



July 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 August 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 8/1/2024			
Medication		Changes	Your doctor may change it to one of these preferred drugs:
Therapeutic class	Drug	Revised status	Potential alternatives
ANTIDIABETICS	JARDIANCE 25MG TABLET JARDIANCE 10MG TABLET SYNJARDY 5-500MG TABLET SYNJARDY 12.5-500MG TABLET SYNJARDY 5-1000MG TABLET SYNJARDY 12.5-1000MG TABLET SYNJARDY 5-1000MG TABLET XR SYNJARDY 12.5-1000MG TABLET XR SYNJARDY 10-1000MG TABLET XR SYNJARDY 25-1000MG TABLET XR	NON-PREFERRED WITH PA	DAPAGLIFLOZIN 5MG TABLET DAPAGLIFLOZIN 10MG TABLET DAPAGLIFLOZIN-METFORMIN 5-1000MG TABLET DAPAGLIFLOZIN-METFORMIN 10-1000MG TABLET (STEP REQUIRED)
CONTRACEPTIVES**	OPILL 0.075MG TABLET	PREFERRED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2024 NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY			
IMMUNOGLOBULINS	ALYGLO 10GM/100ML INJECTION ALYGLO 20GM/200ML INJECTION ALYGLO 5GM/50ML INJECTION		ADD PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	AMTAGVI INJECTION		ADD PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	BREYNA 80/4.5MCG INHALER		ADD QL 3 INHALERS PER 30 DAYS
ACNE PRODUCTS*	CABTREO GEL		ADD PA AND ADD QL 50 GRAMS PER 30 DAYS

MISCELLANEOUS LIQUIDS	COTTONSEED OIL	REMOVE QL
ANTIFUNGALS	CRESEMBA 74.5MG CAPSULE	ADD QL 5 CAPSULES PER DAY
INFLAMMATORY BOWEL AGENTS	ENTYVIO 108/0.68ML INJECTION	ADD ST
CORTICOSTEROIDS	EOHILIA 2MG/10ML SUSPENSION	ADD PA AND ADD QL 4MG PER DAY (20ML)
COMPLEMENT INHIBITORS*	FABHALTA 200MG CAPSULE	ADD PA AND ADD QL 2 CAPSULES PER DAY
WOUND CARE PRODUCTS	FILSUVEZ 10% GEL	ADD PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	GRALISE 450MG GRALISE 750MG TABLET GRALISE 900MG TABLET	ADD QL 2 TABLETS PER DAY
OPHTHALMIC AGENTS*	IDOSE TR 75MCG IMPLANT	ADD PA AND ADD QL 2 APPLICATORS (75MCG) PER LIFETIME
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	IWILFIN 192MG TABLET	ADD PA AND ADD QL 8 TABLETS PER DAY
HEMATOPOIETIC AGENTS	JESDUVROQ 1MG TABLET JESDUVROQ 2MG TABLET JESDUVROQ 4MG TABLET JESDUVROQ 6MG TABLET JESDUVROQ 8MG TABLET	ADD ST
LAXATIVES*	KRISTALOSE 10GM PAK SOLUTION KRISTALOSE 20GM PAK SOLUTION	ADD ST AND ADD QL 2 PACKETS PER DAY
LAXATIVES	LACTULOSE 10GM/15 SOLTUN	ADD QL 1800ML PER 30 DAYS
LAXATIVES	LACTULOSE 10GM PAK	ADD ST
HEMATOPOIETIC AGENTS	MIRCERA 30MCG INJECTION MIRCERA 50MCG INJECTION MIRCERA 100MCG INJECTION MIRCERA 120MCG INJECTION MIRCERA 150MCG INJECTION MIRCERA 200MCG INJECTION MIRCERA 75MCG INJECTION	ADD ST
CENTRAL MUSCLE RELAXANTS	OZOBAX DS 10MG/5ML SOLUTION	ADD QL 40ML PER DAY
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	PHYRAGO 100MG TABLETS PHYRAGO 140MG TABLETS PHYRAGO 20MG TABLETS PHYRAGO 50MG TABLETS PHYRAGO 70MG TABLETS PHYRAGO 80MG TABLETS	ADD PA AND QL 1 TABLET PER DAY
POTASSIUM	POKONZA 10MEQ POWDER	ADD ST
OPHTHALMIC AGENTS*	QLOSI 0.4% SOLUTION	ADD PA AND ADD QL 60 VIALS PER 30 DAYS
ANTIRHEUMATIC - ENZYME INHIBITORS	RINVOQ 45MG TABLET ER	UPDATE QL 1 TABLET PER DAY; 84 TABLETS TOTAL (12 WEEK SUPPLY)

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	SIMLANDI 40/0.4ML KIT	ADD PA AND ADD QL 2 AUTOINJECTORS PER 28 DAYS
ANTHELMINTICS	STROMEKTOL 3MG TABLET	REMOVE PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	SYMBYAX 12MG-25MG CAPSULE	ADD QL 1 CAPSULE PER DAY
TETRACYCLINES	TETRACYCLINE 250MG CAPSULE TETRACYCLINE 500MG CAPSULE TETRACYCLINE 500MG TABLET	ADD QL 4 CAPSULES/TABLETS PER DAY
ANALGESICS	TRAMADOL 25MG TABLET	ADD PA AND ADD QL 16 TABLETS PER DAY
HEMATOPOIETIC AGENTS	UDENYCA ONBODY 6/0.6ML INJECTION	ADD QL 2 INJECTORS/ KITS PER 28 DAYS
POTASSIUM REMOVING AGENTS*	VELTASSA 1 GRAM PACKETS	ADD QL 240 PACKETS PER 30 DAYS
ANTIFUNGALS	VFEND 40MG/ML SUSPENSION	UPDATE QL 17.5ML PER DAY
ANTIFUNGALS	VORICONAZOLE 200MG INJECTION	ADD PA
OPHTHALMIC AGENTS	VUITY 1.25% SOLUTION	UPDATE QL 5ML PER 30 DAYS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	WAINUA 45/0.8ML INJECTION	ADD PA AND ADD QL 1 AUTOINJECTOR PER 28 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	XOLAIR 75/0.5ML PREFILLED SYRINGE/AUTOINJECTOR	ADD QL 2 PREFILLED SYRINGES/AUTOINJECTORS PER 28 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	XOLAIR 150MG VIAL, 150MG/ML PREFILLED SYRINGE/AUTOINJECTOR	ADD QL 4 VIALS/ PREFILLED SYRINGES/AUTOINJECTORS PER 28 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	XOLAIR 300MG/2ML PREFILLED SYRINGE/AUTOINJECTOR	ADD QL 2 PREFILLED SYRINGES/ AUTOINJECTORS PER 28 DAYS
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	YUFLYMA 20/0.2ML SYRINGE	ADD QL 2 SYRINGES PER 28 DAYS
ANTIVIRAL TOPICAL*	ZELSUVMI 10.3% GEL	ADD PA AND ADD QL 2 CARTONS PER 12 WEEKS
ANTIDIABETICS*	ZITUVIMET 50MG/10000MG TABLET ZITUVIMET 50MG/500MG TABLET	ADD QL 2 TABLETS PER DAY
ANTIDIABETICS	ZITUVIO 100MG TABLET ZITUVIO 25MG TABLET ZITUVIO 50MG TABLET	ADD QL 1 TABLET PER DAY
ANTISEBORRHEIC PRODUCTS*	ZORYVE 0.3% FOAM	ADD PA AND ADD QL 60 GRAMS PER 30 DAYS
INFLAMMATORY BOWEL AGENTS	ZYMFENTRA 120MG/ML INJECTION	ADD ST

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

***THIS CHANGE WILL BE IMPLEMENTED ASAP*

AL = AGE LIMIT

PA = PRIOR AUTHORIZATION

QL = QUANTITY LIMIT

ST = STEP THERAPY

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 Member Services at **866-231-0847 (TTY 711)**, Monday through Friday, 8:30 a.m. to 6 p.m. Eastern time.

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, 8:30 a.m. to 6 p.m. Eastern time.

bcbswny.com/stateplans

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