



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, 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 May 1, 2021		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
VENOFER INJ 20MG/ML INFED INJ 50MG/ML	PREFERRED WITH PA	N/A
DOVATO 50-300MG TABLET	PREFERRED	N/A
BUTALBITAL-ACETAMINOPHEN 50-300MG CAPSULE BUTALBITAL-ACETAMINOPHEN 50-300MG TABLET	NON- PREFERRED	BUTALBITAL- ACETAMINOPHEN-CAFFEINE CAPSULE /TABLET BUTALBITAL-ASPIRIN- CAFFEINE CAPSULE /TABLET
WALGREENS COVIDIEN MEDICAL SUPPLIES OWEN MUMFORD MEDICAL PLASTIC DEVICES ARKRAY USA HEALTH ALLIANCE HTL-STREFA MHC MEDICAL PRODUCTS FIFTY50 MEDICAL CARDIOCOM BIONIME USA CORPORATION NOVA BIOMEDICAL AGAMATRIX SHERWOOD MEDICAL I-SENS	PREFERRED	N/A
ARISE MEDICAL ASCENSIA DIABETES CARE BECTON DICKINSON BIOSENSE MEDICAL DEVICES	NON- PREFERRED	WALGREENS COVIDIEN MEDICAL SUPPLIES OWEN MUMFORD MEDICAL PLASTIC DEVICES

BOCA MEDICAL PRODUCTS DIABETIC SUPPLY OF SUNCOA FUTURE DIAGNOSTICS GLOBAL MEDICAL PRODUCTS GOJJI HOME AIDE DIAGNOSTICS HOME DIAGNOSTICS INFOPIA USA LIFESCAN INC MCKES MED MEDI SENSE MEDLINE INDUSTRIES OMNIS HEALTH ONE PHARMA & MEDICAL SUPP PHOENIX HEALTHCARE SOLUTI POLYMER TECHNOLOGY SYSTEM PRODIGY DIABETES CARE PUBLIX SUPER MARKETS INC. RELIAMED ROCHE DIAGNOSTICS SIMPLE DIAGNOSTICS SPECIALTY MEDICAL SUPPLIE TELCARE THERASENSE INC. US DIAGNOSTICS VERTEX DIAGNOSTICS XPRESS MEDICAL SUPPLY		ARKRAY USA HEALTH ALLIANCE HTL-STREFA MHC MEDICAL PRODUCTS FIFTY50 MEDICAL CARDIOCOM BIONIME USA CORPORATION NOVA BIOMEDICAL AGAMATRIX SHERWOOD MEDICAL I-SENS
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UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2021
NO CHANGES IN PREFERRED/NON-PREFERRED STATUS; REVISION OR ADDITION TO UM
EDIT ONLY

BUTAL/APAP CAP 50-300MG	ADD QL: 6 CAPSULES PER DAY
VIMPAT INJ 200MG/20	REMOVE PA AND QL
AKYNZEO CAP 300-0.5	ADD PA
CICLOPIROX 0.77% TOPICAL GEL	ADD QL: 100 GM PER 30 DAYS
CLOTRIMAZOLE 1% CREAM CLOTRIMAZOLE 1% OINTMENT ERTACZO 2% CREAM EXELDERM 1% CREAM LUZU 1% CREAM NAFTIN CREAM 2% NAFTIN GEL 2%	ADD QL: 60 GM PER 30 DAYS
CLOTRIMAZOLE 1% SOLUTION EXELDERM 1% SOLUTION LOPROX SUS 0.77%	ADD QL: 60 ML PER 30 DAYS

ECONAZOLE 1% CREAM	ADD QL: 85 GM PER 30 DAYS
ECOZA 1% FOAM	ADD QL: 70 GM PER 30 DAYS
EXTINA 2% FOAM	ADD QL: 100 GM PER 30 DAYS
LAMISIL AT 1% CREAM	ADD QL: 42 GM PER 30 DAYS
LOPROX 0.77% CREAM NAFTIFINE CREAM 1% NAFTIN GEL 1%	ADD QL: 90 GM PER 30 DAYS
LOPROX 1% SHAMPOO	ADD QL: 120 ML PER 30 DAYS
LOTRIMIN AF AER 2%	ADD QL: 133 GM PER 30 DAYS
LOTRIMIN ULT CRE 1% MENTAX CRE 1%	ADD QL: 30 GM PER 30 DAYS
MICONAZOLE 2% CREAM	ADD QL: 200 GM PER 30 DAYS
MICONAZOLE 2% OINTMENT	ADD QL: 141 GM PER 30 DAYS
NIZORAL A-D SHA 1%	ADD QL: 200 ML PER 30 DAYS
NYSTAT/TRIAM OIN	ADD QL: 120 GM PER 30 DAYS
TOLNAFTATE AER 1%	ADD QL: 130 GM PER 30 DAYS
TOLNAFTATE POW 1%	ADD QL: 67.5 GM PER 30 DAYS
TOLNAFTATE AER 1%	ADD QL: 159 GM PER 30 DAYS
XOLEGEL GEL 2%	ADD QL: 45 GM PER 30 DAYS
SEVENFACT INJ 5MG SEVENFACT INJ 1MG	ADD PA
HYDROXYCHLOROQUINE TAB 200MG	UPDATE QL: 90 TABLETS PER 30 DAYS
CHLOROQUINE TAB 500MG	REMOVE QL
KEYTRUDA INJ 100MG/4M BAVENCIO INJ 20MG/ML LIBTAYO INJ 350/7ML TECENTRIQ INJ 840/14	REMOVE QL

TECENTRIQ INJ 1200/20	
DANYELZA INJ 40/10ML	ADD PA
POMALYST CAPSULES	UPDATE QL: 21 CAPSULES PER 28 DAYS
PHESGO SOL	REMOVE QL
LENVIMA CAPSULES	REMOVE QL
COSENTYX PEN INJ 150MG/ML	UPDATE QL: 1 PEN PER 28 DAYS
COSENTYX INJ 150MG/ML	UPDATE QL: 1 SYRINGE PER 28 DAYS
XELJANZ ORAL SOLUTION	ADD PA ADDQL: 10 ML PER DAY
D-PENAMINE TAB 125MG	REMOVE PA AND QL
CLOVIQUE CAP 250MG	ADD PA ADD QL: 8 CAPSULES PER DAY
CUPRIMINE CAP 250MG	ADD QL: 8 CAPSULES PER DAY
DEPEN TITRA TAB 250MG	8 TABLETS PER DAY
ULTOMIRIS INJ 300/30ML	ADD QL: 12 VIALS PER 56 DAYS
ULTOMIRIS INJ 100MG/ML	ADD QL: 3 VIALS PER 56 DAYS
FEMALE CONDOMS	ADD QL: 12 UNITS PER FILL; 1 FILL PER 30 DAYS
MINIMED 770G KIT 1890M	ADD QL: 1 PUMP EVERY 4 YEARS
MINIMED 630G KIT INSULIN	UPDATE QL: 1 PUMP EVERY 4 YEARS
BLOOD GLUCOSE TEST STRIPS	UPDATE QL: IF CGM, MAX 51 PER 30 DAYS
ESTRADIOL TWICE WEEKLY PATCH	ADD QL: 8 PATCHES PER 28 DAYS
GIMOTI SPR 15MG	ADD PA ADD QL: 1 BOTTLE (9.8 ML) EVERY 4 WEEKS

METOCLOPRAMIDE SOL 5MG/5ML METOCLOPRAMIDE SOL 10/10ML	ADD QL: 60 ML PER DAY
METOCLOPRAMIDE TAB 5MG	ADD QL: 12 TABLETS PER DAY
METOCLOPRAMIDE TAB 5MG ODT	ADD PA ADD QL: 12 TABLETS PER DAY
METOCLOPRAMIDE TAB 10MG	ADD QL: 6 TABLETS PER DAY
METOCLOPRAMIDE TAB 10MG ODT	ADD PA ADD QL: 6 TABLETS PER DAY
PREDNISOLONE SOLUTION	ADD QL: 20 ML PER 30 DAYS
ALKINDI SPRI CAP 0.5MG ALKINDI SPRI CAP 1MG ALKINDI SPRI CAP 2MG ALKINDI SPRI CAP 5MG	ADD PA ADD ST
SOGROYA INJECTION*	ADD PA ADD QL: 4 PENS PER 28 DAYS
NEULASTA INJ 6MG/0.6M NEULASTA KIT 6MG/0.6M FULPHILA INJ 6/0.6ML NYVEPRIA INJ 6/0.6ML UDENYCA INJ 6MG/.6ML ZIEXTENZO INJ 6/0.6ML	UPDATE QL: 2 SYRINGES PER 28 DAYS
OXLUMO INJ 94.5/0.5	ADD PA ADD QL
SEMGLEE INJ 100U/ML SEMGLEE SOL 100U/ML	REMOVE PA ADD QL: 30 ML PER 30 DAYS
BASAGLAR INJ 100UNIT BASAGLAR TEMPO PEN*	ADD QL: 30 ML PER 30 DAYS
HUMALOG INJ 100/ML HUMALOG KWIK INJ 100/ML HUMALOG KWIK INJ 200/ML HUMALOG JR INJ 100/ML HUMALOG TEMPO PEN*	ADD QL: 30 ML PER 30 DAYS
INSULIN ASPA INJ 100/ML INSULIN ASPA INJ PENFILL INSULIN ASPA INJ FLEXPEN	ADD QL: 30 ML PER 30 DAYS
NOVOLOG MIX INJ 70/30 NOVOLOG MIX INJ FLEXPEN	ADD QL: 30 ML PER 30 DAYS
INSULIN LISP INJ 100/ML INSULIN LISP KWIK INJ 100/ML INSULIN LISP INJ JUNIOR	ADD QL: 30 ML PER 30 DAYS

INSULIN LISP INJ PROTAMIN 75/25	
LYUMJEV INJ 100UT/ML LYUMJEV KWPN INJ 100UT/ML LYUMJEV KWPN INJ 200UT/ML LYUMJEV TEMPO PEN* LYUMJEV JUNIOR KWIKPEN*	ADD QL: 30 ML PER 30 DAYS
NOVOLIN N INJ U-100 NOVOLIN N INJ 100 UNIT FLEX NOVOLIN N INJ RELION	ADD QL: 30 ML PER 30 DAYS
NOVOLIN R INJ U-100 NOVOLIN R INJ 100 UNIT FLEX NOVOLIN R INJ RELION	ADD QL: 30 ML PER 30 DAYS
FERAHEME INJ 510/17ML	ADD PA ADD ST ADD QL: 2 VIALS PER 6 DAYS
FERRLECIT INJ 12.5MG/M	ADD PA ADD ST ADD QL: 16 VIALS PER 8 WEEKS
INJECTAFER INJ 750/15ML	ADD PA ADD ST ADD QL: 2 VIALS PER 14 DAYS
INFED INJ 50MG/ML	ADD PA
MONOFERRIC INJ 100/ML	ADD PA ADD ST ADD QL: 4 VIALS PER DAY
MONOFERRIC INJ 500/5	ADD PA ADD ST ADD QL: 1 VIAL PER DAY
VENOFER INJ 50MG/2.5ML	ADD PA ADD QL: 6 VIALS PER 12 WEEKS
VENOFER INJ 100MG/5ML	ADD PA ADD QL: 3 VIALS PER 12 WEEKS
VENOFER INJ 200MG/10ML	ADD PA ADD QL: 5 VIALS PER 14 DAYS
TRIFERIC SOL 27.2/5ML TRIFERIC POW 272MG	ADD PA
DOJOLVI LIQ 100%	ADD PA ADD QL: 2 BOTTLES (1000 ML) PER 30 DAYS

VEKLURY INJ 100MG VEKLURY SOL 100/20ML	ADD PA ADD QL: 11 VIALS PER FILL
BACIGUENT OIN OP BACITRACIN OIN OP	ADD QL: 7 GM PER 30 DAYS
INVELTYS SUS 1%	ADD QL: 5.6 ML PER 30 DAYS
LOTEMAX SUS 0.5%	ADD QL: 30 ML PER 30 DAYS
LOTEMAX OIN 0.5%	ADD QL: 7 GM PER 30 DAYS
LOTEMAX GEL 0.5%	ADD QL: 10 GM PER 30 DAYS
DUREZOL EMU 0.05%	ADD QL: 10 ML PER 30 DAYS
CYSTADROPS SOL 0.37% CYSTARAN SOL 0.44%	ADD PA ADD QL: 4 BOTTLES PER 28 DAYS
QDOLO SOL 5MG/ML	ADD QL: 80 ML PER DAY
EVRYSDI SOL	UPDATE QL: 6.67 ML PER DAY
BREZTRI AERO AER SPHERE	ADD PA ADD QL: 1 INHALER PER 30 DAYS
TRELEGY AER ELLIPTA	ADD QL: 1 INHALER PER 30 DAYS
HELIDAC MIS THERAPY LANSOPR/AMOX MIS /CLARITH OMECLAMOX- MIS PAK	ADD ST ADD QL: 1 THERAPY PACK PER FILL; 1 FILL PER 180 DAYS
PYLERA CAP	ADD ST ADD QL: 120 CAPSULES PER FILL; 1 FILL PER 180 DAYS
TALICIA CAP	ADD ST ADD QL: 168 CAPSULES PER FILL; 1 FILL PER 180 DAYS

**MEDICATION WILL BE ADDED TO THE FORMULARY WHEN IT IS AVAILABLE ON THE MARKET*

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

bcswny.com/stateplans

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