May 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 August 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 August 1, 2025		
Medication	**Changes**	**Your doctor may change it to one of these preferred drugs:**
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS	NON-PREFERRED	RELION TRUE METRIX BLOOD GLUCOSE TEST STRIPS TRUE METRIX BLOOD GLUCOSE TEST STRIP
AUTOJECT 2 DEVICE INJECT EASE DEVICE	PREFERRED	N/A
UM Edits – Effective for all members no later than August 1, 2025 **No changes in preferred/nonpreferred status revision or addition to UM edit only**		
ACANYA 1.2-2.5% GEL	ADD QL 50 GRAMS PER 30 DAYS	
ACCUPRIL 5 MG TABLET	UPDATE QL 16 TABLETS PER DAY	
ACCUPRIL 10 MG TABLET	UPDATE QL 8 TABLETS PER DAY	
ACCURETIC 10-12.5 MG TABLET	UPDATE QL 4 TABLETS PER DAY	
ALINIA 100 MG/5 ML SUSPENSION	ADD QL 180 ML (3 BOTTLE) PER FILL; 1 FILL PER 30 DAYS	
ALINIA 500 MG TABLET	ADD QL 6 TABLETS PER FILL: 1 FILL PER 30 DAYS	
ALPRAZOLAM (XANAX) XR 0.5 MG TABLET LORAZEPAM (ATIVAN) 0.5 MG TABLET	UPDATE DOSE OP 12 TABLETS PER DAY	
ALPRAZOLAM (XANAX) XR 1 MG TABLET LOREEV XR (LORAZEPAM ER) 1 MG CAPSULE	UPDATE DOSE OP 6 CAPSULES/TABLETS PER DAY	
	ADD PA AND QL	

ALYFTREK 4-20-50 MG TABLET ALYFTREK 10-50-125 MG TABLET	4-20-50 MG TABLET-3 TABLETS PER DAY 10-50-125 MG TABLET- 2 TABLETS PER DAY
ALTACE 1.25 MG CAPSULE	UPDATE QL 16 CAPSULES PER DAY
ALTACE 2.5 MG CAPSULE	UPDATE QL 8 CAPSULES PER DAY
AMLODIPINE/BENAZEPRIL 2.5-10 MG CAPSULE	UPDATE QL 4 TABLETS PER DAY
AVTOZMA 80 MG, 200 MG, & 400 MG VIAL FOR INTRAVENOUS INFUSION AVTOZMA 162 MG/0.9 ML PREFILLED AUTOINJECTOR AVTOZMA 162 MG/0.9 ML PREFILLED SYRINGE	ADD PA
AVTOZMA 162 MG/0.9 ML PREFILLED AUTOINJECTOR AVTOZMA 162 MG/0.9 ML PREFILLED SYRINGE	ADD QL 4 SYRINGES/AUTOINJECTORS PER 28 DAYS
AZMIRO 200MG/ML INJECTION	ADD PA
BENAZEPRIL 5 MG TABLET	UPDATE QL 16 TABLETS PER DAY
BENAZEPRIL/HCTZ 5-6.25 MG TABLET	UPDATE QL 4 TABLETS PER DAY
BOSULIF 100 MG CAPSULE BOSULIF 100 MG TABLET	UPDATE QL 6 TABLETS/CAPSULES PER DAY
BUPROPION 150 MG XL TABLET	UPDATE QL 3 TABLETS PER DAY
CAPTOPRIL 12.5 MG TABLET	UPDATE QL 24 TABLETS PER DAY
CAPTOPRIL 25 MG TABLET	UPDATE QL 12 TABLETS PER DAY
CARBAMAZEPINE 200 MG CHEWABLE	ADD QL 8 TABLETS PER DAY
CEFTRIAXONE 1 GM INJECTION CEFTRIAXONE 2 GM INJECTION CEFTRIAXONE 10 GM INJECTION CEFTRIAXONE 100 GM INJECTION CEFTRIAXONE 250 MG INJECTION CEFTRIAXONE 500 GM INJECTION	REMOVE QL
CIALIS 2.5 MG TABLET	ADD QL 1 TABLET PER DAY
CIALIS 5 MG TABLET	ADD QL 1 TABLET PER DAY
CRENESSITY 25 MG, 50 MG, OR 100 MG CAPSULE CRENESSITY 50 MG/ML SOLUTION (30 ML) BOTTLE	ADD PA AND QL CAPSULE: 2 CAPSULES PER DAY SOLUTION: 4 ML PER DAY
DALIRESP 500 MCG TABLET DALIRESP 250 MCG TABLET	ADD STEP THERAPY
DATROWAY 100MG INJECTION	ADD PA
DHIVY 25-100 MG TABLET	ADD QL 8 TABLETS PER DAY

DOLOBID 250 MG TABLET	ADD QL 3 TABLETS PER DAY
DUOBRII LOTION	ADD ST
ENALAPRIL 2.5 MG TABLET	UPDATE QL 16 TABLETS PER DAY
ENALAPRIL 5 MG TABLET	UPDATE QL 8 TABLETS PER DAY
ENLITE SENSOR	ADD QL 5 SENSORS PER 30 DAYS
ENSACOVE 25 MG CAPSULE ENSACOVE 100 MG CAPSULE	ADD PA AND QL 2 CAPSULES PER DAY
ESTROGEL 0.06% GEL	UPDATE QL 37.5MG GRAMS PER 30 DAYS
EVERSENSE E3 SENSOR	ADD QL 2 SENSORS PER YEAR
EVERSENSE 365 SENSOR	ADD QL 1 SENSOR PER YEAR
EVRYSDI 5 MG TABLETS	ADD PA AND QL 1 TABLET PER DAY
FOSINOPRIL 10 MG TABLET	UPDATE QL 8 TABLETS PER DAY
FOSINOPRIL/HCTZ 10-12.5 MG TABLET	UPDATE QL 4 TABLETS PER DAY
FREESTYLE LIBRE 2 PLUS	ADD QL 2 SENSORS PER 30 DAYS
GABARONE 100 MG TABLET GABARONE 400 MG TABLET	ADD PA AND QL 6 TABLETS PER DAY
GLIMEPIRIDE 1 MG TABLET GLIMEPIRIDE 2 MG TABLET GLIMEPIRIDE 4 MG TABLET GLIPIZIDE 5 MG TABLET GLIPIZIDE 10 MG TABLET GLIPIZIDE ER 2.5 MG TABLET GLIPIZIDE ER 5 MG TABLET GLIPIZIDE ER 10 MG TABLET GLYBURIDE 1.25 MG TABLET GLYBURIDE 2.5 MG TABLET GLYBURIDE 5 MG TABLET GLYBURIDE MICRONIZED 1.5 MG TABLET GLYBURIDE MICRONIZED 3 MG TABLET GLYBURIDE MICRONIZED 6 MG TABLET	REMOVE ST
GOMEKLI 1 MG CAPSULE GOMEKLI 2 MG CAPSULE GOMEKLI 1 MG TABLET FOR ORAL SUSPENSION	ADD PA AND QL 1 MG: 8 CAPSULES/TABLETS PER DAY 2MG: 4 CAPSULES PER DAY
GRAFAPEX 1 GM INJECTION GRAFAPEX 5 GM INJECTION	ADD PA
GUARDIAN CONNECT TRANSMITTER GUARDIAN LINK 3 TRANSMITTER EVERSENSE E3 TRANSMITTER EVERSENSE 365 TRANSMITTER	ADD QL 1 TRANSMITTER PER YEAR

GUARDIAN REAL-TIME REPLACEMENT RECEIVER/MONITOR	ADD QL 1 RECEIVER PER YEAR
IGALMI 120 MCG SUBLINGUAL FILM IGALMI 180 MCG SUBLINGUAL FILM	UPDATE QL 1 FILM PER DAY
JOURNAVX 50 MG TABLET	ADD QL 15 TABLETS PER 7 DAYS: MAX OF 2 FILLS PER 30 DAYS
LACTULOSE SOLUTION 10 GM/ 15 ML	REMOVE QL
LISINOP/HCTZ 10-12.5 MG TABLET	UPDATE QL 4 TABLETS PER DAY
LISINOPRIL 2.5 MG TABLET	UPDATE QL 32 TABLETS PER DAY
LISINOPRIL 5 MG TABLET	UPDATE QL 16 TABLETS PER DAY
LISINOPRIL 10 MG TABLET	UPDATE QL 8 TABLETS PER DAY
LITHIUM CARBONATE 150 MG CAPSULES	UPDATE QL 12 CAPSULES PER DAY
LITHIUM CARBONATE 300 MG CAPSULES LITHIUM CARBONATE 300 MG TABLETS	UPDATE QL 6 CAPSULES/TABLETS PER DAY
LOREEV XR 1.5 MG CAPSULE	UPDATE DOSE OP 4 CAPSULES PER DAY
MELATONIN OTC 1 MG MELATONIN OTC 2.5 MG MELATONIN OTC 3 MG MELATONIN OTC 5 MG MELATONIN OTC 10 MG MELATONIN OTC 12 MG MELATONIN OTC 2.5 MG/10 ML MELATONIN OTC 1 MG/4 ML MELATONIN OTC 5 MG/15 ML MELATONIN OTC 1 MG/ML MELATONIN OTC 3 MG/0.9 ML MELATONIN OTC 10 MG/ML MELATONIN ER OTC 1 MG, 3 MG, 5 MG, 10 MG MELATONIN OTC 3.5 MG/2 ML MELATONIN OTC 5 MG/ML	REMOVE QL ON TABLETS/CAPSULES/CHEWABLE/ SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET AND SOLUTION
MERILOG U-100 INJECTION MERILOG SOLOSTAR U-100 INJECTION	ADD QL 30 ML PER 30 DAYS
METRONIDAZOLE 125 MG TABLET	ADD PA
MIEBO 1.3 GM/ML DROPS	UPDATE QL 3 ML (1 BOTTLE) PER 30 DAYS
MOEXIPRIL 7.5 MG TABLET	UPDATE QL 8 TABLETS PER DAY

NEFFY 1 MG NASAL SPRAY	1 CARTON (2 SINGLE-DOSE NASAL SPRAYS) PER FILL; 4 FILLS PER CALENDAR YEAR
NEMLUVIO 30 MG INJECTION	UPDATE QL 1 PEN PER 56 DAYS*
NILOTINIB D-TARTRATE 50 MG CAPSULE NILOTINIB D-TARTRATE 150 MG CAPSULE NILOTINIB D-TARTRATE 200 MG CAPSULE	ADD QL 4 CAPSULES PER DAY
OMVOH 100 MG/ML PREFILLED PEN/SYRINGE OMVOH 200 MG/2 ML + 100 MG/ML PREFILLED PEN/SYRINGE	UPDATE QL 2 PENS/SYRINGES [1 CARTON] PER 28 DAYS (4 WEEKS)
OMVOH 300 MG/15 ML SINGLE-DOSE VIAL	UPDATE QL 9 VIALS TOTAL TO LAST 12 WEEKS
ONAPGO 98 MG/20 ML (4.9 MG/ML) SUBCUTANEOUS SOLUTION	ADD PA AND QL 1 VIAL (20 ML) PER DAY
OPDIVO QVANTIG INJECTION	ADD PA
OPIPZA ORAL FILM 2 MG OPIPZA ORAL FILM 5 MG, 10 MG	ADD QL 2 MG: 1 FILM PER DAY 5 MG,10 MG: 3 FILMS PER DAY
ORAPRED ODT 10 MG TABLET	UPDATE QL 6 TABLETS PER DAY
ORAPRED ODT 15 MG TABLET	UPDATE QL 4 TABLET PER DAY
OSENVELT 120 MG/1.7 ML VIAL XBRYK 120 MG/1.7 ML VIAL	ADD PA AND QL 1 VIAL PER 28 DAYS
OSPOMYV 60 MG/1 ML PREFILLED SYRINGE STOBOCLO 60 MG/ML PREFILLED SYRINGE	ADD PA AND QL 60 MG (1 PREFILLED SYRINGE) EVERY 6 MONTHS
PERINDOPRIL 2 MG TABLET	UPDATE QL 8 TABLETS PER DAY
PERINDOPRIL 4 MG TABLET	UPDATE QL 4 TABLETS PER DAY
PIQRAY 250 MG DOSE TABLET PIQRAY 300 MG DOSE TABLET	UPDATE QL 56 TABLETS PER 28 DAYS
PRESTALIA 3.5-2.5 MG TABLET	UPDATE QL 4 TABLETS PER DAY
PRESTALIA 7-5 MG TABLET	UPDATE QL 2 TABLETS PER DAY
NEFFY 1 MG NASAL SPRAY	1 CARTON (2 SINGLE-DOSE NASAL SPRAYS) PER FILL; 4 FILLS PER CALENDAR YEAR
RHOFADE 1% 30 GRAM TUBE, 30 GRAM PUMP	ADD QL 30 GRAMS PER 30 DAYS
RHOFADE 1% 60 GRAM TUBE, 60 GRAMM PUMP	ADD QL 60 GRAMS PER 30 DAYS

ROMVIMZA 14 MG CAPSULE ROMVIMZA 20 MG CAPSULE ROMVIMZA 30 MG CAPSULE	ADD PA AND QL 1 CARTON (8 CAPSULES) PER 28 DAYS
SORILUX 0.005% AEROSAL	ADD ST
STEQEYMA 45/0.5 ML INJECTION STEQEYMA 90MG ML INJECTION	ADD PA AND QL 1 SYRINGE PER 84 DAYS (12 WEEKS)
STEQEYMA 130/26ML INJECTION	ADD PA AND 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)
TEMPO WELCOME KIT	ADD QL 1 KIT PER FILL; ONE TIME FILL ONLY
TERBINAFINE 250 MG TABLET	REMOVE QL
TOPIRAMATE SPRINKLE 50 MG CAPSULE	ADD QL 8 CAPSULES PER DAY
TRANDOLAPRIL 1 MG TABLET	UPDATE QL 8 TABLETS PER DAY
TRANDOLAPRIL 2 MG TABLET	UPDATE QL 4 TABLETS PER DAY
TRYNGOLZA (OLEZARSEN) 80 MG/0.8 ML	ADD PA AND QL 1 AUTOINJECTOR PER MONTH
UNLOXCYT INJECTION	ADD PA
VAGIFEM 10 MCG TABLET	ADD QL 18 TABLETS PER 28 DAYS
VECTICAL 3 MCG/GM OINTMENT	ADD ST
VTAMA 1% CREAM	ADD ST
VEVYE 0.1% DROPS	UPDATE QL 2 ML (1 BOTTLE) PER 30 DAYS
WEZLANA 45/0.5 ML AUTOINJECTOR WEZLANA 90MG ML AUTOINJECTOR	ADD QL 1 AUTOINJECTOR PER 84 DAYS (12 WEEKS)

*This change will be implemented ASAP
**This change will be implemented once 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 **1-866-231-0847 (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 **1-866-231-0847 (TTY 711)**, Monday through Friday from 8:30 a.m. to 6:00 p.m. Eastern time.

www.bcbswny.com/stateplans