



December 2019

## Pharmacy Formulary Change Notice

BlueCross BlueShield of Western New York Medicaid is here to help you stay on top of your health care. We want to tell you about some upcoming changes to your Preferred Drug List (PDL) as of February 1, 2020.

Your PDL is a list of preferred drugs covered by BlueCross BlueShield Medicaid. A group of doctors and pharmacists check the PDL to make sure the drugs you're taking are safe and effective.

<b>Effective for all members on February 1, 2020</b>		
<b>Medication</b>	<b>Changes</b>	<b>Your doctor may change it to one of these preferred drugs</b>
DIPHENHYDRAMINE 6.25MG SOLUTION LORATADINE 5MG CHEWABLE TABLET	PREFERRED	N/A
ED CHLORPED 2MG/ML LIQUID SILPHEN COUG 12.5/5ML SYRUP CLEMASTINE 2.68MG TABLET	NON-PREFERRED	CHLORPHENIRAMINE 4MG TABLETS ED CHLORPED JR SYRUP DIPHENHYDRAMINE 12.5/5ML LIQUID CLEMASTINE 1.34MG OTC
(GENERIC) FENOPROFEN 200MG CAPSULE FENOPROFEN 400MG CAPSULE FENOPROFEN 600MG TABLET MEFENAM ACID 250MG CAPSULE NAPROXEN SOD 375MG ER TABLET NAPROXEN SOD 500MG ER TABLET	PREFERRED	N/A
(BRAND) EC-NAPROSYN 375MG TABLET EC-NAPROSYN 500MG TABLET ADVIL CHILD 100/5ML SUSPENSION	NON-PREFERRED	GENERIC NAPROXEN TABLETS IBUPROFEN 100/5ML SUSPENSION
DICLOFENAC GEL 1%	PREFERRED WITH PA	N/A
PAIN RELIEF ROLL-ON LIQUID LIDOCAINE 4% PLUS CREAM ALOE/LIDOCAINE 0.5% GEL REGENECARE 2% GEL LIDODOSE 3% GEL REGENECARE SPRAY ALOCANE 4% GEL AFTERBURN 2.5% GEL XOLIDO 2% CREAM BURN RELIEF 0.5% AEROSAL ASPERCREME 4% SPRAY LIDOCAINE 3% CREAM	PREFERRED	N/A

LIDOCAINE 4% CREAM LIDOCAINE 5% CREAM AFTERSUN 0.5% GEL LIDOCAINE 4% PAD		
LIDOCAINE 3% CREAM LIDOCAINE 5% OINTMENT	NON-PREFERRED	OTC LIDOCAINE PRODUCTS  RX LIDOCAINE 5% PATCH (PA REQUIRED)
PREGABALIN 25MG CAPSULE PREGABALIN 50MG CAPSULE PREGABALIN 75MG CAPSULE PREGABALIN 100MG CAPSULE PREGABALIN 150MG CAPSULE PREGABALIN 200MG CAPSULE PREGABALIN 225MG CAPSULE PREGABALIN 300MG CAPSULE PREGABALIN SOL 20MG/ML	PREFERRED WITH NO PRIOR AUTHORIZATION (PA)	N/A
PIMECROLIMUS 1% CREAM	PREFERRED WITH STEP THERAPY (ST)	N/A
FENOFIBRATE 130MG CAPSULE FENOFIBRATE 145MG TABLET FENOFIBRIC 35MG TABLET FENOFIBRIC 105MG TABLET FENOFIBRIC 135MG DR CAPSULE	NON-PREFERRED WITH ST	FENOFIBRATE 134MG, 160MG, 200MG, 43MG, 48MG, 54MG, 67MG FENOFIBRIC ACID 45MG
GLOBAL DIABETIC RITE AID	NON-PREFERRED	MANUFACTURERS BD DIABETES DYNAREX HEALTH MART ULTIMED
BD DIABETES DYNAREX HEALTH MART ULTIMED	PREFERRED	N/A
IRON 45MG TABLET SLOW-RELEASE FE 45MG TABLET HEMAX TABLET GENTLE IRON 28MG CAPSULE HIGH POTENCY FE 27MG TABLET NU-IRON 150 150MG CAPSULE ABATRON AF TABLET SLOW IRON 50MG TABLET FERGON 27MG TABLET	PREFERRED	N/A
FOLITAB 500 TABLET IRON 28MG TABLET FERROUS GLUC 324MG TABLET EZFE 200MG CAPSULE FERROUS GLUC TAB 324MG	NON-PREFERRED	OTC GENERIC IRON SUPPLEMENTS  RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET

<p>FERROUS SULF 324MG EC TABLET  FERRETTIS 325MG TABLET  FERREX 150MG CAPSULE  FERREX 28 MIS  FERREX 150 PLUS CAPSULE  FERREX 150 FORTE PL CAPSULE  CHEWABLE IRON  PEDIATRIC IRON CHEWABLE  FERROUS SUL 220/5ML LIQUID  FERROUS SULF 300/5ML SYRUP  FEOSOL 200MG TABLET  SLOW RELEASE FE 143MG CR TABLET</p>		<p>MULTIGEN TABLET  MULTIGEN PLS TABLET  MULTIGEN FOLIC TABLET  FERRAPLUS 90 TABLET  TARON FORTE CAPSULE  FOLIVANE-F CAPSULE  FOLIVANE-PLS CAPSULE  CENTRATEX CAPSULE</p>
<p>IFEREX 150 FORTE CAPSULE  HEMATOGEN CAPSULE  HEMATOGEN FORTE CAPSULE  TRICON CAPSULE  MYFERON 150 FORTE CAPSULE  FERROCITE PLUS TABLET  FEROCON CAPSULE  PUREVIT DUA FE PLUS CAPSULE  HEMATINIC PL VIT/MIN TABLET  HEMATINIC/FA TABLET  POLY-IRON 150 FORT CAPSULE  CORVITA 150 TABLET  TRIGELS-F FORTE CAPSULE  TL ICON CAPSULE  SE-TAN PLUS CAPSULE</p>	<p>NON-PREFERRED</p>	<p>OTC GENERIC IRON SUPPLEMENTS</p> <p>RX PRODUCTS:  HEMATOGEN FA CAPSULE  HEMETAB TABLET  MULTIGEN TABLET  MULTIGEN PLS TABLET  MULTIGEN FOLIC TABLET  FERRAPLUS 90 TABLET  TARON FORTE CAPSULE  FOLIVANE-F CAPSULE  FOLIVANE-PLS CAPSULE  CENTRATEX CAPSULE</p>
<p><b>UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN FEBRUARY 1, 2020</b>  <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i></p>		
<p>JATENZO CAPSULE</p>	<p>ADD ST WITH QUANTITY LIMITS (QL)  58MG AND 198MG QL: 4 PER DAY  237MG QL: 2 PER DAY</p>	
<p>NAYZILAM SPRAY 5MG</p>	<p>ADD PA WITH QL  QL: 50MG PER 30 DAYS</p>	
<p>OXTELLAR XR 150MG  OXTELLAR XR 600MG</p>	<p>REVISED QL LIMIT:  150MG: 3 TABLETS PER DAY  600MG: 4 TABLETS PER DAY</p>	
<p>PIQRAY 200MG TABLETS  PIQRAY 250MG TABLETS  PIQRAY 300MG TABLETS</p>	<p>ADD PA WITH QL  QL: 1 CARTON PER 28 DAYS</p>	
<p>POLIVY 140MG INJECTION</p>	<p>ADD PA</p>	
<p>LIBTAYO 350/7ML INJECTION</p>	<p>ADD PA</p>	
<p>ZIRABEV</p>	<p>ADD PA</p>	
<p>TECENTRIQ 840/14 INJECTION  TECENTRIQ 1200/200 INJECTION</p>	<p>ADD QL  840/14 INJ: 2 VIALS PER 29 DAYS  1200/200 INJ: 1 VIAL PER 21 DAYS</p>	

XPOVIO PAK 60MG XPOVIO PAK 80MG XPOVIO PAK 100MG	ADD QL 1 CARTON PER 28 DAYS
NUBEQA 300MG TABLET	ADD QL 4 TABLETS PER DAY
TURALIO CAP 200MG	ADD QL 4 TABLETS PER DAY
PIQRAY 200MG TAB DOSE PIQRAY 300MG TAB DOSE PIQRAY 250MG TAB DOSE	REVISE QL 1 CARTON PER 28 DAYS
EZALLOR SPRINKLE 5MG CAP EZALLOR SPRINKLE 10MG CAP EZALLOR SPRINKLE 20MG CAP EZALLOR SPRINKLE 40MG CAP	ADD PA AND QL  QL: 1 TABLET PER DAY
DUAKLIR 400/12 INHALER	ADD ST AND QL QL: 1 INHALER PER 30 DAYS
KALYDECO PAK 25MG	ADD QL 2 PACKETS PER DAY
ORKAMBI GRANULES	ADD QL 2 PACKETS PER DAY
DOVATO TABLET EDURANT 25MG TABLET DELSTRIGO TABLET COMPLERA TABLET ODEFSEY TABLET JULUCA TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 1 PER DAY
INTELENCE TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 200MG: 2 TABLETS PER DAY 100MG: 4 TABLETS PER DAY 25MG: 16 TABLETS PER DAY
ATRIPLA TABLET BIKTARVY TABLET CIMDUO TABLET DESCOVY TABLET EMTRIVA 200MG CAPSULE EPIVIR 300MG TABLET EPZICOM TABLET EVOTAZ TABLET GENVOYA TABLET PIFELTRO 100MG TABLET PREZCOBIX TABLET PREZISTA 800MG TABLET REYATAZ 300MG CAPSULE STRIBILD TABLET SUSTIVA 600MG TABLET SYMFI TABLET SYMFI LO TABLET	ADD QL 1 PER DAY

<p> SYMTUZA TABLET  TRIUMEQ TABLET  TRUVADA TABLET  TYBOST 150MG TABLET  VIDEX EC 400MG CAPSULE  VIDEX EC 250MG CAPSULE  VIRAMUNE XR 400MG TABLET  TEMIXYS TABLET </p>	
<p> REYATAZ 200MG CAPSULE  REYATAZ 150MG CAPSULE  VIDEX EC 200MG CAPSULE  ZERIT 40MG CAPSULE  ZERIT 30MG CAPSULE  COMBIVIR TABLET  DUTREBIS TABLET  EPIVIR 150MG TABLET  ISENTRESS HD 600MG TABLET  PREZISTA 600MG TABLET  RETROVIR 300MG TABLET  SELZENTRY 75MG TABLET  TIVICAY 10MG, 25MG AND 50MG  TABLET  TRIZIVIR TABLET  VIRAMUNE 200MG TABLET  ZIAGEN 300MG TABLET </p>	<p> ADD QL  2 PER DAY </p>
<p> ISENTRESS 100MG GRANULE PACKET  FOR SUSPENSION </p>	<p> ADD QL  2 PACKETS PER DAY </p>
<p> VIDEX EC 125MG CAPSULE  VIRAMUNE XR 100MG TABLET </p>	<p> ADD QL  3 PER DAY </p>
<p> APTIVUS 250MG CAPSULE  INVIRASE 500MG TABLET  ISENTRESS 400MG TABLET  KALETRA 200MG-50MG TABLET  LEXIVA 700MG TABLET  SELZENTRY 300MG TABLET  SELZENTRY 150MG TABLET  SUSTIVA 200MG CAPSULE  VIRACEPT 625MG TABLET  ZERIT 20MG CAPSULE  ZERIT 15MG CAPSULE </p>	<p> ADD QL  4 PER DAY </p>
<p> REYATAZ 50MG POWDER FOR  SUSPENSION </p>	<p> ADD QL  5 PACKETS PER DAY </p>
<p> CRIXIVAN 400MG CAPSULE  PREZISTA 150MG TABLET  RESCRIPTOR 200MG TABLET  RETROVIR 100MG CAPSULE  ISENTRESS 100MG CHEWABLE </p>	<p> ADD QL  6 PER DAY </p>
<p> SELZENTRY 25MG TABLET </p>	<p> ADD QL  8 PER DAY </p>

TROGARZO 150MG/ML VIAL	ADD QL 8 VIALS PER 28 DAYS
INVIRASE 200MG CAPSULE KALETRA 100MG-25MG TABLET PREZISTA 75MG TABLET VIRACEPT 250MG TABLET	ADD QL 10 PER DAY
CRIXIVAN 200MG CAPSULE NORVIR 100MG TABLET NORVIR 100MG CAPSULE NORVIR 100MG ORAL POWDER PACKET RESCRIPTOR 100MG TABLET SUSTIVA 50MG CAPSULE	ADD QL 12 PER DAY
APTIVUS 100MG/ML SOLUTION	ADD QL 13ML PER DAY
PREZISTA 100MG/ML SUSPENSION	ADD QL 14ML PER DAY
KALETRA 400MG-100MG/5ML ORAL SOLUTION NORVIR 80MG/ML ORAL SOLUTION	ADD QL 16ML PER DAY
ISENTRESS 25MG CHEWABLE	ADD QL 24 TABLETS PER DAY
EMTRIVA 10MG/ML SOLUTION	ADD QL 29ML PER DAY
EPIVIR 10MG/ML ORAL SOLUTION ZIAGEN 20MG/ML SOLUTION	ADD QL 32ML PER DAY
VIDEX 4GM PEDIATRIC ORAL SOLUTION VIDEX 2GM PEDIATRIC ORAL SOLUTION VIRAMUNE 50MG/5ML SUSPENSION	ADD QL 40ML PER DAY
VIRACEPT 50 MG/G POWDER	ADD QL 53GM PER DAY
FUZEON 90MG VIAL	ADD QL 60 VIALS PER 30 DAYS
LEXIVA 50MG/ML SUSPENSION	ADD QL 60ML PER DAY
SELZENTRY 20MG/ML ORAL SOLUTION	ADD QL 62ML PER DAY
RETROVIR 10MG/ML SYRUP	ADD QL 64ML PER DAY
ZERIT 1MG/ML SOLUTION	ADD QL 80ML PER DAY
ZELNORM 6MG TABLET	ADD PA AND QL QL 2 TABLETS PER DAY

RUZURGI 10MG TABLET	ADD PA AND QL QL 10 TABLETS PER DAY
SUBLOCADE 100/0.5 INJECTION SUBLOCADE 300/1.5 INJECTION	REMOVE PA
VIVITROL 380MG INEJCTION	REMOVE PA AND ADD QL QL 1 VIAL PER 28 DAYS
ZUBSOLV 2.9-0.71 SUB	REVISE QL QL 5 PER DAY
QTERNMET XR TABLET	ADD ST AND QL QL: 5 MG/5MG/1000MG, 10MG/5MG/1000MG: 1 TABLET PER DAY 2.5MG/2.5MG/1000MG, 5MG/2.5MG/10000MG: 2 TABLETS PER DAY
QTERN 5-5MG TABLET	ADD QL 1 TABLET 28 DAYS
OZEMPIC 2/1.5ML INJECTION	ADD QL 1 PER 28 DAYS
DUET DHA DUET DHA BALANCED NESTABS ABC NESTABS DHA OBTREX DHA SELECT-OB+DHA THERANATAL COMPLETE VITAFOL FE+ VITAFOL-OB+DHA BAL-CARE DHA ESSENTIAL	ADD QL 2 PER DAY
CITRANATAL B-CALM	ADD QL 3 PER DAY
DOXEPIN HCL 5% CREAM, ZONALON 5% CREAM, PRUDOXIN 5% CREAM	ADD PA AND QL QL 1 TUBE PER FILL; 1 FILL PER 3 MONTHS
INFUENZA VACCINES	REVISE QL 1 INJECTION PER 180 DAYS

**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 BlueCross BlueShield Medicaid 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.

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

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