



November 2026

Pharmacy Formulary Change Notice — CHPlus

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 November 1, 2026, 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 November 1, 2026		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
RANOLAZINE ER 500MG, 1000MG TABLET	PREFERRED	N/A
BECLOMETHASONE 40MCG, 80MCG AEROSOL INHALER	PREFERRED	N/A
DULOXETINE DR 20MG, 30MG, 40MG, 60MG, 80MG, 90MG, 120MG CAPSULE	PREFERRED	N/A
ACCUCHECK BLOOD GLUCOSE TEST STRIPS (GUIDE, AVIVA, SMARTVIEW)	PREFERRED	N/A
ACCUCHECK BLOOD GLUCOSE METERS (GUIDE, GUIDE ME, GUIDE LINK, AVIVA)	PREFERRED	N/A
NEUROCAINE 4% PATCHES	NON-PREFERRED	LIDOCAINE 5% PATCHES, LIDOCAINE 4% CREAM, OINTMENT
LIDOEASE 2% GEL	NON-PREFERRED	LIDODOSE 3%, 4% GEL
XOCOVA 125MG TABLET	PREFERRED	N/A

BD LUER-LOK SYRINGE-NEEDLE EASY TOUCH FLIPLOCK EASYPPOINT NEEDLE	PREFERRED	N/A
IVABRADINE 5MG, 7.5MG TABLET	PREFERRED	N/A

UM edits – effective for all members no later than November 1, 2026	
No changes in preferred/nonpreferred status; only revision or addition to UM edit	
AMNESTEEM 30MG CAPSULE	ADD QL 30 DAY SUPPLY PER FILL
BENZOYL PEROXIDE 2. 5%, 5%, 10% LIQUID WASH	UPDATE QL 240 ML PER 30 DAYS
BENZOYL PEROXIDE 4%, 5%, 10% LIQUID WASH	UPDATE QL 240 GRAMS PER 30 DAYS
CRANBERRY TABLET/CAPSULE	REMOVE QL
NAPROXEN DR 375MG TABLET	ADD QL 4 TABLETS PER DAY
NAPROXEN DR 500MG TABLET	ADD QL 2 TABLETS PER DAY
DOLOBID 375MG TABLET	ADD QL 4 TABLETS PER DAY
TAPENTADOL ER 50MG, 100MG, 150MG, 200MG, 250MG TABLET	ADD PA AND QL 2 TABLETS PER DAY
MENTHOL CREAM/GEL/PATCH	REMOVE QL
LIDOCAINE 2% VISCOUS SOLUTION	REMOVE QL
CALCIUM CARBONATE 648MG TABLET	REMOVE QL
RANOLAZINE ER 500MG, 1000MG TABLET	REMOVE PA
TRIMBOW 86MCG-4.9MCG-10.6MCG, 172MCG-4.9MCG-10.6MCG AEROSOL INHALER	ADD PA AND QL 1 INHALER PER 30 DAYS
BREZTRI 160MCG-18MCG-4.8MCG AEROSOL INHALER	ADD QL 1 INHALER PER 30 DAYS
BECLOMETHASONE 40MCG/ACTUATION INHALER	ADD QL 1 INHALER PER 30 DAYS
BECLOMETHASONE 80MCG/ACTUATION INHALER	ADD QL 2 INHALERS PER 30 DAYS

RELGAABI 200MG, 300MG, 400MG CAPSULES	ADD PA AND DOSING 200 MG: 3 CAPSULES PER DAY 300 MG: 9 CAPSULES PER DAY 400MG: 6 CAPSULES PER DAY
GABARONE 400MG TABLET	UPDATE DOSING 6 TABLETS PER DAY
AUVELITY 30MG/105MG TABLET	ADD QL 2 TABLETS PER DAY
OZEMPIC 1.5MG TABLET	ADD PA AND QL 1 BOTTLE OF 30 TABLETS PER ONE TIME FILL
OZEMPIC 4MG, 9MG TABLET	ADD PA AND QL 1 TABLET PER DAY
GLIMEPIRIDE 3MG TABLET	REMOVE PA
REPAGLINIDE 0.5MG, 1MG TABLET	REMOVE QL
REPAGLINIDE 2MG TABLET	REMOVE QL
NATEGLINIDE 60MG, 120MG TABLET	REMOVE QL
MOUNJARO MULTIDOSE VIAL 2.5MG/DOSE, 5MG/DOSE, 7.5MG/DOSE, 10MG/DOSE, 12.5MG/DOSE, 15MG/DOSE	ADD QL 1 MULTI-DOSE VIAL PER 28 DAYS
MOUNJARO KWIKPEN 2.5MG/DOSE, 5MG/DOSE, 7.5MG/DOSE, 10MG/DOSE 12.5MG/DOSE, 15MG/DOSE	ADD QL 1 PEN PER 28 DAYS
AWIQLI FLEX 700UNIT INJECTION	ADD QL 4 ML PER 30 DAYS
PROBIOTIC CAPSULE	REMOVE QL
GRANISOL 2MG/10ML SOLUTION	ADD QL 50 ML PER 30 DAYS
ALLERGY RELIEF TABLET	REMOVE QL
ALLEGRA 30MG, 60MG TABLET	REMOVE QL
ALLEGRA 180MG TABLET	REMOVE QL
ALLEGRA ODT 30MG TABLET	REMOVE QL

ALLEGRA 6MG/1ML SUSPENSION CLARITIN 1MG/1 ML SOLUTION/SYRUP DESLOMATADINE 0.5MG/ML ORAL SOLUTION XYZAL 24 HOUR 0.5MG/1 ML SOLUTION ZYRTEC 1MG/ML SOLUTION	REMOVE QL
CHILDREN'S CLARITIN 5MG CHEWABLE TABLET	REMOVE QL
CHILDREN'S ZYRTEC ALLERGY 10MG CLARITIN REDITABS 5MG, 10MG ODT TABLET CLARINEX REDITABS 2.5MG, 5MG TABLET	REMOVE QL
CLARITIN 10MG TABLET CLARINEX 5MG TABLET XYZAL 5MG TABLET	REMOVE QL
CLARITIN 10MG LIQUID GEL CAPSULE ZYRTEC 10MG LIQUID GEL CAPSULE	REMOVE QL
ZYRTEC 2.5MG, 5MG, 10MG TABLET	REMOVE QL
CHILDREN BENADRYL 12.5MG CHEWABLE TABLET	REMOVE QL
BENADRYL 25MG CAPSULE	REMOVE QL
BENADRYL 12.5MG/5ML SOLUTION CLEMASTINE FUMARATE 0.5MG/5ML SYRUP	REMOVE QL
BENADRYL ALLERGY EXTRA STRENGTH 50MG TABLET	REMOVE QL
CLEMASTINE 1.34MG, 2.68MG TABLET AHIST 25MG TABLET	REMOVE QL
CARBINOXAMINE MALEATE 4MG TABLET	REMOVE QL
CARBZAH 4MG/5ML SOLUTION	REMOVE QL
KARBINAL ER 4 MG/5ML SUSPENSION	REMOVE QL
RYVENT 6MG TABLET	REMOVE QL
CORPHENA 2MG/5ML SOLUTION	ADD ST

JUXTAPID 2MG CAPSULE	ADD DOSING 1 CAPSULE PER DAY
CLONIDINE 0.05MG TABLET	ADD QL 12 TABLETS PER DAY
BAXFENDY 1MG, 2MG TABLET	ADD PA AND QL 1 TABLET PER DAY
LIFYORLI 125MG DS CAPSULE	ADD PA AND QL 18 CAPSULES PER 28 DAYS
LIFYORLI 150MG DS CAPSULE	ADD PA AND QL 27 CAPSULES PER 28 DAYS
DECNUPAZ 2MG INJECTION	ADD PA
BEQALZI STARTER PACK 1MG-5MG-20MG-80MG TABLET	ADD PA AND QL 1 CARTON (44 TABLETS) PER 28 DAYS
BEQALZI 1MG, 5MG TABLET	ADD PA AND QL 11 TABLETS PER 7 DAYS
BEQALZI 20MG TABLET	ADD PA AND QL 14 TABLETS PER 7 DAYS
BEQALZI 80MG TABLET	ADD PA AND QL 4 TABLETS PER DAY
VEPPANU 100MG, 200MG TABLET	ADD PA AND QL 1 TABLET PER DAY
JAKAFI XR 11MG, 22MG, 33MG, 44MG, 55MG TABLET	ADD PA AND QL 1 TABLET PER DAY
WEGOVY 1.5MG, 4MG, 9MG, 25MG TABLET	ADD PA AND QL 1 TABLET PER DAY
ICOTYDE 200MG TABLET	ADD PA AND QL 1 TABLET PER DAY
PERIDEX 0.12% SOLUTION	REMOVE QL
HEPCLUDEX 8.5MG INJECTION	ADD PA AND QL 1 VIAL PER DAY
IDVYNZO 100MG-0.25MG TABLET	ADD PA AND QL 1 TABLET PER DAY
PREZCOBIX PEDIATRIC 600MG-90MG TABLET	ADD QL 1 TABLET PER DAY

PONLIMSI 60MG/1ML INJECTION	ADD PA AND QL 60 MG (1 PREFILLED SYRINGE) EVERY 6 MONTHS
CORLANOR 5MG, 7.5MG TABLET	REMOVE PA
ALAVERT D-12 HOUR 5MG-120MG TABLET ALLEGRA-D 12 HOUR 60MG-120MG TABLET CLARITIN-D 12 HOUR 5MG-120MG TABLET CLARINEX-D 12 HOUR 2.5MG-120MG TABLET Zyrtec-D 5MG-120MG TABLET	REMOVE QL
ALLEGRA-D 24 HOUR 180MG-240MG TABLET CLARITIN-D 24 HOUR 10MG-240MG TABLET	REMOVE QL
BENADRYL ALLERGY PLUS CONGESTION 25MG-10MG TABLET	REMOVE QL
BENADRYL ALLERGY PLUS CONGESTION 12.5MG/5ML SOLUTION	REMOVE QL
BOUDREAUX'S BUTT PASTE 16% OINTMENT ZINC OXIDE 40% OINTMENT	REMOVE QL
SELENIUM SULFIDE 2.5% LOTION	REMOVE QL
TRIPLE PASTE 12.8% OINTMENT	REMOVE QL
UREA 40% CREAM	REMOVE QL
EURAX 10% CREAM	ADD PA AND QL 120 GM PER 30 DAYS
CROTAN 10% LOTION PRURADIK 10% LOTION	ADD PA AND UPDATE QL 120 GM PER 30 DAYS
MOMETASONE 0.1% OINTMENT	UPDATE QL 60 GM PER 30 DAYS
DEXCOM G7 15-DAY SENSOR	ADD QL 2 SENSORS PER 30 DAYS

MINIMED INSTINCT GLUCOSE SENSOR	ADD PA AND QL 2 SENSORS PER 30 DAYS
SIMPLERA SENSOR SIMPLERA SYNC SENSOR	ADD PA AND QL 5 SENSORS PER 30 DAYS
SIMPLERA SYSTEM	ADD PA AND QL 1 SYSTEM/KIT, ONE TIME FILL
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	ADD QL 2 TRANSMITTERS PER YEAR
EVERSENSE SENSOR	ADD QL 1 SENSOR PER 90 DAYS
AMMONIUM LACTATE 12% LOTION	REMOVE QL
AQUAPHILIC OINTMENT	REMOVE QL
AVLAYAH 150MG INJECTION	ADD PA
DESMODA 0.05/ML SOLUTION	ADD PA AND QL 24 ML PER DAY
CAMCEVI 42MG INJECTION	ADD PA
GUAIFENESIN/DEXTROMETHORPHAN LIQUID/TABLET	REMOVE QL
LYNAVOY 40MG TABLET	ADD PA AND QL 2 TABLETS PER DAY
FILSPARI 400MG TABLET	UPDATE QL 2 TABLETS PER DAY
KRYSTEXXA 8MG/50ML INJECTION	ADD QL 2 VIALS PER 28 DAYS
FOLIC ACID-CYANOCOBALAMIN- POLYSACCHARIDE IRON COMPLEX - HEME IRON POLYPEPTIDE 1MG-25MCG- 22MG-6MG TABLET ICAR-C PLUS 100MG-250MG-25MCG-1MG TABLET	REMOVE QL
IRON LIQUID/TABLET/CAPSULE	REMOVE QL
NEULASTA 4MG/0.4ML INJECTION	ADD QL 2 VIALS PER 28 DAYS
FILKRI 300MG/0.5ML, 480MG/0.8ML INJECTION	ADD PA

VYVGART 400MG/20ML INJECTION	UPDATE QL 1200 MG (TOTAL OF 3 VIALS) ONCE WEEKLY (12 VIALS PER 28 DAYS) [MAX LIMIT]
STOOL SOFTENER TABLET/CAPSULE CLEARLAX POWDER	REMOVE QL
RIZAFILM 5MG ORAL FILM	ADD QL 9 FILMS PER 30 DAYS
CALCIUM-VITAMIN D 600MG TABLET	REMOVE QL
CERALYTE 50 POWDER PACKETS	REMOVE QL
TUMS 500MG CHEWABLE TABLET	REMOVE QL
POTASSIUM GLUCONATE 550MG, 595MG TABLET ZINC TABLET/CAPSULE	REMOVE QL
SAPHNELO 120MG/0.8ML INJECTION SAPHNELO PEN 120MG/0.8ML INJECTION	ADD QL 4 SYRINGES/AUTOINJECTORS PER 28 DAYS
POLY-VI-SOL WITH IRON DROPS	REMOVE QL
B-COMPLEX TABLET MULTIVITAMIN WITH MINERALS TABLET HAIR/SKIN/NAILS TABLET LIPO FLAVONOID PLUS TABLET	REMOVE QL
RYALTRIS 665MCG-25MCG NASAL SPRAY	UPDATE QL 31 GM (1 INHALER PER 30 DAYS)
SALINE 0.65% NASAL SPRAY	REMOVE QL
SUDAFED CONGESTION TABLET	REMOVE QL
IPRATROPIUM BROMIDE 0.03% NASAL SPRAY	REMOVE QL
IPRATROPIUM BROMIDE 0.06% NASAL SPRAY	REMOVE QL
FLUTICASONE 50MCG NASAL SPRAY 11.1ML, 12.9ML PACKAGE SIZE	ADD QL OF 1 INHALER PER 30 DAYS
NASONEX 50MCG NASAL SPRAY 7.5ML, 10ML PACKAGE SIZE	ADD QL OF 1 INHALER PER 30 DAYS
FISH OIL 1200MG CAPSULE	REMOVE QL

OMEGA-3 1,050MG CAPSULE	REMOVE QL
REDNESS RELIEF EYE DROPS SOLUTION	REMOVE QL
IDOSE TR 75MCG IMPLANT	UPDATE QL 2 APPLICATORS (75 MCG) PER YEAR
VISINE 0.05% SOLUTION	REMOVE QL
XTORO 0.3% OTIC DROPS	ADD PA AND QL 10 ML PER FILL; 1 FILL PER 30 DAYS
PRENATAL TABLET	REMOVE QL
DORYX MPC 60MG TABLET	ADD QL 2 TABLETS PER DAY
PEPCID COMPLETE CHEWABLE TABLET	REMOVE QL
MONISTAT KIT CREAM/OINTMENT	REMOVE QL
ASCORBIC ACID WITH ROSE HIPS 500MG TABLET	REMOVE QL

*This change will be implemented as soon as possible.

**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

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