



November 2020

Pharmacy Formulary Change Notice

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) 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 November 1, 2020.

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

Effective for all members on November 1, 2020		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
AVAR PAD 9.5-5% AVAR CLEANSE EMULSION 10-5% AVAR LS AER 10-2% AVAR LS LIQUID 10-2% AVAR LS PAD 10-2% AVAR-E EMOLL CREAM 10-5% AVAR-E GREEN CREAM 10-5% AVAR-E LS CREAM 10-2% CLINDACIN KIT ETZ 1% CLINDACIN KIT PAC 1% ENZOCLEAR AER 9.8% INOVA KIT 4% INOVA KIT 8% NEUAC KIT 1.2-5% PLEXION CRE 9.8-4.8% PLEXION LIQ 9.8-4.8% PLEXION LOT 9.8-4.8%	NON-PREFERRED	BENZOYL PER LIQ WASH BP FOAM BP WASH CLINDAMYCIN GEL 1% CLINDAMYCIN SOL 1% PANOXYL WASH LIQ PERSA-GEL 10% TRETINOIN CREAM TRETINOIN GEL
LANCETS MANUFACTURER: ABLE DIAGNOSTIC ACCESS DIABETIC SUPPLY ACCESS LLC ACON LABORATORIES AMBIMEDINC ARKRAY USA CHAIN DRUG CONSORTIUM COVIDIEN MEDICAL SUPPLIES CVS PHARMACY HEALTHCARE CVS/PHARMACY DELTA HI-TECH	PREFERRED	N/A

DIATHRIVE
FACET TECHNOLOGIES
FIFTY50 PHARMACEUTICALS
FUTURA MEDICAL CORPORATION
GLUCO PERFECT
H&H WHOLESALE INC
HARRINGTON
HARRINGTON HOLD
HEALTH ALLIANCE
HTL-STREFA
HY-VEE
INFOPIA USA
INTERNATIONAL VITAMIN
CORPORATION
I-SENS
KMR PHARMACEUTICALS
LINKS MEDICAL
LIVONGO HEALTH
MEDICAL PLASTIC DEVICES
MEDICINE SHOPPE
MEDICORE
MEDLINE INDUS
MEIJER
NIPRO DIAGNOSTICS
NOVA BIOMEDICAL
ONE PHARMA & MEDICAL SUPPLY
ONE PHARMACEUTICALS
OWEN MUMFORD
PERRIGO DIABETES CARE
PERRIGO-WALMART
PHARMAVITE
PROGRESSIVE HEALTH
RELIAMED
RITE AID CORPORATION
SAM'S WEST
SELECT BRAND
SHERWOOD MEDICAL
TELCARE INC.
THERASENSE INC.
TOPCO
WALGREENS
WALMART STORES

LANCETS MANUFACTURER: FUTURE	NON-PREFERRED	SEVERAL ALTERNATIVES ABOVE
(AUTHORIZED GENERIC NOVOLOG) INSULIN ASPART INJ 100/ML INSULIN ASPART INJ PENFILL INSULIN ASPART INJ FLEXPEN	PREFERRED	N/A
(BRAND) NOVOLOG MIX INJ 70/30 NOVOLOG MIX INJ FLEXPEN HUMALOG MIX INJ 75/25KWP	NON-PREFERRED	(GENERIC) INSULIN ASPART/ASPART PROTAMINE INJ 70/30 INSULIN ASPART/PROTAMINE 70/30 FLEXPEN INSULIN LISPRO/LISPRO PROTAMINE 75/25 KWIKPEN
FLUOXETINE TAB 10MG FLUOXETINE TAB 20MG	NON-PREFERRED WITH GRAND- FATHERING	FLUOXETINE CAP 10MG FLUOXETINE CAP 20MG
VENLAFAXINE TAB 37.5 ER VENLAFAXINE TAB 75MG ER VENLAFAXINE TAB 150MG ER VENLAFAXINE TAB 225MG ER	NON-PREFERRED WITH GRAND- FATHERING	VENLAFAXINE CAP 37.5 ER VENLAFAXINE CAP 75MG ER VENLAFAXINE CAP 150MG ER
AVSOLA INJ 100MG	PREFERRED WITH PA	N/A
OTC PATADAY SOLUTION 0.1%	PREFERRED	N/A
DEXCOM FREESTYLE LIBRE SENSORS, TRANSMITTERS, RECEIVERS	PREFERRED WITH PA	N/A
PREMPRO TAB 0.3-1.5 PREMPRO TAB 0.45-1.5 PREMPRO TAB 0.625-2.5 PREMPRO TAB 0.625-5 PREMPHASE TAB	NON-PREFERRED	JEVANTIQUE L TAB 0.5-2.5 JINTELI TAB 1MG-5MCG MIMVEY LO TAB 0.5-0.1 MIMVEY TAB 1-0.5MG NORETH/ETHIN TAB 0.5-2.5
TETRACYCLINE CAP 250MG TETRACYCLINE CAP 500MG	NON-PREFERRED	DOXYCYC MONO CAP MINOCYCLINE CAP
SUCRALFATE SUS 1GM/10ML	NON-PREFERRED	SUCRALFATE TAB 1GM

TEXACORT SOL 2.5%	NON-PREFERRED WITH PA	SCALPICIN SOL 1% NOBLE FORMUL SPR 1% SCALP RELIEF SOL 1% RA ANTI-ITCH SPR 1%
SCALPICIN SOL 1% NOBLE FORMUL SPR 1% SCALP RELIEF SOL 1% RA ANTI-ITCH SPR 1%	PREFERRED	N/A
(DILTIAZEM ER 12 HOUR CAPSULE) DILTIAZEM CAP 60MG ER DILTIAZEM CAP 90MG ER DILTIAZEM CAP 120MG ER DILTIAZEM CAP 300MG ER DILTIAZEM CAP 360MG ER (DILTIAZEM LA 24 HOUR TABLET) DILTIAZEM ER TAB 180MG DILTIAZEM ER TAB 240MG DILTIAZEM ER TAB 300MG DILTIAZEM ER TAB 360MG DILTIAZEM ER TAB 420MG MATZIM LA TAB 180MG/24 MATZIM LA TAB 240MG/24 MATZIM LA TAB 300MG/24 MATZIM LA TAB 360MG/24 MATZIM LA TAB 420MG/24	NON-PREFERRED	DILTIAZEM CAP ER (GENERIC TIAZAC) DILTIAZEM CAP CD (GENERIC CARDIZEM CD) CARTIA XT CAP TIADYLT CAP CARDIZEM CD CAP 360MG/24 TIAZAC CAP 420MG/24
TIAZAC CAP 420MG/24	PREFERRED	N/A
CICLODAN CRE KIT 0.77% CICLODAN SOL KIT 8% CICLOPIROX KIT 8% DERMACINRX PAK THERAZOL LOPROX KIT 0.77%	NON-PREFERRED	CLOTRIMAZOLE CRE 1% CLOTRIMAZOLE SOL 1% TOLNAFTATE CRE 1% MICONAZOLE CRE 2% TERBINAFINE CRE 1%
CAPSINAC PAK DERMACINRX PAK LEXITRAL DICLOPAK PAK DICLOSAICIN MIS DICLOTRAL PAK LEXIXRYL PAK 1.5% NUDICLO PAK SOLUPAK SURE RESULT MIS DSS PACK XELITRAL PAK XRYLIX PAK	NON-PREFERRED	DICLOFENAC GEL 1% DICLOFENAC SOL 1.5% OTC CAPSAICIN
OVACE PLUS AER 9.8% OVACE PLUS CRE 10% OVACE PLUS GEL 10% WASH OVACE PLUS LOT 9.8%	NON-PREFERRED	SELENIUM SUL SHAMPOO 2.25% SELENIUM SUL LOTION 2.5%

SOD SULFACET GEL 10%		
HYOSCYAMINE DROPS 0.125/ML	NON-PREFERRED	N/A
CLODAN KIT 0.05% DERMA SILKRX KIT SDS PAK DERMACINRX KIT SILAPAK DERMA-SMOOTH OIL/FS SCLP DERMAWERX PAK SDS DERMAZONE MIS ELLZIA PAK PAK 0.1%/5% HC PRAMOXINE CRE 2.5-1% NUTRIARX KIT CREAMPAK SANADERMRX KIT SKIN REP SILAZONE PAK PHARMAPA SILAZONE-II PAK SYNALAR KIT 0.025% SYNALAR TS KIT 0.01% TRI-SILA KIT 0.1-5%	NON-PREFERRED	CLOBETASOL CREAM 0.05% HYDROCORTISONE CREAM 1% MOMETASONE CREAM 0.1% TRIAMCINOLON CREAM 0.1%
ATROPINE SULFATE OPHTHALMIC 1% OINTMENT	NON-PREFERRED	ATROPINE SUL OPHTHALMIC 1% SOLUTION
ELFOLATE TAB 7.5MG	NON-PREFERRED	N/A
BENSAL HP OIN SALICYLIC AER 6% SALICYLIC AC CRE 6% SALICYLIC AC GEL 6% SALICYLIC AC KIT 6% SALICYLIC AC KIT 6% CREAM SALICYLIC AC KIT 6% LOTN SALICYLIC AC LIQ 27.5% SALICYLIC AC LOT 6% SALICYLIC AC SHA 6% SALICYLIC AC SOL 26% SALICYLIC AC SOL 28.5% ER SALIMEZ CRE 6% SALVAX AER 6%	NON-PREFERRED	PODOFILOX SOLUTION 0.5%
LIDOCAINE LOT 3% LIDO-K LOT 3% LIDOZION LOT 3% QUTENZA KIT 8% 1-PCH QUTENZA KIT 8% 2-PCH ZIONODIL LOT 3%	NON-PREFERRED	OTC LIDOCAINE

MIGRANOW PAK	NON-PREFERRED	ERGOT/CAFFEN TAB 1-100MG ISOMETH/APAP CAP DICHLOR
ALCOH-WIPE MIS 12"X12" ALCOHOL PREP PAD PADS 70% (MANUFACTURED BY SIMPLE DIAGNOSTICS)	NON-PREFERRED	SEVERAL ALTS AVAILABLE
ADVANCED MIS AM/PM	NON-PREFERRED	OTC GENERIC MULTIVITAMINS
TICANASE PAK 50-2.7	NON-PREFERRED	SALINE NASAL SPRAY 0.65%
NITROGLYCER CAP 2.5MG ER NITROGLYCER CAP 6.5MG ER NITROGLYCER CAP 9MG ER NITRO-TIME CAP 2.5MG CR NITRO-TIME CAP 6.5MG CR NITRO-TIME CAP 9MG CR	NON-PREFERRED	ISOSORB DIN TABLET NITROGLYCERIN SUBLINGUAL
KETOPROFEN 25MG CAP	NON-PREFERRED	IBUPROFEN TABLET NAPROXEN TABLET
KLARITY-A DRO 1%	NON-PREFERRED	GENTAMICIN OPOPTHALMIC 0.3% SOLUTION
HYDROMORPHON SUP 3MG MORPHINE SUL SUP 10MG MORPHINE SUL SUP 20MG MORPHINE SUL SUP 30MG MORPHINE SUL SUP 5MG	NON-PREFERRED	HYDROMORPHONE TABLET MORPHINE SULFATE TABLET
CORTANE-B DRO OTIC EXOTIC-HC DRO OTIC	NON-PREFERRED	CORTIC-ND DROPS NEO/POLY/HC OTIC 1% SOLUTION
EFFER-K TAB 25MEQ EF K-EFFERVESCE TAB 25MEQ EF KLOR-CON/EF TAB 25MEQ FR K-VESCENT TAB 25MEQ EF POT CHLORIDE TAB 25MEQ EF	NON-PREFERRED	POT CHLORIDE 20MEQ ER TABLET
LIDOCAINE/HC CRE 3%-0.5%	NON-PREFERRED	HEMORRHOIDAL OINTMENT
ROSADAN KIT 0.75%	NON-PREFERRED	METRONIDAZOLE CREAM 0.75% METRONIDAZOLE GEL 0.75%
METHENAM MAN TAB 1000MG METHENAM MAN TAB 1GM METHENAM MAN TAB 500MG	NON-PREFERRED	NITROFUR MAC CAPSULE NITROFURANTN CAPSULE

This change will be effective on July 1, 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 Highmark BCBSWNY 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 to Friday, 8:30 a.m. to 6 p.m. Eastern time.

Enclosures: Get help in another language
Nondiscrimination notice

bcbswny.com/stateplans

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