

## BlueCross BlueShield of Western New York Formulary Search Instructions

BlueCross BlueShield formularies are available at  
<https://www.mycbswny.com/wny-members/your-plan/medicaid.html> > Pharmacy.

**Step 1:** Choose [Searchable Formulary](#). This will open your searchable formulary for BlueCross BlueShield.

The screenshot shows the BlueCross BlueShield of Western New York website. The header includes the logo and navigation links: "Your Plan", "Your Health", "Your Account", "Login", and "Contact Us". The main content area is titled "Medicaid" and includes a "Tools" section. A "Pharmacy" dropdown menu is open, showing "Your pharmacy benefits" and "Searchable Formulary". A red arrow points to the "Searchable Formulary" link.

BlueCross BlueShield of Western New York can help you get the most out of your Medicaid benefits. Get vision care, dental benefits, prescriptions, mental health services and more! See doctors and pick up prescriptions close to home. Use our 24/7 NurseLine to get reliable medical advice any time, day or night.

Tools

▼ Pharmacy

Your pharmacy benefits

BlueCross BlueShield of Western New York works with Express Scripts to give you pharmacy benefits. Get low-cost prescriptions and over-the-counter (OTC) medications.

Searchable Formulary

Search for brand-name and generic drugs that are on your medication list.

You can search for your drug by:

- Typing the name (at least first three letters) of the drug in the search box.
- Using the A-Z list to search by the first letter of your drug. OR
- Clicking on therapeutic class of the drug.

Searchable Formulary

**Step Two:** To start your search, either enter the drug name or search by therapeutic class. You can do this by:

- Typing at least the first three letters of the drug name.
- Using the A-Z list to search by the first letter.

## BlueCrossBlueShield of Western New York

The medications included in the BlueCrossBlueShield of Western NY formulary are reviewed and approved by the BlueCrossBlueShield of Western NY Pharmacy and Therapeutics Committee, which includes Practitioners and Pharmacists from the BlueCrossBlueShield of Western NY Provider community.

Please select a drug from the list below to see all coverage details regarding the medication. Some medications listed may have additional requirements or limitations of coverage. These requirements and limits may include prior authorization, quantity limits, age limits or step therapy.

Medications not listed on the formulary are considered to be non-formulary and are subject to prior authorization.

Additionally, if a medication is available as a generic formulation, this will be BlueCrossBlueShield of Western NY preferred agent, unless otherwise noted. If you have any questions about coverage of a certain product, please contact us at 1-866-231-0847.

Machine Readable Data for Prescription Drug Formulary: [Western New York Medicaid Machine Readable File](#)

### Alphabetical Search

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

### Brand & Generic Name Search

 


Selecting a drug will display available dosage/strength options:

Please select a drug from the list below to see all coverage details regarding the medication. Some medications listed may have additional requirements or limitations of coverage. These requirements and limits may include prior authorization, quantity limits, age limits or step therapy.

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Additionally, if a medication is available as a generic formulation, this will be BlueCrossBlueShield of Western NY preferred agent, unless otherwise noted. If you have any questions about coverage of a certain product, please contact us at 1-866-231-0847.

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### Start Over

Please select a drug from the list below to continue.

- [F losartan 100 mg tablet](#)
- [F losartan 100 mg-hydrochlorothiazide 12.5 mg tablet](#)
- [F losartan 100 mg-hydrochlorothiazide 25 mg tablet](#)
- [F losartan 25 mg tablet](#)
- [F losartan 50 mg tablet](#)
- [F losartan 50 mg-hydrochlorothiazide 12.5 mg tablet](#)



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Formulary Id: 00000000  
 Formulary Effective Date: 10/01/2018  
 Updated: 10/2018  
 CMS Approval Date: 12/07/2017

**Step Three:** Select a dosage or strength. This will provide up-to-date drug benefit details, like:

- Drug Label Name (Brand/Generic drug name)
- Therapeutic Class, Dose/Strength, Status, Notes & Restrictions
- Definition of Status
- Definition of Notes & Restrictions: Definition of the Icon present under Notes & Restrictions

### Results

Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
losartan 100 mg tablet <b>G</b>	CARDIOVASCULAR DRUGS <a href="#">ANGIOTENSIN II RECEPTOR ANTAGON (HYPOTN)</a>	TABLET 100 mg	<b>F</b>	<b>QL</b>
losartan 100 mg tablet <b>G</b>	CARDIOVASCULAR DRUGS <a href="#">ANGIOTENSIN II RECEPTOR ANTAGONISTS</a>	TABLET 100 mg	<b>F</b>	<b>QL</b>

### Definition of Status

Icon	Status	Definition
<b>F</b>	Formulary	
<b>NP</b>	Non-Preferred	
<b>EX</b>	Benefit Exclusion	

### Definition of Restrictions

Icon	Restriction	Definition
<b>AL</b>	Age Limit Restriction	Coverage of this drug may be based on member age.
<b>Clinical Criteria</b>	Clinical Criteria	Click on the link for additional coverage details.
<b>DO</b>	Dose Optimization	Normally involves the conversion from twice-daily dosing to a once-daily dosing schedule.