



October 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 October 1, 2024 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 10/1/2024		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
CELECOXIB 50MG CAPSULE CELECOXIB 100MG CAPSULE CELECOXIB 200MG CAPSULE CELECOXIB 400MG CAPSULE	PREFERRED	N/A
EZETIMIBE 10MG TABLET	PREFERRED	N/A
IMATINIB 100MG TABLET IMATINIB 400MG TABLET	PREFERRED WITH PA	N/A
ARIPIPIRAZOLE 1MG/ML SOLUTION	PREFERRED	N/A
LIRAGLUTIDE 18MG/3ML INJECTION	PREFERRED	N/A
REXTOVY 4MG/0.25ML NASAL SPRAY	PREFERRED	N/A
(RX) ESOMEPRAZOLE 10MG GRANULES DR ESOMEPRAZOLE 20MG GRANULES DR ESOMEPRAZOLE 40MG GRANULES DR ESOMEPRAZOLE 20MG CAPSULES DR ESOMEPRAZOLE 40MG CAPSULES DR	PREFERRED	N/A
LANSOPRAZOLE 15MG CAPSULE DR LANSOPRAZOLE 30MG CAPSULE DR	PREFERRED	N/A
UM EDITS - EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2024		
NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY		
RINVOQ 15MG ER TABLETS RINVOQ 30MG ER TABLETS RINVOQ 45MG ER TABLETS		ADD PA
RINVOQ LQ 1MG/ML ORAL SOLUTION		ADD PA AND QL 12ML PER DAY
OTEZLA 20MG TABLET		ADD QL 2 TABLETS PER DAY

MOBIC 7.5MG TABLET	ADD QL 2 TABLETS PER DAY
DIFLUNISAL 500MG TABLET	ADD QL 3 TABLETS PER DAY
FASENRA 10MG/0.5ML SYRINGE	ADD QL 10MG (1 SYRINGE) EVERY 8 WEEKS
PIVYA 185MG TABLET	ADD PA AND QL 21 TABLETS PER FILL: 1 FILL PER 30 DAYS
XARELTO 15MG TABLET	UPDATE QL 2 TABLETS PER DAY
FRAGMIN 2500 UNITS/ML INJECTION	ADD QL 8ML (2 VIALS) PER DAY
LIBERVANT 5MG FILM LIBERVANT 7.5MG FILM LIBERVANT 10MG FILM LIBERVANT 12.5MG FILM LIBERVANT 15MG FILM	ADD PA AND QL 10 FILMS PER 30 DAYS
MOUNJARO 2.5MG/0.5ML INJECTION MOUNJARO 5MG/0.5ML INJECTION MOUNJARO 7.5MG/0.5ML INJECTION MOUNJARO 10MG/0.5ML INJECTION MOUNJARO 12.5MG/0.5ML INJECTION MOUNJARO 15MG/0.5ML INJECTION	ADD QL 4 SINGLE DOSE VIALS PER 28 DAYS
GLIPIZIDE 2.5MG TABLET	ADD QL 16 TABLETS PER DAY
HISTEX PD AND PDX 1.25MG/ML DROPS	ADD QL 10.67ML PER DAY
DEXBROMPHENIRAMINE MALEATE 2MG TABLET	ADD QL 6 TABLETS PER DAY
HISTEX 2.5MG/5ML SYRUP	ADD QL 20ML PER DAY
PEDIACLEAR 8 LIQUID	ADD QL 60ML PER DAY
AHIST 25MG TABLET	ADD QL 3 TABLETS PER DAY
TRYVIO 12.5MG TABLET	ADD PA AND QL 1 TABLET PER DAY
LISINOPRIL 2.5MG TABLET LISINOPRIL 5MG TABLET LISINOPRIL 10MG TABLET LISINOPRIL 20MG TABLET	UPDATE QL 2 TABLETS PER DAY
SOVUNA 300MG TABLET SOVUNA 200MG TABLET	ADD ST AND QL 200MG: 3 TABLETS PER DAY 300MG: 2 TABLETS PER DAY
PLAQUENIL 200MG TABLET	ADD ST AND QL 3 TABLETS PER DAY
ANKTIVA 400MCG SOLUTION	ADD PA
OJEMDA 25MG/ML SUSPENSION	ADD PA AND QL 8 BOTTLES EVERY 28 DAYS
OJEMDA 100MG TABLET	ADD PA AND QL 24 TABLETS EVERY 28 DAYS
IMDELLTRA 1MG INJECTION IMDELLTRA 10MG INJECTION	ADD PA
OGSIVEO 100MG TABLET OGSIVEO 150MG TABLET	ADD QL 2 TABLETS PER DAY

RETEVMO 40MG CAPSULE	UPDATE QL 3 CAPSULES PER DAY
TEVIMBRA 100MG/10ML INJECTION	ADD PA
RETEVMO 40MG TABLET RETEVMO 80MG TABLET RETEVMO 120MG TABLET RETEVMO160MG TABLET	ADD QL 2 TABLETS PER DAY
RISVAN 75MG ER INJECTION RISVAN 100MG ER INJECTION	ADD QL 1 IM INJECTION PER 28 DAYS
SELARSDI 45MG/0.5ML SINGLE-USE PREFILLED SYRINGE SELARSDI 90MG/1ML SINGLE-USE PREFILLED SYRINGE	ADD PA AND QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
ENTRESTO 6-6MG SPRINKLE CAPSULE ENTRESTO 15-16MG SPRINKLE CAPSULE	ADD QL 8 CAPSULES PER DAY
WINREVAIR 45MG INJECTION WINREVAIR 60MG INJECTION	ADD PA AND QL 1 KIT PER 3 WEEKS
OPSYNVI 10-40MG TABLET OPSYNVI 10-20MG TABLET	ADD QL 1 TABLET PER DAY
TARPEYO 4MG CAPSULE	4 CAPSULES PER DAY; 290 DAYS OF TREATMENT PER LIFETIME
SKLICE 0.5% LOTION	ADD QL 120 GM PER 30 DAYS
SPEVIGO 150/1ML INJECTION	ADD PA AND QL 2 PREFILLED SYRINGES [1 CARTON] PER 28 DAYS
SPEVIGO 450/7.5 INJECTION	ADD PA
SOOLANTRA 1% CREAM	ADD QL 45 GRAMS PER 30 DAYS
IQIRVO 80MG TABLET	ADD PA AND QL 1 TABLET PER DAY
LIVMARLI 9.5MG/ML SOLUTION	UPDATE QL 4 BOTTLES (120ML TOTAL) PER MONTH
VOYDEYA 50-100MG TABLET	ADD PA AND QL 6 TABLETS (THREE 50MG TABLETS AND THREE 100 MG TABLETS) PER DAY
VOYDEYA 100MG TABLET	ADD PA AND QL 6 TABLETS PER DAY
VOYDEYA 50-100MG TABLET BLISTER CARD	ADD QL 4 BLISTER CARDS (168 TABLETS [EIGHTY-FOUR 50MG TABLETS AND EIGHT-FOUR 100MG TABLETS]) PER 28 DAYS
VOYDEYA 100MG TABLET BLISTER CARD	4 BLISTER CARDS (168 TABLETS) PER 28 DAYS
XOLREMDI 100MG CAPSULE	ADD PA AND QL 4 CAPSULES PER DAY
OXBRYTA 300MG TABLET FOR ORAL SUSPENSION	ADD QL 5 TABLETS PER DAY
OXBRYTA 300MG TABLET OXBRYTA 500MG TABLET	ADD QL 3 TABLETS PER DAY
LUNESTA 3MG TABLET	REMOVE AGE LIMIT 64
CELLCEPT 200MG/ML ORAL SUSPENSION MYHIBBIN 200MG/ML ORAL SUSPENSION	ADD PA
TYENNE 80MG, 200MG, & 400MG INJECTION TYENNE 162MG/0.9ML INJECTION	ADD PA

TYENNE 80MG, 200MG, & 400MG INJECTION	ADD QL DOSING 8MG/KG AS FREQUENTLY AS EVERY 4 WEEKS
TYENNE 162MG/0.9ML INJECTION	ADD QL 4 AUTOINJECTORS OR SYRINGES PER 28 DAYS
ERGOMAR 2MG SUBLINGUAL TABLET	ADD ST AND QL 20 TABLETS PER 30 DAYS
VIJOICE 50MG TABLET AND VIJOICE 125MG TABLET	UPDATE QL 1 TABLET PER DAY
VIJOICE 250MG TABLET	UPDATE QL 2 TABLETS PER DAY
VIJOICE 50MG GRANULES PACKET	ADD QL 1 PACKET PER DAY
QNASL CHILD 40MCG NASAL SPRAY	UPDATE QL 6.8 GM (1 INHALER PER 30 DAYS)
BUDESONIDE 32MCG/ACT NASAL SPRAY	UPDATE QL 8.43ML (2 INHALERS PER 30 DAYS)
DUVYZAT 8.86MG SUSPENSION	ADD PA AND QL 12ML PER DAY
LEVOFLOXACIN 1.5% SOLUTION	ADD QL 5ML PER 30 DAYS
ALIVE PREMIUM PRENATAL COMPLETE CHEW TABLET	ADD QL 2 CHEWABLES PER DAY
OBTREX DHA PAK	ADD QL 2 PER DAY (1 TABLET/1 SOFTGEL)
ONE A DAY PRENATAL ADVANCED COMPLETE MULTIVITAMIN/BRAIN SUPPLEMENT	ADD QL 2 PER DAY (1 TABLET/1 SOFTGEL)
PRENATAL ESSENTIALS CAPSULE	ADD QL 5 CAPSULES PER DAY
VITAFUSION PRENATAL CHEWABLE TABLET	ADD QL 2 CHEWABLE TABLETS PER DAY
NUZYRA 150MG TABLET	ADD QL 30 TABLETS PER FILL; 1 FILL PER 30 DAYS

**THIS CHANGE WILL BE IMPLEMENTED ONCE THE MEDICATION IS ON THE MARKET*

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 **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 **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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