

July 2020

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 August 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.

Effective for all members on August 1, 2020		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
DEXCOM GLUCOSE AND FREESTYLE LIBRE SYSTEM SENSOR TRANSMITTER RECEIVER	PREFERRED WITH PA UNDER THE PHARMACY BENEFIT	N/A
INSULIN ASPART INJ 100/ML INSULIN ASPART INJ PENFILL INSULIN ASPART INJ FLEXPEN (AUTHORIZED GENERIC NOVOLOG)	PREFERRED	N/A
UM edits – Effective for all members no later than August 1, 2020 No changes in preferred/non-preferred status revision or addition to UM edit only		
AKLIEF CRE 0.005%	ADD PA ADD QL 1 PUMP PER 30 DAYS	
AMZEEQ AER 4%	ADD PA ADD QL 30 GRAMS PER 30 DAYS	
ABSORICA LD CAP 8MG ABSORICA LD CAP 16MG ABSORICA LD CAP 24MG ABSORICA LD CAP 32MG	ADD PA ADD QL 30 DAY SUPPLY PER FILL	
NEXLETOL TAB 180MG	ADD PA ADD QL 1 TABLET PER DAY	
IBSRELA TAB 50 MG*	ADD PA ADD QL 2 TABLETS PER DAY	

PIZENSY*	ADD PA ADD QL 20 GRAMS PER DAY
PALFORZIA INITIAL DOSE ESCALATION KIT	ADD PA ADD QL 1 KIT PER FILL; ONE TIME FILL
PALFORZIA UP-DOSING KITS (LEVELS 1-11)	ADD PA ADD QL 1 KIT PER FILL
PALFORZIA 300MG SACHETS	ADD PA ADD QL 1 SACHET PER DAY
EXSERVAN 50 MG FILM*	ADD ST ADD PA ADD QL 4 FILMS PER DAY
VALTOCO SPR 5MG	ADD PA ADD QL 10 CARTONS PER 30 DAYS
TRIJARDY XR TAB 5-2.5-1000MG TRIJARDY XR TAB 12.5-2.5-1000MG	ADD ST ADD QL 2 TABLETS PER DAY
TRIJARDY XR TAB 10-5-1000MG TRIJARDY XR TAB 25-5-1000MG	ADD ST ADD QL 1 TABLET PER DAY
NEXLIZET TAB 180MG*	ADD PA ADD QL 1 TABLET PER DAY
REDITREX INJ*	ADD PA ADD QL 4 AUTO-INJECTORS PER 28 DAYS
PADCEV INJ 20MG ENHERTU INJ 100MG	ADD PA
AYVAKIT TAB 100MG	ADD PA ADD QL 1 TABLET PER DAY
TAZVERIK TAB 200MG	ADD PA ADD QL 8 TABLETS PER DAY
CALCIPOTRIEN OIN 0.005% SORILUX AER 0.005%	ADD QL 120 GRAMS PER 30 DAYS
VECTICAL OIN 3MCG/GM	ADD QL 800 GRAMS PER 28 DAYS

CAPLYTA CAP 42MG	ADD ST ADD QL 1 TABLET PER DAY
LATUDA TAB 20MG LATUDA TAB 40MG LATUDA TAB 60MG LATUDA TAB 120MG	ADD QL 1 TABLET PER DAY
LATUDA TAB 80MG	ADD QL 2 TABLETS PER DAY
VRAYLAR CAP 1.5-3MG	ADD QL 1 PACK PER YEAR
VRAYLAR CAP 1.5MG VRAYLAR CAP 3MG VRAYLAR CAP 4.5MG VRAYLAR CAP 6MG	ADD QL 1 CAPSULE PER DAY
XELJANZ XR TAB 22MG	ADD QL 1 TABLET PER DAY
EVEKEO TAB 5MG	ADD QL 3 TABLETS PER DAY
EVEKEO TAB 10MG	ADD QL 6 TABLETS PER DAY
KAPVAY TAB 0.1 MG	ADD QL 4 TABLETS PER DAY
INTUNIV TAB 1MG INTUNIV TAB 2MG INTUNIV TAB 3MG INTUNIV TAB 4MG	ADD QL 1 TABLET PER DAY
APTENSIO XR CAP 10MG APTENSIO XR CAP 15MG APTENSIO XR CAP 20MG APTENSIO XR CAP 30MG APTENSIO XR CAP 40MG APTENSIO XR CAP 50MG APTENSIO XR CAP 60MG	ADD QL 1 CAPSULE PER DAY
RIOMET ER SUS 500/5ML	ADD ST ADD QL 2 BOTTLES PER 30 DAYS
BONSITY INJ 620MCG/2.48ML*	ADD PA ADD QL 1 PEN PER 28 DAYS
SPIRIVA CAP HANDIHLR 18 MCG/DOSE	ADD QL 1 INHALER PER 90 DAYS

UBRELVY TAB 50MG	ADD ST ADD QL 16 TABLETS PER 30 DAYS
VYEPTI INJ 100MG/ML	ADD PA ADD ST ADD QL 1 VIAL PER 3 MONTHS
NURTEC CHW 75MG ODT	ADD ST ADD QL 15 TABLETS PER 30 DAYS
KATERZIA SUS 1MG/ML	ADD PA ADD QL 2 150ML BOTTLES PER 30 DAYS
ENTRESTO TAB 24-26MG	INCREASE QL 6 TABLETS PER DAY
ENSTILAR AER TACLONEX OIN TACLONEX SUS	ADD QL 420 GRAMS PER 28 DAYS
DUOBRII LOT	UPDATE QL 2 TUBES (200 GRAMS) PER MONTH
SECUADO DIS 3.8MG	ADD QL 1 PATCH PER DAY
ELIQUIS TAB 2.5MG	ADD QL 2 TABLETS PER DAY
ELIQUIS TAB 5MG	ADD QL 74 TABLETS PER 30 DAYS
NOVAREL INJ 5000UNIT NOVAREL INJ 10000UNIT PREGNYL INJ 10000UNT OVIDREL INJ	ADD PA
BAXDELA TAB 450MG	ADD PA
HEMADY TAB 20MG*	ADD PA ADD QL 2 TABLETS PER DAY
ORTIKOS CAP 6MG* ORTIKOS CAP 9MG*	ADD PA ADD QL 1 CAPSULE PER DAY
ZIEXTENZO INJ 6/0.6ML	ADD PA ADD QL 2 SYRINGES
REBLOZYL INJ 25MG REBLOZYL INJ 75MG	ADD PA

UDENYCA INJ 6MG/.6ML	ADD ST ADD PA
NEULASTA INJ 6MG/0.6M FULPHILA INJ 6/0.6ML	ADD PA
FRAGMIN INJ 2500/0.2	UPDATE QL 17 OR YOUNGER: 2 SYRINGES PER 30 DAYS 18 OR OLDER: 1 SYRINGE PER 30 DAYS
BUDESONIDE SUS 0.5MG/2ML BUDESONIDE SUS 0.25MG/2ML BUDESONIDE SUS 1MG/2ML	REMOVE AGE EDIT
RELAFEN DS TAB 1000MG	ADD ST ADD QL 2 TABLETS PER DAY
NABUMETONE TAB 500MG	ADD QL 4 TABLETS PER DAY
SHORT ACTING OPIOIDS	ADD PA WHEN PRESCRIBED BY A DENTIST
CORTISPORIN SUS -TC OTIC	ADD ST
XENLETA TAB 600MG	ADD PA ADD QL 10 TABLETS PER FILL; 1 FILL PER 30 DAYS
RABEPRAZOLE SPRINKLE*	ADD PA ADD QL 1 CAPSULE PER DAY
SCENESSE IMP 16MG	ADD PA ADD QL 1 IMPLANT PER 2 MONTHS
REYVOW TAB 50MG	ADD PA ADD QL 4 TABLETS PER 30 DAYS
REYVOW TAB 100MG	ADD PA ADD QL 8 TABLETS PER 30 DAYS
BYNFEZIA PEN 2500MCG/ML	ADD PA ADD QL 1 PEN PER 14 DAYS
AVSOLA 100MG VIAL*	ADD PA
ABRILADA 10 MG/0.2 ML, 20 MG/0.4 ML PREFILLED SYRINGE	ADD PA ADD QL 2 PENS/SYRINGES PER 28 DAYS
ABRILADA 40MG/0.8 ML PREFILLED PEN/SYRINGE	ADD PA ADD QL 2 SYRINGES PER 28 DAYS

¹This change will be effective on 07/01/2020.

**Medication will be added to the formulary when it is available on the market.*

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 BlueCross BlueShield 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 from 8:30 a.m. to 6 p.m.

bcbswny.com/stateplans

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