



January 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 February 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 February 1, 2022		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
PENNSAID SOLUTION 2%	NOT COVERED	DICLOFENAC SOL 1.5% DICLOFENAC GEL 1%
RAYOS TABLETS	NOT COVERED	PREDNISONE TABLETS
(GENERIC NOVOLOG) INSULIN ASPART 100/ML INJ INSULIN ASPART PENFILL INJ INSULIN ASPART FLEXPEN INJ	NON-PREFERRED CURRENT UTILIZERS WILL BE GRANDFATHERED	ADMELOG 100U/ML INJ ADMELOG SOLOSTAR INSULIN LISPRO 100/ML INJ INSULIN LISPRO JUNIOR INJ
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2022 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
CLEOCIN-T GEL 1%		UPDATE QL: 75 GRAMS PER 30 DAYS
VEREGEN OINTMENT 15%		UPDATE QL: 30 GRAMS PER 28 DAYS
STROMEKTOL TABLET 3MG		ADD PA ADD QL: 9 TABLETS PER FILL; 1 FILL PER 90 DAYS
DEPAKOTE TABLET 250MG DR		ADD QL: 2 TABLETS PER DAY
DEPAKOTE TABLET 500MG DR		ADD QL: 7 TABLETS PER DAY
DEPAKOTE ER TABLET 500MG		ADD QL: 7 TABLETS PER DAY

GABITRIL TABLETS	ADD QL: 2 TABLETS PER DAY
KEPPRA SOLUTION 100MG/ML	ADD QL: 30 ML PER DAY
CLEMASTINE TABLETS	ADD QL: 3 TABLETS PER DAY
AYVAKIT TABLET	UPDATE QL: 1 TABLET PER DAY
QELBREE CAPSULE 100MG ER	ADD PA ADD QL: 1 CAPSULE PER DAY
QELBREE CAPSULE 150MG ER QELBREE CAPSULE 200MG ER	ADD PA ADD QL: 2 CAPSULES PER DAY
XANAX XR TABLET 0.5MG XANAX XR TABLET 1MG	UPDATE QL: 1 TABLET PER DAY
XANAX XR TABLET 2MG XANAX XR TABLET 3MG	UPDATE QL: 2 TABLETS PER DAY
LOREEV XR CAPSULE 1MG	UPDATE QL: 1 CAPSULE PER DAY
LOREEV XR CAPSULE 2MG LOREEV XR CAPSULE 3MG	UPDATE QL: 2 CAPSULES PER DAY
PROLIA SOLUTION 60MG/ML	UPDATE QL: 60 MG (1 PREFILLED SYRINGE) EVERY 6 MONTHS
XULANE DIS 150-35	UPDATE QL: 3 PATCHES PER 28 DAYS
NUVARING	UPDATE QL: 1 RING PER 28 DAYS
LYBALVI TABLET	ADD QL: 1 TABLET PER DAY
PREVIDENT CREAM 5000 PLS	UPDATE QL: 100 ML PER 30 DAYS
FLUORIDEX PST 1.1%	ADD QL: 112 GM PER 30 DAYS
CLINPRO 5000 PST 1.1%	ADD QL: 113 GM PER 30 DAYS
LEVONORGESTREL TABLET 1.5MG	UPDATE QL: 1 TABLET PER 30 DAYS
RELTONE CAPSULE	ADD PA
EPOGEN INJECTION	UPDATE QL: 12 VIALS (12 ML) PER 28 DAYS

EPCLUSA TABLET	UPDATE QL: 1 TABLET PER DAY
EPCLUSA 200 MG/50 MG PELLETS*	ADD QL: 2 PACKETS PER DAY
EPCLUSA 150 MG/37.5 MG PELLETS*	ADD QL: 1 PACKET PER DAY
MAVYRET TABLET 100-40MG	UPDATE QL: 3 TABLETS PER DAY
MAVYRET 50 MG/ 20 MG PELLETS*	ADD QL: 5 PACKETS PER DAY
REZUROCK TABLET 200MG	UPDATE QL: 1 TABLET PER DAY
XOFLUZA TABLET	UPDATE QL: 1 DOSE PACK PER FILL; 1 FILL PER 90 DAYS
XOFLUZA 40 MG/20 ML ORAL SUSPENSION*	UPDATE QL: 2 BOTTLES PER FILL; 1 FILL PER 90 DAYS
INJECTAFER INJ 750/15ML	UPDATE QL: 1 VIAL PER 7 DAYS
MONOFERRIC 100 MG/ML VIAL*	UPDATE QL: 4 VIALS PER DAY
MONOFERRIC 500 MG/5 ML VIAL*	UPDATE QL: 1 VIAL PER DAY
MONOFERRIC INJ 1000/10	UPDATE QL: 1 VIAL PER DAY
SYNERA DIS 70-70MG	ADD PA UPDATE QL: 1 PATCH PER 30 DAYS
CRYSVITA INJECTION 10MG/ML	ADD QL: 2 VIALS PER 28 DAYS
CRYSVITA INJECTION 20MG/ML	ADD QL: 8 VIALS PER 28 DAYS
CRYSVITA INJECTION 30MG/ML	ADD QL: 6 VIALS PER 28 DAYS
NEXVIAZYME INJECTION 100MG	ADD PA ADD QL: 20 MG/KG EVERY 2 WEEKS
JUXTAPID CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
VEKLURY INJECTION 100MG	UPDATE QL: 11 VIALS PER MONTH

INGREZZA CAPSULE 60MG	UPDATE QL: 1 CAPSULE PER DAY
PLEGRIDY TITRATION KIT (PREFILLED SYRINGE)	ADD QL: 1 PACK PER FILL, ONE TIME FILL (28 DAY SUPPLY)
ACULAR SOLUTION 0.5% OPHTH	UPDATE QL: 10 ML PER 30 DAYS
ILEVRO DROPS 0.3% OPHTH	UPDATE QL: 3 ML PER 30 DAYS
PATADAY SOLUTION	ADD QL: 1 BOTTLE PER 30 DAYS
VERKAZIA 0.1% OPHTH	ADD PA ADD QL: 120 SINGLE DOSE VIALS PER FILL
ARYMO ER TABLETS	UPDATE QL: 3 TABLETS PER DAY
MORPHINE SUL CAPSULES ER	UPDATE QL: 1 CAPSULE PER DAY
METHADONE TABLET 5MG METHADONE TABLET 10MG	UPDATE QL: 6 TABLETS PER DAY
METHADONE INJ 10MG/ML	UPDATE QL: 1 ML PER DAY
DURAGESIC (FENTANYL) PATCHES	UPDATE QL: 15 PATCHES PER 30 DAYS
EMBEDA CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
HYDROMORPHONE ER TABLETS	UPDATE QL: 1 TABLET PER DAY
HYSINGLA ER TABLETS	UPDATE QL: 1 TABLET PER DAY
KADIAN ER CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
LEVORPHANOL TABLET 2MG LEVORPHANOL TABLET 3MG	UPDATE QL: 6 TABLETS PER DAY
METHADONE TABLET 40MG	UPDATE QL: 1 TABLET PER DAY
METHADONE SOLUTION 10MG/5ML METHADONE SOLUTION 5MG/5ML	UPDATE QL: 30 ML PER DAY
METHADONE CONCENTRATE 10MG/ML	UPDATE QL: 6 ML PER DAY
MORPHABOND TABLETS	UPDATE QL: 2 TABLETS PER DAY

MS CONTIN TAB 100MG ER MS CONTIN TAB 200MG ER	UPDATE QL: 2 TABLETS PER DAY
MS CONTIN TAB 15MG ER MS CONTIN TAB 30MG ER MS CONTIN TAB 60MG ER	UPDATE QL: 3 TABLETS PER DAY
OXYMORPHONE ER TABLET	UPDATE QL: 2 TABLETS PER DAY
OXYCONTIN TABLETS	UPDATE QL: 2 TABLETS PER DAY
XTAMPZA ER CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
ZOXYDOL ER CAPSULES	UPDATE QL: 2 CAPSULES PER DAY
CODEINE SULF TABLETS	UPDATE QL: 6 TABLETS PER DAY
DILAUDID INJECTION 0.2MG/ML DILAUDID INJECTION 1MG/ML DILAUDID INJECTION 2MG/ML	UPDATE QL: 6 ML PER DAY
DILAUDID LIQ 1MG/ML	UPDATE QL: 24 ML PER DAY
DILAUDID TABLETS	UPDATE QL: 6 TABLETS PER DAY
HYDROMORPHON INJECTION 4MG/ML	UPDATE QL: 2 ML PER DAY
HYDROMORPHON SUPPOSITORIES 3MG	UPDATE QL: 4 SUPPOSITORIES PER DAY
HYDROMORPHON INJECTION 10MG/ML	UPDATE QL: 1 INJECTION PER 30 DAYS
MEPERIDINE TABLET 50MG	UPDATE QL: 6 TABLETS PER DAY
MEPERIDINE SOLUTION 50MG/5ML	UPDATE QL: 30 ML PER DAY
DEMEROL INJECTION 100/2ML DEMEROL INJECTION 100MG/ML DEMEROL INJECTION 25MG/ML DEMEROL INJECTION 75MG/ML DEMEROL INJECTION 50MG/ML DEMEROL INJECTION 75MG/1.5	UPDATE QL: 4 ML PER DAY
MITIGO INJECTION	UPDATE QL: 2 VIALS PER MONTH
MORPHINE SUL INJECTION 10/0.7ML	UPDATE QL: 6 INJECTIONS/ PENS PER DAY

MORPHINE SUL INJECTION 150/30ML	UPDATE QL: 1 VIAL (30 ML) PER DAY
MORPHINE SUL INJECTION 50MG/ML	UPDATE QL: 2 ML PER DAY
MORPHINE SUL INJECTION 1MG/ML MORPHINE SUL INJECTION 2MG/ML MORPHINE SUL INJECTION 4MG/ML MORPHINE SUL INJECTION 5MG/ML MORPHINE SUL INJECTION 8MG/ML MORPHINE SUL INJECTION 10MG/ML	UPDATE QL: 6 ML PER DAY
DURAMORPH INJECTION 0.5MG/ML DURAMORPH INJECTION 1MG/ML	UPDATE QL: 6 ML PER DAY
MORPHINE SUL SOLUTION 20MG/ML	UPDATE QL: 6 ML PER DAY
MORPHINE SUL SOLUTION 10MG/5ML MORPHINE SUL SOLUTION 20MG/5ML	UPDATE QL: 30 ML PER DAY
MORPHINE SUL SUPPOSITORIES	UPDATE QL: 6 SUPPOSITORIES PER DAY
MORPHINE SUL TABLET IR	UPDATE QL: 6 TABLETS PER DAY
OXYCODONE TABLETS	UPDATE QL: 6 TABLETS PER DAY
OXYCODONE CAPSULES 5MG	UPDATE QL: 6 CAPSULES PER DAY
OXYCODONE CONCENTRATE 100/5ML	UPDATE QL: 6 ML PER DAY
OXYCODONE 10 MG/0.5 ML INJECTION	UPDATE QL: 2 ML PER DAY
OXYCODONE SOLUTION 5MG/5ML	UPDATE QL: 30 ML PER DAY
OPANA TABLETS	UPDATE QL: 6 TABLETS PER DAY
NUCYNTA TABLET 50MG NUCYNTA TABLET 100MG	UPDATE QL: 181 TABLETS PER 30 DAYS
NUCYNTA TABLET 75MG	UPDATE QL: 242 TABLETS PER 30 DAYS
QDOLO SOLUTION 5MG/ML	UPDATE QL: 80 ML PER DAY
TRAMADOL HCL TABLET 100MG	UPDATE QL: 4 TABLETS PER DAY
ULTRAM TABLET 50MG	UPDATE QL: 8 TABLETS PER DAY

CONZIP CAPSULE	UPDATE QL: 1 CAPSULE PER DAY
TRAMADOL HCL TABLET ER	UPDATE QL: 1 TABLET PER DAY
KLOXXADO LIQUID	ADD QL: 6 NASAL SPRAYS (3 CARTONS) PER 3 MONTHS
APADAZ TABLET	UPDATE QL: 6 TABLETS PER DAY
TREZIX CAPSULE	UPDATE QL: 6 CAPSULES PER DAY
DVORAH TABLET	UPDATE QL: 6 TABLETS PER DAY
TYLENOL/COD TABLET	UPDATE QL: 6 TABLETS PER DAY
APAP/CODEINE SOLUTION 120-12/5	UPDATE QL: 30 ML PER DAY
LORTAB ELIXIR 10-300MG	UPDATE QL: 67.5 ML PER DAY
HYDROCO/APAP SOLUTION 7.5-325MG HYDRO/ACETA SOLUTION 10-325MG	UPDATE QL: 90 ML PER DAY
HYDROCO/APAP TABLET 5-325MG HYDROCO/APAP TABLET 7.5-325 HYDROCO/APAP TABLET 10-325MG HYDROCO/APAP TABLET 5-300MG HYDROCO/APAP TABLET 7.5-300 HYDROCO/APAP TABLET 10-300MG	UPDATE QL: 6 TABLETS PER DAY
HYDROCOD/IBU TABLET 5-200MG HYDROCOD/IBU TABLET 7.5-200 HYDROCOD/IBU TABLET 10-200MG	UPDATE QL: 5 TABLETS PER DAY AND 50 TABLETS PER FILL
OXYCOD/APAP TABLET 2.5-325 OXYCOD/APAP TABLET 5-325MG OXYCOD/APAP TABLET 7.5-325 OXYCOD/APAP TABLET 10-325MG OXYCOD-APAP TABLET 2.5-300 OXYCOD/APAP TABLET 5-300MG OXYCOD/APAP TABLET 10-300MG PROLATE TABLET 7.5-300 OXYCOD/ASA TABLET	UPDATE QL: 6 TABLETS PER DAY
OXYCOD/IBU TABLET 5-400MG	UPDATE QL: 4 TABLETS PER DAY AND 28 TABLETS PER FILL
PROLATE SOL 10/300MG	UPDATE QL: 30 ML PER DAY

TRAMADL/APAP TABLET 37.5-325	UPDATE QL: 8 TABLETS PER DAY AND 40 TABLETS PER FILL
PENTAZ/NALOX TABLET 50-0.5MG	UPDATE QL: 6 TABLETS PER DAY
BUPRENEX INJECTION 0.3MG/ML	UPDATE QL: 3 ML PER DAY
BUTORPHANOL INJECTION 1MG/ML	UPDATE QL: 8 ML PER DAY
BUTORPHANOL INJECTION 2MG/ML	UPDATE QL: 4 ML PER DAY
BUTORPHANOL SOLUTION 10MG/ML (NASAL SPRAY)	UPDATE QL: 2 BOTTLES PER 30 DAYS
NALBUPHINE INJECTION	UPDATE QL: 2 ML PER DAY
CHLORPROMAZINE CONCENTRATE 30MG/ML	ADD QL: 26 ML PER DAY
CHLORPROMAZINE CONCENTRATE 100MG/ML	ADD QL: 8 ML PER DAY
RYPLAZIM INJECTION	ADD PA
AGRYLIN CAPSULE 0.5MG	UPDATE QL: 20 CAPSULES PER DAY
ANAGRELIDE CAPSULE 1MG	ADD QL: 10 CAPSULES PER DAY
PRALUENT INJECTION	UPDATE QL: 2 PENS PER 28 DAYS
REPATHA INJECTION 140MG/ML REPATHA SURE INJECTION 140MG/ML	UPDATE QL: 2 PREFILLED SYRINGES OR AUTO- INJECTORS PER 28 DAYS
REPATHA PUSH INJECTION 420/3.5	UPDATE QL: 1 PREFILLED CARTRIDGE PER 28 DAYS
AZSTARYS CAPSULE	ADD PA ADD QL: 1 CAPSULE PER DAY
SAPHNELO SOLUTION 300/2ML	ADD PA ADD QL: 1 VIAL PER 28 DAYS
PRADAXA CAPSULE	UPDATE QL: 2 CAPSULES PER DAY
PRADAXA ORAL PELLETS 20 MG* PRADAXA ORAL PELLETS 150 MG*	ADD QL: 2 PACKETS PER DAY

PRADAXA ORAL PELLETS 30 MG* PRADAXA ORAL PELLETS 40 MG* PRADAXA ORAL PELLETS 50 MG* PRADAXA ORAL PELLETS 110 MG*	ADD QL: 4 PACKETS PER DAY
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**UM UPDATES WILL APPLY WHEN THE MEDICATION BECOMES 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

bcbswny.com/stateplans

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