



April 2025

### 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 May 1, 2025 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 5/1/2025		
MEDICATION	CHANGES	YOUR DOCTOR MAY CHANGE IT TO ONE OF THESE PREFERRED DRUGS:
LEVALBUTEROL 0.31MG NEBULIZER LEVALBUTEROL 0.63MG NEBULIZER LEVALBUTEROL 1.25MG NEBULIZER	NON-PREFERRED	ALBUTEROL 0.63MG NEBULIZER ALBUTEROL 0.083% NEBULIZER ALBUTEROL 1.25MG NEBULIZER
LEVALBUTEROL HFA 45MCG INHALER	NON-PREFERRED	ALBUTEROL HFA INHALER
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2025 NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY		
ADBRY 300MG/2ML INJECTION	ADD QL:1 AUTOINJECTOR PER 28 DAYS	
ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.5 MG TABLET ALPRAZOLAM 1 MG TABLET ALPRAZOLAM 2 MG TABLET	UPDATE QL 4 TABLETS PER DAY	
ATTRUBY 356MG PAK	ADD PA AND QL 4 TABLETS PER DAY (1 PACK OF 112 TABLETS PER 28 DAYS)	
BIMZELX 160MG/ML (2 PACK) INJECTION	ADD QL 1 CARTON (2 X 160 MG/ML AUTOINJECTORS/SYRINGES) EVERY 8 WEEKS	
BIMZELX 160MG/ML (1 PACK) INJECTION	ADD QL 1 CARTON (1 X 160 MG/ML AUTOINJECTOR/SYRINGES) PER 28 DAYS	
BIMZELX 320MG/2ML INJECTION (1 PACK)	ADD QL 1 CARTON (1 X 320 MG/2 ML AUTOINJECTOR/SYRINGE) EVERY 8 WEEKS	
BIZENGRI 375MG/18.75 ML INJECTION	ADD PA AND QL 4 VIALS PER 28 DAYS	

BKEMV 300 MG/30ML INJECTION	ADD PA AND QL 8 VIALS PER 28 DAYS
BORUZU 3.5MG/1.4ML INJECTION	ADD PA
BYNFEZIA 2,500 MCG/ML PEN	ADD QL 1 PEN PER 14 DAYS
CEQUR SIMPLICITY PATCH	ADD QL 8 PATCHES PER 32 DAYS
CIMZIA 200MG VIAL KIT	ADD QL 1 VIAL KIT (2 X 200 MG VIALS) 2 VIALS PER 28 DAYS
CIMZIA 200MG/ML PREFILLED KIT	ADD QL 1 SYRINGE KIT (2 X 200 MG/ML SYRINGES) 2 SYRINGES PER 28 DAYS
COBENFY 50-20MG CAPSULE COBENFY 100-20MG CAPSULE COBENFY 125-30MG CAPSULE	ADD ST AND QL 2 CAPSULES PER DAY
COBENFY STARTER PACK CAPSULE	ADD ST AND QL 1 PACK (28-DAY SUPPLY), ONE TIME FILL
CREXONT 35-140MG CAPSULE	ADD QL 15 CAPSULES PER DAY
CREXONT 52.5-210MG CAPSULE	ADD QL 10 CAPSULES PER DAY
CREXONT 70-280MG CAPSULE	ADD QL 7 CAPSULES PER DAY
CREXONT 87.5-350MG CAPSULE	ADD QL 6 CAPSULES PER DAY
CYCLOBENZAPRINE 5MG TABLET	UPDATE QL 6 TABLETS PER DAY
CYLTEZO 40/0.4ML INJECTION	ADD QL 2 PENS/SYRINGES PER 28 DAYS
CYLTEZO STARTER KIT	ADD QL 1 PACK (28 DAY SUPPLY, ONE TIME FILL)
DANZITEN 71MG TABLET DANZITEN 95MG TABLET	ADD PA AND QL 4 TABLETS PER DAY
EMROSI 40MG CAPSULE	ADD PA AND QL 1 CAPSULE PER DAY
ENTYVIO 108MG/0.68ML INJECTION	ADD QL 1 SYRINGE/PEN EVERY 2 WEEKS; 2 SYRINGES/PENS PER 28 DAYS
EPYSQLI 300 MG/30 ML INJECTION	ADD PA AND QL 8 VIALS PER 28 DAYS
ERELZI 25 MG VIAL	ADD QL 8 VIALS PER 28 DAYS
ETICOVO 50 MG/ML PREFILLED SYRINGE/AUTO INJECTOR PEN	ADD QL 4 SYRINGES/PENS PER 28 DAYS
FIBRYGA 1GM INJECTION	ADD PA
GLIMEPIRIDE 3MG TABLET	ADD PA AND QL 2 TABLETS PER DAY
HUMIRA STARTER KIT	ADD QL 1 PACK (28 DAY SUPPLY, ONE TIME FILL)
HYMPAVZI 150MG/ML INJECTION	ADD PA
IDACIO STARTER PACK	ADD QL 1 PACK (28 DAY SUPPLY, ONE TIME FILL)
IMKELDI 80MG/ML SOLUTION	ADD PA AND QL 10 MLS PER DAY
IMULDOSA INJECTION	ADD STEP THERAPY
IMULDOSA 130 MG/26 ML (5 MG/ML) VIAL	ADD DOSING: BODY WEIGHT 55 KG OR LESS: 2 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 55KG TO 85 KG: 3 VIALS (8 WEEK SUPPLY, ONE TIME FILL)

	BODY WEIGHT MORE THAN 85 KG [MAX LIMIT]: 4 VIALS (8 WEEK SUPPLY, ONE TIME FILL)
IMULDOSA 45 MG/0.5 ML INJECTION IMULDOSA 90 MG/1 ML INJECTION	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
ITOVEBI 3MG TABLET ITOVEBI 9MG TABLET	ADD PA AND QL 3MG: 2 TABLETS PER DAY 9 MG: 1 TABLET PER DAY
LACTULOSE SOL 10GM/15	UPDATE QL 3600 ML PER 30 DAYS
LEQSELVI 8 MG TABLET	ADD PA AND QL 2 TABLETS PER DAY
LORAZEPAM 0.5 MG TABLET	UPDATE QL 4 TABLETS PER DAY
LUMRYZ STARTER PACK	ADD QL 1 PACK (28 DAY SUPPLY), ONE TIME FILL
LYRICA 75MG CAPSULE	UPDATE QL 3 CAPSULES PER DAY
LYTGOBI THERAPY PACK 4 MG (12 MG DAILY DOSE)	ADD QL 35 TABLETS PER 7 DAYS (1 CARTON PER 7 DAYS)
LYTGOBI THERAPY PACK 4 MG (16 MG DAILY DOSE)	ADD QL 28 TABLETS PER 7 DAYS (1 CARTON PER 7 DAYS)
LYTGOBI THERAPY PACK 4 MG (20 MG DAILY DOSE)	ADD QL 21 TABLETS PER 7 DAYS (1 CARTON PER 7 DAYS)
MIPLYFFA 47MG CAPSULE MIPLYFFA 62MG CAPSULE MIPLYFFA 93MG CAPSULE MIPLYFFA 124MG CAPSULE	ADD PA AND QL 3 CAPSULES PER DAY
MONDOXYNE NL 100MG CAPSULE	ADD STEP THERAPY
OMNIPOD GO KIT 20UNIT/DAY OMNIPOD GO KIT 40UNIT/DAY OMNIPOD GO KIT 25UNIT/DAY OMNIPOD GO KIT 15UNIT/DAY OMNIPOD GO KIT 35UNIT/DAY OMNIPOD GO KIT 10UNIT/DAY OMNIPOD GO KIT 30UNIT/DAY	ADD QL 10 PODS PER 30 DAYS
OMVOH 100MG/ML INJECTION	ADD QL 2 PENS/SYRINGES PER 28 DAYS (4 WEEKS)
ONDANSETRON 16MG ODT	ADD QL 4 TABLETS PER 30 DAYS
OTULFI INJECTION	ADD STEP THERAPY
OTULFI 130 MG/26 ML (5 MG/ML) VIAL	ADD DOSING: BODY WEIGHT 55 KG OR LESS: 2 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 55KG TO 85 KG: 3 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 85 KG [MAX LIMIT]: 4 VIALS (8 WEEK SUPPLY, ONE TIME FILL)
OTULFI 45 MG/0.5 ML INJECTION OTULFI 90 MG/1 ML INJECTION	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
PREVYMIS 20MG PAK PREVYMIS 120MG PAK	ADD QL 810 PACKETS PER YEAR
PYZCHIVA INJECTION	ADD STEP THERAPY

PYZCHIVA 130 MG/26 ML (5 MG/ML) VIAL	ADD DOSING: BODY WEIGHT 55 KG OR LESS: 2 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 55KG TO 85 KG: 3 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 85 KG [MAX LIMIT]: 4 VIALS (8 WEEK SUPPLY, ONE TIME FILL)
PYZCHIVA 45 MG/0.5 ML INJECTION PYZCHIVA 90 MG/1 ML INJECTION	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
RELIZORB CARTRIDGE	UPDATE QL 6 CARTRIDGES PER DAY
REVUFORJ 110 MG TABLETS REVUFORJ 160 MG TABLETS	ADD PA AND QL 110 MG 4 TABLETS PER DAY 160 MG 2 TABLETS PER DAY
REVUFORJ 25MG TABLET	ADD QL 6 TABLETS PER DAY
ROZLYTREK PAK 50MG	UPDATE QL 12 PACKETS PER DAY
SELARSDI 130 MG/26 ML (5 MG/ML) VIAL	ADD DOSING: BODY WEIGHT 55 KG OR LESS: 2 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 55KG TO 85 KG: 3 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 85 KG [MAX LIMIT]: 4 VIALS (8 WEEK SUPPLY, ONE TIME FILL)
SIMLANDI 80/0.8ML INJECTION	ADD QL 2 SYRINGES PER 28 DAY
SKYRIZI 90 MG/ML INJECTION	ADD QL 2 PREFILLED PENS SYRINGES PER 56 DAYS (8 WEEKS)
TECENTRIQ HYBREZA INJECTION	ADD PA
TEGLUTIK 50MG/10ML SUSPENSION	ADD PA AND QL 40 ML PER DAY
TRAMADOL 75MG TABLET	ADD PA AND QL 5 TABLETS PER DAY
TRI-VI-FLOR/TRI-VI-FLORO SUSPENSION, QUFLORA GUMMY, MULTI-VIT-FL CHEWABLE, POLY-VI-FLOR CHEWABLE/SUSPENSION, POLY-VI- FLOR/IRON CHEWABLE/SUSPENSION, QUFLORA PED CHEWABLE/SOLUTION, QUFLORA FE CHEWABLE/LIQUID, FLORAFOL/FLORAFOL PED CHEWABLE, FLORAFOL FE SOLUTION, DAVIMET/FLUORIDE CHEWABLE, FLORIVA LIQUID/CHEWABLE, FLORIVA PLUS SOLUTION	ADD STEP THERAPY
TRUQAP 160MG TABLET TRUQAP 200MG TABLET TRUQAP 160MG THERAPY PACK TRUQAP 200MG THERAPY PACK	ADD QL 6 TABLETS PER 28 DAYS OR 1 CARTON (64 TABLETS) PER 28 DAYS
UNDECATREX CAPSULES	ADD PA AND QL 200 MG: 4 CAPSULES PER DAY 100 AND 150 MG: 2 CAPSULES PER DAY
UVEITIS STARTER PACK	ADD QL 1 PACK

	(28 DAY SUPPLY, ONE TIME FILL)
V-GO 40 KIT V-GO 20 KIT V-GO 30 KIT	ADD QL 30 PUMPS PER 30 DAYS
VYALEV 12-240MG INJECTION	ADD PA AND QL 42 VIALS (4200 ML) (6 CARTONS) PER 28 DAYS
VYLOY 100MG INJECTION	ADD PA
WEGOVY 0.25MG INJECTION WEGOVY 0.5MG INJECTION WEGOVY 1MG INJECTION WEGOVY 1.7MG INJECTION WEGOVY 2.4MG INJECTION	ADD QL 1 PEN PER WEEK
WEZLANA 130/26ML INJECTION WEZLANA 45/0.5ML INJECTION WEZLANA 90MG/ML INJECTION	ADD STEP THERAPY
XALKORI 20MG CAPSULE	UPDATE QL 8 CAPSULES PER DAY
XALKORI 50MG CAPSULE	UPDATE QL 4 CAPSULES PER DAY
XALKORI 150MG CAPSULE	UPDATE QL 6 CAPSULES PER DAY
YESINTEK INJECTION	ADD STEP THERAPY
YESINTEK 130 MG/26 ML (5 MG/ML) VIAL	ADD DOSING: BODY WEIGHT 55 KG OR LESS: 2 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 55KG TO 85 KG: 3 VIALS (8 WEEK SUPPLY, ONE TIME FILL) BODY WEIGHT MORE THAN 85 KG [MAX LIMIT]: 4 VIALS (8 WEEK SUPPLY, ONE TIME FILL)
YESINTEK 45 MG/0.5 ML INJECTION YESINTEK 90 MG/1 ML INJECTION	ADD QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
YUFLYMA STARTER PACK	ADD QL 1 PACK (28 DAY SUPPLY, ONE TIME FILL)
ZEMAIRA 4000MG INJECTION ZEMAIRA 5000MG INJECTION	ADD DOSING LIMIT 60 MG/KG ONCE PER WEEK
ZEPOSIA STARTER KIT	ADD QL 1 PACK PER FILL, ONE TIME
ZIIHERA 300MG INJECTION	ADD PA
ZYMFENTRA 120MG/ML INJECTION	ADD QL 1 SYRINGE/PEN EVERY 2 WEEKS; 2 SYRINGES/PENS PER 28 DAYS

## 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 **1-866-231-0847**.

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 **1-866-231-0847 (TTY 711)**, Monday through Friday, from 8:30 a.m. to 6 p.m. Eastern time.

Enclosure: Get help in another language

**[www.bcbswny.com/stateplans](http://www.bcbswny.com/stateplans)**

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ATTENTION: Language assistance services, free of charge, are available to you. Call 866-231-0847 (TTY 711).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-231-0847 (TTY 711).	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 866-231-0847 (TTY 711)。	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (TTY 711) (رقم هاتف الصم والبكم 866-231-0847)	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 866-231-0847 (TTY 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 866-231-0847 (телетайп: TTY 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 866-231-0847 (TTY 711).	Italian
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-231-0847 (TTY 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 866-231-0847 (TTY 711).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 866-231-0847 (TTY 711).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 866-231-0847 (TTY 711).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 866-231-0847 (TTY 711).	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে ফোন করুন ১- 866-231-0847 (TTY 711)।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 866-231-0847 (TTY 711).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 866-231-0847 (TTY 711).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 866-231-0847 (TTY 711)۔	Urdu
BAA !KOHWIINIDZIN: Saad bee 1ka'e'eyeed bee 1ka'an7da'awo', t'11 j77k'eh [a' n1 h0l=-go 1t'4. Kohj8' 866-231-0847 (TTY 711) hod7ilnih.	Navajo