



May 2021

**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 May 1, 2021.

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 May 1, 2021</b>		
<b>Medication</b>	<b>Changes</b>	<b>Your doctor may change it to one of these preferred drugs:</b>
VENOFER INJ 20MG/ML INFED INJ 50MG/ML	PREFERRED WITH PA	N/A
DOVATO 50-300MG TABLET	PREFERRED	N/A
BUTALBITAL-ACETAMINOPHEN 50-300MG CAPSULE  BUTALBITAL-ACETAMINOPHEN 50-300MG TABLET	NON-PREFERRED	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPSULE /TABLET  BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE /TABLET
WALGREENS COVIDIEN MEDICAL SUPPLIES OWEN MUMFORD MEDICAL PLASTIC DEVICES ARKRAY USA HEALTH ALLIANCE HTL-STREFA MHC MEDICAL PRODUCTS FIFTY50 MEDICAL CARDIOCOM BIONIME USA CORPORATION NOVA BIOMEDICAL AGAMATRIX SHERWOOD MEDICAL I-SENS	PREFERRED	N/A

<p>           ARISE MEDICAL            ASCENSIA DIABETES CARE            BECTON DICKINSON            BIOSENSE MEDICAL DEVICES            BOCA MEDICAL PRODUCTS            DIABETIC SUPPLY OF SUNCOA            FUTURE DIAGNOSTICS            GLOBAL MEDICAL PRODUCTS            GOJJI            HOME AIDE DIAGNOSTICS            HOME DIAGNOSTICS            INFOPIA USA            LIFESCAN INC            MCKES MED            MEDI SENSE            MEDLINE INDUSTRIES            OMNIS HEALTH            ONE PHARMA &amp; MEDICAL SUPP            PHOENIX HEALTHCARE SOLUTI            POLYMER TECHNOLOGY SYSTEM            PRODIGY DIABETES CARE            PUBLIX SUPER MARKETS INC.            RELIAMED            ROCHE DIAGNOSTICS            SIMPLE DIAGNOSTICS            SPECIALTY MEDICAL SUPPLIE            TELCARE            THERASENSE INC.            US DIAGNOSTICS            VERTEX DIAGNOSTICS            XPRESS MEDICAL SUPPLY         </p>	<p>NON-PREFERRED</p>	<p>           WALGREENS            COVIDIEN MEDICAL SUPPLIES            OWEN MUMFORD            MEDICAL PLASTIC DEVICES            ARKRAY USA            HEALTH ALLIANCE            HTL-STREFA            MHC MEDICAL PRODUCTS            FIFTY50 MEDICAL            CARDIOCOM            BIONIME USA CORPORATION            NOVA BIOMEDICAL            AGAMATRIX            SHERWOOD MEDICAL            I-SENS         </p>
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UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN MAY 1, 2021  
 NO CHANGES IN PREFERRED/NON-PREFERRED STATUS; REVISION OR ADDITION TO UM  
 EDIT ONLY

<p>BUTAL/APAP CAP 50-300MG</p>	<p>ADD QL: 6 CAPSULES PER DAY</p>
<p>VIMPAT INJ 200MG/20</p>	<p>REMOVE PA AND QL</p>
<p>AKYNZEO CAP 300-0.5</p>	<p>ADD PA</p>
<p>CICLOPIROX 0.77% TOPICAL GEL</p>	<p>ADD QL: 100 GM PER 30 DAYS</p>
<p>           CLOTRIMAZOLE 1% CREAM            CLOTRIMAZOLE 1% OINTMENT            ERTACZO 2% CREAM            EXELDERM 1% CREAM            LUZU 1% CREAM            NAFTIN CREAM 2%            NAFTIN GEL 2%         </p>	<p>ADD QL: 60 GM PER 30 DAYS</p>

CLOTRIMAZOLE 1% SOLUTION EXELDERM 1% SOLUTION LOPROX SUS 0.77%	ADD QL: 60 ML PER 30 DAYS
ECONAZOLE 1% CREAM	ADD QL: 85 GM PER 30 DAYS
ECOZA 1% FOAM	ADD QL: 70 GM PER 30 DAYS
EXTINA 2% FOAM	ADD QL: 100 GM PER 30 DAYS
LAMISIL AT 1% CREAM	ADD QL: 42 GM PER 30 DAYS
LOPROX 0.77% CREAM NAFTIFINE CREAM 1% NAFTIN GEL 1%	ADD QL: 90 GM PER 30 DAYS
LOPROX 1% SHAMPOO	ADD QL: 120 ML PER 30 DAYS
LOTRIMIN AF AER 2%	ADD QL: 133 GM PER 30 DAYS
LOTRIMIN ULT CRE 1% MENTAX CRE 1%	ADD QL: 30 GM PER 30 DAYS
MICONAZOLE 2% CREAM	ADD QL: 200 GM PER 30 DAYS
MICONAZOLE 2% OINTMENT	ADD QL: 141 GM PER 30 DAYS
NIZORAL A-D SHA 1%	ADD QL: 200 ML PER 30 DAYS
NYSTAT/TRIAM OIN	ADD QL: 120 GM PER 30 DAYS
TOLNAFTATE AER 1%	ADD QL: 130 GM PER 30 DAYS
TOLNAFTATE POW 1%	ADD QL: 67.5 GM PER 30 DAYS
TOLNAFTATE AER 1%	ADD QL: 159 GM PER 30 DAYS
XOLEGEL GEL 2%	ADD QL: 45 GM PER 30 DAYS
SEVENFACT INJ 5MG SEVENFACT INJ 1MG	ADD PA
HYDROXYCHLOROQUINE TAB 200MG	UPDATE QL: 90 TABLETS PER 30 DAYS
CHLOROQUINE TAB 500MG	REMOVE QL
KEYTRUDA INJ 100MG/4M BAVENCIO INJ 20MG/ML	REMOVE QL

LIBTAYO INJ 350/7ML TECENTRIQ INJ 840/14 TECENTRIQ INJ 1200/20	
DANYELZA INJ 40/10ML	ADD PA
POMALYST CAPSULES	UPDATE QL: 21 CAPSULES PER 28 DAYS
PHESGO SOL	REMOVE QL
LENVIMA CAPSULES	REMOVE QL
COSENTYX PEN INJ 150MG/ML	UPDATE QL: 1 PEN PER 28 DAYS
COSENTYX INJ 150MG/ML	UPDATE QL: 1 SYRINGE PER 28 DAYS
XELJANZ ORAL SOLUTION	ADD PA ADDQL: 10 ML PER DAY
D-PENAMINE TAB 125MG	REMOVE PA AND QL
CLOVIQUE CAP 250MG	ADD PA ADD QL: 8 CAPSULES PER DAY
CUPRIMINE CAP 250MG	ADD QL: 8 CAPSULES PER DAY
DEPEN TITRA TAB 250MG	8 TABLETS PER DAY
ULTOMIRIS INJ 300/30ML	ADD QL: 12 VIALS PER 56 DAYS
ULTOMIRIS INJ 100MG/ML	ADD QL: 3 VIALS PER 56 DAYS
FEMALE CONDOMS	ADD QL: 12 UNITS PER FILL; 1 FILL PER 30 DAYS
MINIMED 770G KIT 1890M	ADD QL: 1 PUMP EVERY 4 YEARS
MINIMED 630G KIT INSULIN	UPDATE QL: 1 PUMP EVERY 4 YEARS
BLOOD GLUCOSE TEST STRIPS	UPDATE QL: IF CGM, MAX 51 PER 30 DAYS
ESTRADIOL TWICE WEEKLY PATCH	ADD QL: 8 PATCHES PER 28 DAYS
GIMOTI SPR 15MG	ADD PA ADD QL: 1 BOTTLE (9.8 ML) EVERY 4 WEEKS

METOCLOPRAMIDE SOL 5MG/5ML METOCLOPRAMIDE SOL 10/10ML	ADD QL: 60 ML PER DAY
METOCLOPRAMIDE TAB 5MG	ADD QL: 12 TABLETS PER DAY
METOCLOPRAMIDE TAB 5MG ODT	ADD PA ADD QL: 12 TABLETS PER DAY
METOCLOPRAMIDE TAB 10MG	ADD QL: 6 TABLETS PER DAY
METOCLOPRAMIDE TAB 10MG ODT	ADD PA ADD QL: 6 TABLETS PER DAY
PREDNISOLONE SOLUTION	ADD QL: 20 ML PER 30 DAYS
ALKINDI SPRI CAP 0.5MG ALKINDI SPRI CAP 1MG ALKINDI SPRI CAP 2MG ALKINDI SPRI CAP 5MG	ADD PA ADD ST
SOGROYA INJECTION*	ADD PA ADD QL: 4 PENS PER 28 DAYS
NEULASTA INJ 6MG/0.6M NEULASTA KIT 6MG/0.6M FULPHILA INJ 6/0.6ML NYVEPRIA INJ 6/0.6ML UDENYCA INJ 6MG/.6ML ZIEXTENZO INJ 6/0.6ML	UPDATE QL: 2 SYRINGES PER 28 DAYS
OXLUMO INJ 94.5/0.5	ADD PA ADD QL
SEMGLEE INJ 100U/ML SEMGLEE SOL 100U/ML	REMOVE PA ADD QL: 30 ML PER 30 DAYS
BASAGLAR INJ 100UNIT BASAGLAR TEMPO PEN*	ADD QL: 30 ML PER 30 DAYS
HUMALOG INJ 100/ML HUMALOG KWIK INJ 100/ML HUMALOG KWIK INJ 200/ML HUMALOG JR INJ 100/ML HUMALOG TEMPO PEN*	ADD QL: 30 ML PER 30 DAYS
INSULIN ASPA INJ 100/ML INSULIN ASPA INJ PENFILL INSULIN ASPA INJ FLEXPEN	ADD QL: 30 ML PER 30 DAYS
NOVOLOG MIX INJ 70/30 NOVOLOG MIX INJ FLEXPEN	ADD QL: 30 ML PER 30 DAYS
INSULIN LISP INJ 100/ML INSULIN LISP KWIK INJ 100/ML INSULIN LISP INJ JUNIOR INSULIN LISP INJ PROTAMIN 75/25	ADD QL: 30 ML PER 30 DAYS

LYUMJEV INJ 100UT/ML LYUMJEV KWPN INJ 100UT/ML LYUMJEV KWPN INJ 200UT/ML LYUMJEV TEMPO PEN* LYUMJEV JUNIOR KWIKPEN*	ADD QL: 30 ML PER 30 DAYS
NOVOLIN N INJ U-100 NOVOLIN N INJ 100 UNIT FLEX NOVOLIN N INJ RELION	ADD QL: 30 ML PER 30 DAYS
NOVOLIN R INJ U-100 NOVOLIN R INJ 100 UNIT FLEX NOVOLIN R INJ RELION	ADD QL: 30 ML PER 30 DAYS
FERAHEME INJ 510/17ML	ADD PA ADD ST ADD QL: 2 VIALS PER 6 DAYS
FERRLECIT INJ 12.5MG/M	ADD PA ADD ST ADD QL: 16 VIALS PER 8 WEEKS
INJECTAFER INJ 750/15ML	ADD PA ADD ST ADD QL: 2 VIALS PER 14 DAYS
INFED INJ 50MG/ML	ADD PA
MONOFERRIC INJ 100/ML	ADD PA ADD ST ADD QL: 4 VIALS PER DAY
MONOFERRIC INJ 500/5	ADD PA ADD ST ADD QL: 1 VIAL PER DAY
VENOFER INJ 50MG/2.5ML	ADD PA ADD QL: 6 VIALS PER 12 WEEKS
VENOFER INJ 100MG/5ML	ADD PA ADD QL: 3 VIALS PER 12 WEEKS
VENOFER INJ 200MG/10ML	ADD PA ADD QL: 5 VIALS PER 14 DAYS
TRIFERIC SOL 27.2/5ML TRIFERIC POW 272MG	ADD PA
DOJOLVI LIQ 100%	ADD PA ADD QL: 2 BOTTLES (1000 ML) PER 30 DAYS
VEKLURY INJ 100MG VEKLURY SOL 100/20ML	ADD PA ADD QL: 11 VIALS PER FILL

BACIGUENT OIN OP BACITRACIN OIN OP	ADD QL: 7 GM PER 30 DAYS
INVELTYS SUS 1%	ADD QL: 5.6 ML PER 30 DAYS
LOTEMAX SUS 0.5%	ADD QL: 30 ML PER 30 DAYS
LOTEMAX OIN 0.5%	ADD QL: 7 GM PER 30 DAYS
LOTEMAX GEL 0.5%	ADD QL: 10 GM PER 30 DAYS
DUREZOL EMU 0.05%	ADD QL: 10 ML PER 30 DAYS
CYSTADROPS SOL 0.37% CYSTARAN SOL 0.44%	ADD PA ADD QL: 4 BOTTLES PER 28 DAYS
QDOLO SOL 5MG/ML	ADD QL: 80 ML PER DAY
EVRYSDI SOL	UPDATE QL: 6.67 ML PER DAY
BREZTRI AERO AER SPHERE	ADD PA ADD QL: 1 INHALER PER 30 DAYS
TRELEGY AER ELLIPTA	ADD QL: 1 INHALER PER 30 DAYS
HELIDAC MIS THERAPY LANSOPR/AMOX MIS /CLARITH OMECLAMOX- MIS PAK	ADD ST ADD QL: 1 THERAPY PACK PER FILL; 1 FILL PER 180 DAYS
PYLERA CAP	ADD ST ADD QL: 120 CAPSULES PER FILL; 1 FILL PER 180 DAYS
TALICIA CAP	ADD ST ADD QL: 168 CAPSULES PER FILL; 1 FILL PER 180 DAYS

*\*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 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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