



October 2022

### Pharmacy Formulary Change Notice

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) 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 November 1, 2022.

Your PDL is a list of preferred drugs covered by Highmark BCBSWNY. 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 November 1, 2022		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
GUANFACINE ER 1MG TABLET GUANFACINE ER 2MG TABLET GUANFACINE ER 3MG TABLET GUANFACINE ER 4MG TABLET	PREFERRED	N/A
ROSUVASTATIN 5MG TABLET ROSUVASTATIN 10MG TABLET ROSUVASTATIN 20MG TABLET ROSUVASTATIN 40MG TABLET	PREFERRED	N/A
BORTEZOMIB INJ 3.5MG	NON-PREFERRED	N/A
HERCEPTIN 150MG INJ	NON-PREFERRED WITH STEP THERAPY	KANJINTI 420MG INJECTION KANJINTI 150MG SOLUTION
KANJINTI 420MG INJECTION KANJINTI 150MG SOLUTION MVASI 100MG INJECTION MVASI 400MG INJECTION	PREFERRED WITH PA	N/A
<b>BRAND</b> FLOVENT HFA AER 44MCG FLOVENT HFA AER 110MCG FLOVENT HFA AER 220MCG	NON-PREFERRED	<b>AUTHORIZED GENERIC</b> FLUTICASONE 44MCG HFA FLUTICASONE 110MCG HFA FLUTICASONE 220MCG HFA
XIIDRA 5% DROPS	NON-PREFERRED	CYCLOSPORINE EMU 0.05% (PA REQUIRED)
DOXYCYCLINE MONOHYDRATE 50MG TABLET DOXYCYCLINE MONOHYDRATE 75MG TABLET DOXYCYCLINE MONOHYDRATE 100MG TABLET DOXYCYCLINE MONOHYDRATE 150MG TABLET DOXYCYCLINE HYCLATE 50MG CAPSULE	PREFERRED	N/A

DOXYCYCLINE HYCLATE 100MG CAPSULE DOXYCYCLINE HYCLATE TAB 20MG TABLET DOXYCYCLINE HYCLATE TAB 50MG TABLET DOXYCYCLINE HYCLATE TAB 75MG TABLET DOXYCYCLINE HYCLATE TAB 100MG TABLET DOXYCYCLINE HYCLATE 150MG TABLET DOXYCYCLINE HYCLATE DR 50MG TABLET DOXYCYCLINE HYCLATE DR 75MG TABLET DOXYCYCLINE HYCLATE DR 80MG TABLET DOXYCYCLINE HYCLATE DR 100MG TABLET DOXYCYCLINE HYCLATE DR 150MG TABLET DOXYCYCLINE HYCLATE DR 200MG TABLET		
<b>UM EDITS – EFFECTIVE FOR ALL HIGHMARK BCBSWNY MEMBERS NO LATER THAN NOVEMBER 1, 2022</b> <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
BENZAEPRI 5 MG, 10 MG, 20 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY	
CAPTOPRIL 12.5 MG, 25 MG, 50 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 3 TABLETS PER DAY	
ENALAPRIL 2.5 MG, 5 MG, 10 MG TABLETS ENALAPRIL/HYDROCHLOROTHIAZIDE 5 MG/12.5 MG	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY	
FOSINOPRIL 10 MG, 20 MG TABLETS FOSINOPRIL/HYDROCHLOROTHIAZIDE 10 MG/12.5 MG	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY	
MOEXIPRIL 7.5 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY	
PERINDOPRIL 2 MG, 4 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY	
QUINAPRIL 5 MG, 10 MG, 20 MG TABLETS QUINAPRIL/HYDROCHLOROTHIAZIDE 10 MG/12.5 MG	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY	
RAMIPRIL 1.25 MG, 2.5 MG, 5 MG CAPSULES	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY	
TRANDOLAPRIL 1 MG, 2 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY	
ADAPALENE 0.1% SOLUTION	ADD QL: 120 ML PER 30 DAYS	
ADAPALENE 0.1% TOPICAL SWAB	ADD QL: 1 SWAB PER DAY	
AZELEX (AZELAIC ACID) 20% CREAM	UPDATE QL: 50 GRAMS PER 30 DAYS	
BENZOYL PEROXIDE 2.5%, 5%, 10% LIQUID (PANOXYL)	ADD QL: 237 ML PER 30 DAYS	

BENZOYL PEROXIDE 4%, 5%, 10% LIQUID WASH (PANOXYL)	ADD QL: 237 GRAMS PER 30 DAYS
BENZOYL PEROXIDE 6% LIQUID CLEANSER	ADD QL: 340.2 GRAMS PER 30 DAYS
BENZOYL PEROXIDE 3.5%, 4.4% LIQUID CLEANSER/WASH	ADD QL: 125 ML PER 30 DAYS
BENZOYL PEROXIDE 5.5% SOLUTION	ADD QL: 40 ML PER 30 DAYS
BENZOYL PEROXIDE BAR SULFUR BAR 10%	ADD QL: 1 BAR PER 30 DAYS
BENZOYL PEROXIDE 2.5% CREAM	ADD QL: 21 GRAMS PER 30 DAYS
EPSOLAY 5% CREAM	ADD PA AND QL: 50 GRAMS PER 30 DAYS
BENZOYL PEROXIDE 10% CREAM	ADD QL: 142 GRAMS PER 30 DAYS
BENZOYL PEROXIDE 10% AEROSOL/FOAMING WASH	ADD QL: 156 GRAMS PER 30 DAYS
ACNE MEDICATION (BENZOYL PEROXIDE) 5%,10% GEL	UPDATE QL: <u>90</u> GRAMS PER 30 DAYS
TAZAROTENE 1% AEROSOL	ADD QL: 50 GRAMS PER 30 DAYS
FABIOR (TAZAROTENE) 0.1% FOAM	UPDATE QL: 100 GRAMS PER 30 DAYS
RETIN-A MICRO (TRETINOIN MICROSPHERE) 0.04% RETIN-A MICRO (TRETINOIN MICROSPHERE) 0.1% GEL	UPDATE QL: 50 GRAMS PER 30 DAYS
CLINDAMYCIN 1% PAD/SWAB	ADD QL: 2 PADS/SWABS PER DAY
ACZONE (DAPSONE) 5% GEL, 7.5% GEL PUMP	UPATE QL: 90 GRAMS PER 30 DAYS
ERYGEL 2% SOLUTION	ADD QL: 60 ML PER 30 DAYS
ERYTHROMYCIN 2% PLEDGET/PADS	ADD QL: 2 PLEDGETS/PADS PER DAY
EPIDUO FORTE 0.3%-2.5% GEL PUMP	UPDATE QL: 60 GRAMS PER 30 DAYS
CLINDAMYCIN–TRETINOIN 1.2%-0.025% GEL (VELTIN, ZIANA)	ADD QL: 60 GRAMS PER 30 DAYS
TWYNEO 0.1-3% CREAM	ADD PA, ST AND QL: 50 GRAMS PER 30 DAYS

SULFACETAMIDE SODIUM/SULFUR 9%-4% WASH	ADD QL: 474 GRAMS/ ML PER 30 DAYS
QELBREE 200 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 3 CAPSULES PER DAY
XELSTRYM 4.5 MG, 9 MG, 13.5 MG, 18 MG TRANSDERMAL PATCH	ADD PA AND QL: 1 PATCH PER DAY
OXBRYTA 300MG AND 500 MG TABLETS	ADD PA AND QL: 5 TABLETS PER DAY
CARVEDILOL 3.125 MG, 6.25 MG, 12.5 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
CARVEDILOL ER 10 MG, 20 MG, 40 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 1 CAPSULE PER DAY
LABETALOL 100 MG, 200 MG TABLETS	UPDATE QL TO DOSE OPTIMIZATION (DO): 8 TABLETS PER DAY
RADICAVA ORS 105 MG/5 ML STARTER KIT	ADD PA AND QL: 1 STARTER KIT PER LIFETIME
RADICAVA ORS 105 MG/5 ML KIT (MAINTENANCE)	ADD PA AND QL: 1 KIT PER 28 DAYS
MELATONIN 10 MG, 12 MG	ADD QL: 1 TABLET/CHEWABLE/SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY
MELATONIN LIQUID 1 MG/4 ML	ADD QL: 40 ML PER DAY
ATACAND 4 MG, 8 MG TABLETS LOSARTAN 25 MG TABLET BENICAR 5 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
VALSARTAN 40 MG, 80 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 3 TABLETS PER DAY
VALSARTAN ORAL SOLUTION 4 MG/ML	ADD ST AND QL: 80 ML PER DAY
CLONIDINE 0.1 MG TABLET CLONIDINE 0.2 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY
NEXICLON XR 0.17 MG TABLET	ADD ST AND QL: 3 TABLETS PER DAY
NEXICLON XR 0.26 MG TABLET	ADD ST AND QL: 2 TABLETS PER DAY
ASPRUZYO SPRINKLE 500 MG GRANULES ASPRUZYO SPRINKLE 1,000 MG GRANULES	ADD PA AND QL: 2 SACHETS PER DAY
ZTALMY 50 MG/ML ORAL SUSPENSION	ADD PA AND QL: 10 BOTTLES PER 30 DAYS
ADLARITY 5 MG/DAY, 10 MG/DAY TRANSDERMAL PATCH	ADD QL: 1 PATCH PER WEEK

BENADRYL (DIPHENHYDRAMINE) 12.5 MG/5 ML	UPDATE QL: 60 ML PER DAY
OPDUALAG IV SOLUTION PLUVICTO IV SOLUTION	ADD PA
TAZORAC 0.05% GEL TAZORAC 0.1% GEL	NEW QL: 100 GRAMS PER 30 DAYS
TAZORAC 0.05% CREAM, 0.1% CREAM	UPDATE QL: 60 GRAMS PER 30 DAYS
RINVOQ ER 45 MG TABLET	ADD PA AND QL:1 TABLET PER DAY
DARTISLA 1.7 MG ODT	ADD PA
BUTISOL SODIUM 30 MG TABLETS	REMOVE QL
LOREEV XR 1 MG CAPSULE LOREEV XR 1.5 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 1 CAPSULE PER DAY
ATENOLOL 25 MG, 50 MG TABLET METOPROLOL TARTRATE 25 MG, 37.5 MG, 50 MG, 75 MG METOPROLOL SUCCINATE ER 25 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
BETAXOLOL 5 MG,10MG TABLET METOPROLOL SUCCINATE ER 50 MG, 100 MG TABLET BYSTOLIC 2.5 MG, 5 MG, 10 MG TABLET CORCARD 20 MG TABLT	UPDATE QL TO DOSE OPTIMIZATION (DO): 1 TABLET PER DAY
KAPSPARGO SPRINKLE 25 MG, 50 MG, 100 MG CAPSULE INDERAL LA 60 MG, 80 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 1 CAPSULE PER DAY
INDERAL LA 120 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY
PINDOLOL 5 MG TABLET TIMOLOL 5 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 6 TABLETS PER DAY
PROPRANOLOL 10 MG, 20 MG, 40 MG, 60 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY
PROPRANOLOL ORAL SOLUTION 20 MG/5 ML	UPDATE QL: 80 ML PER DAY
TIMOLOL MALEATE 0.25%, OPHTHALMIC SOLUTION TIMOLOL MALEATE 0.5% OPHTHALMIC SOLUTION	ADD QL: 15 ML PER 30 DAYS
TIMOPTIC (TIMOLOL) 0.25% OPHTHALMIC SOLUTION TIMOPTIC (TIMOLOL) 0.5% OPHTHALMIC SOLUTION	UPDATE QL: 10 ML PER 30 DAYS

TIMOLOL MALEATE 0.25% GEL FORMING SOLUTION TIMOLOL MALEATE 0.5% GEL FORMING SOLUTION	ADD QL: 5 ML PER 30 DAYS
METFORMIN 625MG TABLET	ADD PA AND QL: 4 TABLETS PER DAY
AIMOVIG 70 MG/ML SYRINGE/AUTOINJECTOR (PACK OF ONE) AIMOVIG 140 MG/ML SYRINGE/AUTOINJECTOR EMGALITY 120 MG/ML PREFILLED PEN 120 MG/ML PREFILLED SYRINGE/AUTOINJECTOR	UPDATE QL: 1 PREFILLED PEN/SYRINGE/AUTOINJECTOR PER 28 DAYS
EMGALITY 100 MG/ML PREFILLED SYRINGE	3 PREFILLED SYRINGES PER 28 DAYS
NORLIQVA ORAL SOLUTION	ADD PA AND UPDATE QL: 300 ML (TWO 150 ML BOTTLES) PER 30 DAYS
AMLODIPINE 5 MG TABLET	UPDATE QL: 2 TABLETS PER DAY
CARDIZEM CD, CARDIZEM LA, CARTIA XT, DILT-XR, MATZIM LA, TAZTIA XT, TIADYLT, TIAZAC (DILTIAZEM EXTENDED-RELEASE) 180 MG	UPDATE QL: 3 TABLETS/CAPSULES PER DAY
CARDIZEM CD, CARDIZEM LA, CARTIA XT, DILT-XR, MATZIM LA, TAZTIA XT, TIADYLT, TIAZAC (DILTIAZEM EXTENDED-RELEASE) 240 MG	UPDATE QL: 2 TABLETS/CAPSULES PER DAY
DILTIAZEM ER 12-HOUR 60 MG CAPSULE	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 CAPSULES PER DAY
DILTIAZEM ER 12-HOUR 90 MG CAPSULE	ADD QL: 4 CAPSULES PER DAY
PROCARDIA XL (NIFEDIPINE EXTENDED-RELEASE) 60 MG TABLET	UPDATE DOSE OPTIMIZATION TO QL: 2 TABLETS PER DAY
VERAPAMIL 40 MG, 80 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 4 TABLETS PER DAY
CALAN SR (VERAPAMIL EXTENDED-RELEASE) 120 MG TABLET	UPDATE QL TO DOSE OPTIMIZATION (DO): 2 TABLETS PER DAY
CAMZYOS 2.5 MG, 5 MG, 10 MG, 15 MG CAPSULE	ADD PA AND QL: 1 CAPSULE PER DAY
OZOBAX ORAL SUSPENSION/SOLUTION	ADD PA
FLEQSUVY ORAL SOLUTION	ADD PA AND QL: 16 ML PER DAY
BENADRYL ALLERGY PLUS CONGESTION TABLETS (DIPHENHYDRAMINE 25 MG/ PHENYLEPHRINE 10 MG)	ADD QL: 6 TABLETS PER DAY

BENADRYL ALLERGY PLUS CONGESTION 12.5 MG/ 5ML (DIPHENHYDRAMINE-PHENYLEPHRINE)	ADD QL: 60 ML PER DAY
XARELTO 1 MG/ML ORAL SUSPENSION	ADD QL: 20 ML PER DAY
CIBINQO 50, 100 AND 200 MG TABLET	ADD PA AND QL: 1 TABLET PER DAY
ORIAHNN CAPSULES	ADD QL: 1 CARTON (4 BLISTER PACKAGES) PER 28 DAYS
TARPEYO 4 MG CAPSULE	ADD PA AND QL: 4 CAPSULES PER DAY
RELEUKO INJ 300MCG RELEUKO INJ 480MCG	ADD PA
ENOXAPARIN 30 MG/0.3 ML SYRINGE ENOXAPARIN 40 MG/0.4 ML SYRINGE ENOXAPARIN 60 MG.0.6 ML SYRINGE ENOXAPARIN 80 MG/0.8 ML SYRINGE ENOXAPARIN 100 MG/1 ML SYRINGE ENOXAPARIN 120 MG/0.8 ML SYRINGE ENOXAPARIN 150 MG/ML SYRINGE	UPDATE QL: 2 SYRINGES PER DAY
SYLATRON (PEGINTERFERON-ALFA 2B)	REMOVE PA
ROSUVASTATIN 5MG TABLET ROSUVASTATIN 10MG TABLET ROSUVASTATIN 20MG TABLET ROSUVASTATIN 40MG TABLET	REMOVE STEP THERAPY (ST)
KETOCONAZOLE 200 MG	ADD QL: 2 TABLET PER DAY
OZEMPIC INJ 4MG/3ML OZEMPIC INJ 2/1.5ML OZEMPIC INJ 8MG/3ML	ADD QL: 1 PREFILLED PEN PER 28 DAYS
MOUNJARO 15MG/0.5 INJECTION MOUNJARO 12.5/0.5 INJECTION MOUNJARO 10MG/0/5 INJECTION MOUNJARO 7.5/0.5 INJECTION MOUNJARO 5MG/0.5 INJECTION MOUNJARO 2.5/0.5 INJECTION	ADD ST AND QL: 4 SINGLE DOSE PENS (1 CARTON) PER 28 DAYS
SOAANZ 40MG TABLET SOAANZ 20MG TABLET SOAANZ 60MG TABLET	ADD ST
ORPHENADRINE/ASPIRIN/CAFFEINE	ADD ST AND QL: ORPHENADRINE-ASPIRIN-CAFFEINE 25 MG-385 MG- 30 MG- 8 TABLETS PER DAY

	ORPHENADRINE-ASPIRIN-CAFFEINE 50 MG-770 MG-60 MG – 4 TABLETS PER DAY
RYALTRIS 665 MCG/25 MCG INHALER	ADD QL: 1 INHALER PER 30 DAYS
XHANCE 93 MCG INHALER	ADD ST
NASONEX 24HR ALLERGY RELIEF 50 MCG INHALER	ADD QL: 1 INHALER PER 30 DAYS
IGALMI SL FILM 120 MCG, 180 MCG (10 COUNT CARTON) IGALMI SL FILM 120 MCG, 180 MCG (30 COUNT CARTON)	ADD PA AND QL: IGALMI SL FILM 120 MCG, 180 MCG 10 COUNT CARTON-2 CARTONS PER MONTH IGALMI SL FILM 120 MCG, 180 MCG 30 COUNT CARTON-1 CARTON PER MONTH
DICLOFENAC POTASSIUM 25 MG, 50 MG TABLET KETOPROFEN 50 MG TABLET NAPROXEN 250 MG, 375 MG TABLET	ADD QL: 4 TABLETS PER DAY
NAPROXEN 500 MG TABLET	ADD QL: 2 TABLETS PER DAY
NAPROSYN 125 MG/5 ML ORAL SUSPENSION	ADD QL: 60 ML PER DAY
VITAMIN D3 (CHOLECALCIFEROL) 400 UNIT/ML	REMOVE QL
XIIDRA 5% DROPS	ADD ST
NEOMYCIN-POLYMYXIN-HC SUSPENSION NATACYN 5% SUSPENSION	ADD QL: 15 ML PER 30 DAYS
AZASITE 1% SOLUTION ZYMAXID 0.5% SOLUTION	ADD QL: 2.5 ML PER 30 DAYS
BESIVANCE 0.6% SUSPENSION LEVOFLOXACIN 0.5% SOLUTION	ADD QL: 5 ML PER 30 DAYS
MOXEZA AND VIGAMOX) 0.5% SOLUTION	ADD QL: 3 ML PER 30 DAYS
VIROPTIC (TRIFLURIDINE) 1% SOLUTION	ADD QL: 7.5 ML PER 30 DAYS
POLYCIN (BACITRACIN-POLYMYXIN B) OINTMENT NEO-POLYCIN (NEOMYCIN-BACITRACIN ZN-POLYMYXIN) 5(3.5) MG-400 UNIT-10000 UNIT OINTMENT	ADD QL: 3.5 GM PER 30 DAYS
XIPERE INJECTABLE SUSPENSION	ADD PA AND QL: 4 MG (1 SINGLE-DOSE VIAL) PER EYE PER TREATMENT; REPEAT TREATMENTS MAY BE APPROVED NO SOONER THAN 12 WEEKS AFTER THE PRIOR DOSE.



PRED-G 0.3-1% SUSPENSION ZYLET 0.5-0.3% SUSPENSION MAXITROLO.1% SUSPENSION	ADD QL: 20 ML PER 30 DAYS
PRED-G S.O.P 0.3-0.6% OINTMENT BLEPHAMIDE S.O.P 0-0.2% OINTMENT MAXITROL 0.1% OINTMENT NEO-POLYCIN HC 1% OINTMENT	ADD QL: 7 GRAMS PER 30 DAYS
SEGLENTIS 56-44MG TABLET	ADD PA AND QL: 4 TABLETS PER DAY
QUVIVIQ (DARIDOREXANT) 25 MG, 50 MG	ADD PA AND QL: 1 TABLET PER DAY
VIJOICE 50MG TABLET VIJOICE 125MG TABLET VIJOICE 250MG TABLET	ADD PA AND QL: 1 TABLET PER DAY
CLINICAL NUTRIENTS PRENATAL	ADD QL: 4 VITAMINS PER DAY
GOOD START PRENATAL NOURISH PLUS KPN PRENATAL VITAFOL GUMMIES UPSPRING PRENATAL COMPLETE THERANATAL OVAVITE	ADD QL: 3 VITAMINS PER DAY
CVS PRENATAL GUMMIES + DHA + FOLIC ACID PERRY PRENATAL PRENARA TRINAZ AZESCO ZALVIT ZIPHEX AZESCHEW PRENATAL / POSTNATAL CVS PRENATAL GUMMIES BRAINSTRONG PRENATAL CVS WOMEN'S PRENATAL + DHA	ADD QL: 2 VITAMINS PER DAY
HEMENATAL OB + DHA PNV OB + DHA VENA-BAL DHA	REMOVE QL
PROMETRIUM 200 MG	UPDATE QL: 2 CAPSULES PER DAY
TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 16 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 32 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 48 MCG CARTRIDGES) TYVASO DPI INHALATION POWDER MAINTENANCE KIT (112 64 MCG CARTRIDGES)	ADD QL: 1 KIT PER 28 DAYS

<p>TYVASO DPI INHALATION POWDER TITRATION KIT (112 16 MCG, 12 32 MCG, 28 48 MCG CARTRIDGES)</p> <p>TYVASO DPI INHALATION POWDER TITRATION KIT (112 16 MCG, 84 32 MCG CARTRIDGES)</p>	<p>ADD QL: 1 KIT, ONE TIME FILL</p>
<p>XELPROS 0.005% OPHTHALMIC EMULSION</p> <p>XALATAN 0.005% OPHTHALMIC SOLUTION</p>	<p>UPDATE QL: 2.5 ML</p>
<p>METROGEL 1% GEL</p> <p>METROGEL 1% GEL PUMP</p>	<p>ADD QL:</p> <p>GEL: 60 GRAMS PER 30 DAYS</p> <p>PUMP: 55 GRAMS PER 30 DAYS</p>
<p>MINOCYCLINE 50 MG CAPSULES/TABLETS</p>	<p>ADD QL: 4 CAPSULES/TABLETS PER DAY</p>
<p>MINOCYCLINE 75 MG, 100 MG CAPSULES/TABLETS</p>	<p>ADD QL: 2 CAPSULES/TABLETS PER DAY</p>
<p>MINOCYCLINE HYDROCHLORIDE ER (COREMINO, MINOLIRA, SOLODYN, XIMINO) 45 MG, 55 MG, 65 MG, 80 MG, 90 MG, 115 MG, 105 MG, 135 MG CAPSULE/TABLET</p>	<p>ADD QL: 1 CAPSULE/TABLET PER DAY</p>
<p>DOXYCYCLINE MONOHYDRATE 50MG TABLET</p> <p>DOXYCYCLINE MONOHYDRATE 75MG TABLET</p> <p>DOXYCYCLINE MONOHYDRATE 100MG TABLET</p> <p>DOXYCYCLINE MONOHYDRATE 150MG TABLET</p> <p>DOXYCYCLINE HYCLATE 50MG CAPSULE</p> <p>DOXYCYCLINE HYCLATE 100MG CAPSULE</p> <p>DOXYCYCLINE HYCLATE TAB 20MG TABLET</p> <p>DOXYCYCLINE HYCLATE TAB 50MG TABLET</p> <p>DOXYCYCLINE HYCLATE TAB 75MG TABLET</p> <p>DOXYCYCLINE HYCLATE TAB 100MG TABLET</p> <p>DOXYCYCLINE HYCLATE 150MG TABLET</p> <p>DOXYCYCLINE HYCLATE DR 50MG TABLET</p> <p>DOXYCYCLINE HYCLATE DR 75MG TABLET</p> <p>DOXYCYCLINE HYCLATE DR 80MG TABLET</p> <p>DOXYCYCLINE HYCLATE DR 100MG TABLET</p> <p>DOXYCYCLINE HYCLATE DR 150MG TABLET</p> <p>DOXYCYCLINE HYCLATE DR 200MG TABLET</p>	<p>REMOVE ST</p>
<p>AMVUTTRA 25/0.5 SOLUTION</p>	<p>ADD PA AND QL: 1 SYRINGE PER 3 MONTHS</p>
<p>VOQUEZNA TRIPLE PAK</p> <p>VOQUEZNA DUAL PAK</p>	<p>ADD PA, ST AND QL: 1 THERAPY PACK PER FILL; 1 FILL PER 180 DAYS</p>
<p>ESTRING 0.2 MG</p> <p>FEMRING 0.05 MG/24HR</p> <p>FEMRING 0.1 MG/24HR</p>	<p>ADD QL: 1 RING PER 90 DAYS</p>

**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 BCBSWNY 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](http://bcbswny.com/stateplans)**

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.