

August 2020

Pharmacy Formulary Change Notice

BlueHealth Medicaid 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 October 1, 2020.

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 October 1, 2020			
We will align with fee-for-services on several drug categories referenced below. This will ensure alignment with the fee-for-service pharmacy program.			
Medication	Changes	Your doctor may change it to one of these preferred drugs:	
COSMETIC AGENTS Agents used for cosmetic purposes or hair growth	Excluded	N/A	
FERTILITY AGENTS Agents used to promote fertility	Excluded	Clomiphene, Tamoxifen, Bromocriptine, and Letrozole	
SEXUAL DYSFUNCTION Agents used to treat impotency or dyspareunia	Excluded	N/A	
RX AND OTC COUGH AND COLD AGENTS Most prescription agents and certain OTC agents when used for the symptomatic relief of cough and colds	Excluded	Rx Benzonatate Visit the member website for OTC coverage: mybcbswny.com/wny-members/your- plan/pharmacy- benefits.html#/pharmacydruginteraction	
VITAMIN AND MINERALS Prescription vitamins and mineral products	Excluded	Prenatal vitamins, fluoride, and vitamins: Select vitamin B (Niacin, Pyridoxine, Thiamine, Cyanocobalamin); Folic Acid; Vitamin K; Vitamin D (Ergocalciferol, Cholecalciferol); Iron (including Polysaccharide Iron Complex); Iodine	

OTC DRUGS OTC drugs not listed on fee-for-service OTC formulary	Excluded	Visit the member website for OTC coverage: mybcbswny.com/wny-members/your- plan/pharmacy- benefits.html#/pharmacydruginteraction
WEIGHT LOSS DRUGS Orlistat	Excluded	N/A
MISCELLANEOUS DESI: The drug efficacy study implementation (DESI) was instituted by the FDA to consider the effectiveness of drugs that had been approved only for safety between 1938 and 1962. Until those drugs are proven efficacious, they are considered DESI. Per CMS, drugs labeled as DESI are not reimbursable by the Medicaid program.	Excluded	N/A
MISCELLANEOUS Federal rebate program: All prescription drugs covered by the Medicaid program must have a federal rebate agreement in place. Drugs without a rebate agreement are removed from the formulary.	Excluded	N/A

What does this mean for you?

Some medications you take may no longer be preferred. You'll need approval from us to continue to receive 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 receive 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 receive 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, 8:30 a.m. to 6 p.m. Eastern time.

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