJ 50MG CASPOFUNGIN INJ 70MG	ADD QL: 1 VIAL PER DAY
NOXAFIL POWDERMIX 300 MG DR ORAL SUSPENSION, CARTON OF 8 PACKETS	ADD QL: 1 PACKET PER DAY
NOXAFIL POWDERMIX 300 MG DR ORAL SUSPENSION, CARTON OF 1 PACKET	ADD QL: 1 PACKET; ONE TIME FILL
PROMETHAZINE TAB 50MG	ADD QL: 1 TABLET PER DAY
PROMETHAZINE SOL 6.25/5ML SOLUTION/SYRUP	ADD QL: 40 ML PER DAY
PROMETHAZINE SUP 12.5MG	ADD QL: 6 SUPPOSITORIES PER DAY
HYDROXYCHLOROQUINE TAB 100 MG HYDROXYCHLOROQUINE TAB 300 MG	ADD QL: 2 TABLET PER DAY
HYDROXYCHLOROQUINE TAB 400 MG	ADD QL: 1 TABLET PER DAY
TIVDAK INJ 40MG	ADD PA
EXKIVITY CAP 40MG	ADD PA AND QL: 4 CAPSULES PER DAY

LUPRON DEPOT INJ 45MG	ADD QL: 1 KIT PER 24 WEEKS (6 MONTHS)
FYARRO SUS 100MG	ADD PA
SCEMBLIX TAB 20MG SCEMBLIX TAB 40MG	ADD PA AND QL: 2 TABLETS PER DAY
SCEMBLIX 40 MG CARTON	ADD PA AND QL: 1 CARTON PER 30 DAYS
BESREMI SOL 500MCG	ADD QL: 2 PREFILLED SYRINGES PER 28 DAYS
DHIVY TAB 25-100MG	ADD ST
STELARA INJ 45MG/0.5 ML STELARA INJ 90MG/ML	UPDATE QL: 1 VIAL/SYRINGE PER 84 DAYS
BIKTARVY TAB	ADD QL: 1 TABLET PER DAY
HULIO (ADALIMUMAB-FKJP) 20 MG/0.4 ML PREFILLED SYRINGE HULIO (ADALIMUMAB-FKJP) 40 MG/0.8 ML PREFILLED PEN/SYRINGE	ADD QL: 2 SYRINGES/PENS PER 28 DAYS
HUMIRA STARTER PACK 40 MG/0.4 ML PREFILLED PEN HUMIRA STARTER PACK 40 MG/0.8 ML PREFILLED PEN	UPDATE QL: ONE TIME FILL (1 PACK FOR 28 DAYS)
INVEGA HAFYE INJ 1560 MG INVEGA HAFYE INJ 1092 MG	ADD PA
QULIPTA TAB 60MG QULIPTA TAB 30MG QULIPTA TAB 10MG	ADD QL: 1 TABLET PER DAY
PENICILLAMINE CAPSULES 250MG	ADD ST
TAVNEOS CAP 10MG	ADD QL: 6 CAPSULES PER DAY
EMPAVELI INJ 1080MG	UPDATE QL: 10 VIALS PER 30 DAYS
1.1% SODIUM FLUORIDE DENTAL PASTE (PREVIDENT 5000, FLUORIDEX DAILY DEFENSE, FLUORIDEX ENHANCED WHITENING, CLINPRO 5000, JUST RIGHT 5000, FLUORIMAX 5000)	ADD QL: 113 G/ML PER 30 DAYS

1.1% SODIUM FLUORIDE DENTAL GEL AND CREAM (PREVIDENT, PREVIDENT 5000, CAVAREST, DENTAGEL, DENTA 5000)	ADD QL: 100 G/ML PER 30 DAYS
DEXCOM G5 SENSOR	UPDATE QL: 4 SENSOR PER 28 DAYS
POGO AUTOMATE TEST CARTRIDGE	ADD QL: 20 CARTRIDGES (200 TESTS) PER 30 DAYS FOR THE FOLLOWING MEMBERS: - 17 YEARS OF AGE OR YOUNGER - USING INSULIN - PREGNANT 5 CARTRIDGES (50 TESTS) PER 30 DAYS FOR ALL OTHERS
PANCREAZE CAP 37000	ADD QL: 24 CAPSULES PER DAY
OPZELURA CRE 1.5%	ADD PA AND QL: 1 TUBE PER 30 DAYS
DUPIXENT INJ 100/0.67 ML	ADD QL: 2 SYRINGES OR PENS PER 28 DAYS
DIVIGEL GEL 0.75MG DIVIGEL GEL 1.25MG	ADD QL: 30 PACKETS PER 30 DAYS
TRULANCE TAB 3MG AMITIZA CAP 8 MCG AMITIZA CAP 24 MCG LINZESS CAP 72MCG LINZESS CAP 290MCG LINZESS CAP 145MCG	ADD ST
BYLVAY (ODEVIXIBAT) 200 MCG PELLET BYLVAY (ODEVIXIBAT) 600 MCG PELLET BYLVAY (ODEVIXIBAT) 400 MCG CAPSULE BYLVAY (ODEVIXIBAT) 1200 MCG CAPSULE	ADD PA AND QL: 200 MCG PELLET- 30 PELLETS PER DAY 600 MCG PELLET- 10 PELLETS PER DAY 400 MCG CAPSULE- 15 CAPSULES PER DAY 1200 MCG CAPSULE- 5 CAPSULES PER DAY
LIVMARLI (MARALIXIBAT)	ADD PA
SKYTROFA INJ 6.3MG SKYTROFA INJ 5.2MG SKYTROFA INJ 4.3MG SKYTROFA INJ 3MG SKYTROFA INJ 3.6MG SKYTROFA INJ 13.3MG	ADD QL: 4 CARTRIDGES PER 28 DAYS

SKYTROFA INJ 9.1MG SKYTROFA INJ 7.6MG SKYTROFA INJ 11MG	ADD QL: 8 CARTRIDGES PER 28 DAYS
STELARA INJ 5MG/ML	ADD QL: (DOSING ONLY) BODY WEIGHT 55 KG OR LESS: 2 VIALS (8 WEEK SUPPLY, NE TIME FILL) BODY WEIGHT MORE THAN 55KG TO 85 KG: 3 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 85 KG [MAX LIMIT]: 4 VIALS (8 WEEK SUPPLY, ONE TIME FILL)
REMICADE INJ 100MG IXIFI (INFLIXIMAB-QBTX) 100 MG VIAL	ADD QL: 5 MG/KG AS FREQUENTLY AS EVERY 8 WEEKS
SEMGLEE (INSULIN GLARGINE-YFGN)	ADD QL: 30 ML PER 30 DAYS
PANCREAZE CAP 37000	ADD QL: 1 KIT EVERY 12 WEEKS
OPZELURA CRE 1.5%	ADD QL: 2 KITS PER 28 DAYS
DUPIXENT INJ 100/0.67 ML	ADD PA AND QL FOR DOSING: 0.5 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS
DIVIGEL GEL 0.75MG DIVIGEL GEL 1.25MG	ADD QL: 2 VIALS PER DAY
TRULANCE TAB 3MG AMITIZA CAP 8 MCG AMITIZA CAP 24 MCG LINZESS CAP 72MCG LINZESS CAP 290MCG LINZESS CAP 145MCG	ADD QL: 1 CAP PER DAY
BYLVAY (ODEVIXIBAT) 200 MCG PELLET BYLVAY (ODEVIXIBAT) 600 MCG PELLET BYLVAY (ODEVIXIBAT) 400 MCG CAPSULE BYLVAY (ODEVIXIBAT) 1200 MCG CAPSULE	ADD PA AND QL: 200 MCG PELLET- 30 PELLETS PER DAY 600 MCG PELLET- 10 PELLETS PER DAY 400 MCG CAPSULE- 15 CAPSULES PER DAY 1200 MCG CAPSULE- 5 CAPSULES PER DAY
LIVMARLI (MARALIXIBAT)	ADD PA
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SKYTROFA INJ 9.1MG SKYTROFA INJ 7.6MG SKYTROFA INJ 11MG	ADD QL: 8 CARTRIDGES PER 28 DAYS
STELARA INJ 5MG/ML	ADD QL: (DOSING ONLY) BODY WEIGHT 55 KG OR LESS: 2 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 55KG TO 85 KG: 3 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 85 KG [MAX LIMIT]: 4 VIALS (8 WEEK SUPPLY, ONE TIME FILL)
REMICADE INJ 100MG IXIFI (INFLIXIMAB-QBTX) 100 MG VIAL	ADD QL: 5 MG/KG AS FREQUENTLY AS EVERY 8 WEEKS
SEMGLEE (INSULIN GLARGINE-YFGN)	ADD QL: 30 ML PER 30 DAYS
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	ADD QL: 1 KIT EVERY 12 WEEKS
TRUDHESA AER 0.725MG	ADD QL: 2 KITS PER 28 DAYS
BYOOVIZ (RANIBIZUMAB-NUNA) 0.5 MG VIAL	ADD PA AND QL FOR DOSING: 0.5 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS
UPTRAVI INJ 1800MCG	ADD QL: 2 VIALS PER DAY
SERTRALINE CAP 150MG SERTRALINE CAP 200MG	ADD QL: 1 CAP 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

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