



February 2023

Pharmacy Formulary Change Notice

Highmark Blue Cross Blue Shield of Western New York CHIP (Highmark BCBSWNY) 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 2/1/23.

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

| Effective for all CHIP members on February 1, 2023 | | |
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| Medication | Changes | Your doctor may change it to one of these preferred drugs: |
| Alcohol Swab Manufacturer: ALLISON MEDICAL ARISE MEDICAL BECTON DICKINSON COVIDIEN MEDICAL SUPPLIES CVS PHARMACY HEALTHCARE S DYNAREX CORPORATION MCKESSON MHC MEDICAL PRODUCTS PERRIGO PERRIGO-WALMART RITE AID CORPORATION RUGBY LABORATORIES WALGREENS | PREFERRED | N/A |
| Alcohol Swab Manufacturer: ACCESS LLC APPLIED DIABETES RESEARCH AUM PHARMACEUTICALS BOCA MEDICAL PRODUCTS CARDINAL HEALTH DIABETIC SUPPLY OF SUNCOA EQUALINE FIFTY50 MEDICAL FUTURE DIAGNOSTICS H E BUTT GROCERY COMPANY HOME AIDE DIAGNOSTICS HTL-STREFA MEDISCA | NON-PREFERRED | SEE LIST ABOVE |

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| MEIJER PHOENIX HEALTHCARE SOLUTION RAYA PHARMACEUTICALS SDI USA SELECT BRAND SIMPLE DIAGNOSTICS US DIAGNOSTICS | | |
| FEMCAP PHEXXI GEL ENCARE 100MG SUPPOSITORY SHUR-SEAL 2% GEL CONCEPTROL 4% GEL GYNOL II 3% GEL | COVERED** | |
| SOLU-CORTEF INJ 100MG SOLU-CORTEF INJ 250MG SOLU-CORTEF INJ 500MG | COVERED** | N/A |
| PANCREAZE 2600 UNIT CAPSULE PANCREAZE 4200 UNIT CAPSULE PANCREAZE 10500 UNIT CAPSULE PANCREAZE 16800 UNIT CAPSULE PANCREAZE 21000 UNIT CAPSULE PANCREAZE 37000 UNIT CAPSULE | PREFERRED** | N/A |
| ZOMACTON 5MG INJ ZOMACTON 10MG INJ | PREFERRED WITH PA** | N/A |
| FERUMOXYTOL 510/17ML INJ | PREFERRED WITH PA** | N/A |
| ASTEPRO 205.5MCG NASAL SPRAY (OTC) | PREFERRED** | N/A |
| KETOPROFEN 50MG CAPSULE | NOT COVERED* | KETOPROFEN 25MG CAPSULE KETOPROFEN 75MG CAPSULE |
| CLEVER CHOICE PEAK FLOW METER PERSONAL BEST FULL RANGE POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM AEROGEAR ASTHMA ACTION TRUZONE PEAK FLOW METER MICROLIFE DIGITAL PEAK FLOW METER POCKETPEAK PEAK FLOW METER LOW RANGE PURE COMFORT PEAK FLOW METER ADULT PURE COMFORT PEAK FLOW METER CHILD BREATHE EASE PEAK FLOW METER ASSESS PEAK FLOW METER FULL RANGE ASSESS PEAK FLOW METER LOW RANGE | NON-PREFERRED | PIKO 1 ELECTRONIC MINI WRIGHT PEAK FLOW METER STANDARD RANGE PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC MINI WRIGHT PEAK FLOW METER STANDARD RANGE AIRZONE PEAK FLOW METER PERSONAL BEST FULL RANGE POCKET PEAK FLOW METER MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE LUNG PERFORMANCE PEAK FLOW METER |

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| SYRINGE LUER MIS -LOK 1 ML BD HYPO NEED MIS 18GX1 ML BD NEEDLES MIS 20GX1 ML HYPO NEEDLE MIS 25GX1 ML | COVERED** | N/A |
| UM EDITS – EFFECTIVE FOR ALL CHIP MEMBERS NO LATER THAN FEBRUARY 1, 2023 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i> | | |
| FABIOR 0.1% AEROSAL | UPDATE QL: 100 GRAMS PER 30 DAYS | |
| RELEXXII 18MG TABLET RELEXXII 27MG TABLET RELEXXII 36MG TABLET RELEXXII 54MG TABLET RELEXXII 72MG TABLET | ADD QL: 1 TABLET PER DAY* | |
| TLANDO 112.5 MG CAPSULE | ADD QL: 4 CAPSULES PER DAY | |
| KYZATREX 150MG CAPSULE KYZATREX 100MG CAPSULE KYZATREX 200MG CAPSULE | ADD QL: 2 CAPSULES PER DAY | |
| ZONISADE 100MG/5 ML SUSPENSION | ADD ST AND QL QL: 6 BOTTLES PER 30 DAYS | |
| LAMOTRIGINE 200 MG TABLET ER | UPDATE QL: 3 TABLETS PER DAY | |
| LAMOTRIGINE 25MG TABLET ER LAMOTRIGINE 50MG TABLET ER | UPDATE QL: 4 TABLETS PER DAY (CHANGING FROM QL TO DO ALONG WITH QL AMOUNT) | |
| LAMOTRIGINE 25MG TABLET | NEW DOSE OPT (DO) QL: 6 TABLETS PER DAY | |
| LAMOTRIGINE 100MG TABLET LAMOTRIGINE 150MG TABLET LAMOTRIGINE 200MG TABLET | UPDATE QL: 3 TABLETS PER DAY (CHANGING FROM QL TO DO ALONG WITH QL AMOUNT) | |
| GABAPENTIN 100MG CAPSULE/TABLET GABAPENTIN 400MG CAPSULE/TABLET | CHANGING FROM QL TO DO (6 CAPSULES/TABLETS PER DAY) | |
| GABAPENTIN 300MG CAPSULE | CHANGING FROM QL TO DO (9 CAPSULES/TABLETS PER DAY) | |
| OXTELLAR XR 150MG TABLET OXTELLAR XR 300MG TABLET | CHANGING FROM QL TO DO (3 TABLETS PER DAY) | |
| QUDEXY XR 25/24HR CAPSULE | CHANGING FROM QL TO DO (3 CAPSULES PER DAY) | |
| TOPIRAMATE 25MG TABLET TOPIRAMATE 50MG TABLET TOPIRAMATE 100MG TABLET | CHANGING FROM QL TO DO (3 TABLETS PER DAY) | |
| TOPIRAMATE 25MG CAPSULE ER | CHANGING FROM QL TO DO (3 CAPSULES PER DAY) | |
| MEMANTINE 10MG/5ML SOLUTION | ADD QL: 10 ML PER DAY | |
| AZELASTINE 0.1% SPRAY AZELASTINE 0.15% SPRAY | UPDATE QL: 30 ML PER 25 DAYS | |
| PATANASE 0.6% SPRAY | UPDATE QL: 30.5 GM PER 30 DAYS | |
| CETIRIZINE 5MG CHEWABLE CETIRIZINE 10MG CHEWABLE CETIRIZINE 2.5MG TABLET CETIRIZINE 5MG TABLET | ADD QL: 1 PER DAY | |
| IMBRUVICA 70MG/ML SUSPENSION | ADD PA AND QL: 8 ML PER DAY | |

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| CALQUENCE 100MG TABLET | ADD QL: 2 TABLETS PER DAY |
| PEMAZYRE 13.5MG TABLET | UPDATE QL: 1 TABLET PER DAY |
| TALZENNA 0.25MG CAPSULE TALZENNA 0.5MG CAPSULE TALZENNA 0.75MG CAPSULE | ADD QL: 1 CAPSULE PER DAY |
| SPEVIGO 450/7.5 INJ | ADD PA AND QL: 2 VIALS [1 CARTON] PER YEAR |
| VTAMA 1% CREAM ZORYVE 0.3% CREAM | ADD PA AND QL: 60 GM PER 30 DAYS |
| SOTYKTU 6MG TABLET | ADD ST AND QL: 1 TABLET PER DAY |
| OLUMIANT 4MG TABLET | ADD QL: 1 TABLET PER DAY |
| PHENOBARBITAL 15MG TABLET | CHANGING FROM QL TO DO (800 TABLETS PER 30 DAYS) |
| PHENOBARBITAL 16.2MG TABLET | CHANGING FROM QL TO DO (741 TABLETS PER 30 DAYS) |
| PHENOBARBITAL 30MG TABLET | CHANGING FROM QL TO DO (400 TABLETS PER 30 DAYS) |
| PHENOBARBITAL 32.4MG TABLET | CHANGING FROM QL TO DO (370 TABLETS PER 30 DAYS) |
| LYVISPAH 5MG GRANULES LYVISPAH 10MG GRANULES LYVISPAH 20MG GRANULES | ADD PA AND QL: 5 MG AND 10 MG QL: 3 PACKETS PER DAY 20 MG QL: 4 PACKETS PER DAY |
| DUPIXENT 200/1.14 PREFILLED SYRINGE/PEN DUPIXENT 300/2ML PREFILLED SYRINGE/PEN | 11 YEARS OLD OR YOUNGER: 1 SYRINGE/PEN EVERY 28 DAYS 12 YEARS OLD OR OLDER: 2 SYRINGES/PENS EVERY 28 DAYS |
| XIAFLEX 0.9MG INJ | ADD DOSING QL: DUPUYTREN'S CONTRACTURE: UP TO 2.32 MG PER 28 DAYS LIFETIME MAXIMUM: 3 INJECTIONS PER AFFECTED CORD PEYRONIE'S CURVATURE: 1.16 MG PER 7 DAYS LIFETIME MAXIMUM: 8 INJECTIONS PER PEYRONIE'S PLAQUE |
| FYLNETRA 6MG/0.6 INJ STIMUFEND INJ ROLVEDON 13.2MG INJ | ADD ST AND QL: 2 SYRINGES PER 28 DAYS |
| INJECTAFER 100/2ML INJ | ADD QL: 7 VIALS PER 7 DAYS |
| FLUVASTATIN 20MG CAPSULE FLUVASTATIN 40MG CAPSULE LOVASTATIN 10MG TABLET LOVASTATIN 20MG TABLET | UPDATE DO: 2 CAPSULES PER DAY |
| POSACONAZOLE DR 100MG TABLET | ADD QL: 8 TABLETS PER DAY |
| HYFTOR 0.2% GEL | ADD PA AND QL: 10 GRAMS PER 30 DAYS |
| SKYRIZI 360MG/2.4ML SOLUTION | ADD QL: 1 KIT PER 56 DAYS (8 WEEKS) |
| SKYRIZI 600MG/10ML SOLUTION | ADD QL: 3 VIALS TOTAL TO LAST 12 WEEKS |
| LIDOCAINE 0.5% AEROSOL | ADD QL: 227 GRAMS PER 30 DAYS |
| LIDOCAINE 4% AEROSOL | ADD QL: 128 GRAMS/ML PER 30 DAYS |
| LIDOCAINE 3% CREAM | ADD QL: 85 GRAMS PER 30 DAYS |

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| LIDOCAINE 1% LOTION | ADD QL: 113 GRAMS PER 30 DAYS |
| LIDOCAINE 4% OINTMENT | ADD QL: 100 GRAMS PER 30 DAYS |
| LIDOCAINE 4% PAD | ADD QL: 4 PATCHES PER DAY |
| XENPOZYME 20MG SOLUTION | ADD PA AND DOSING: 3 MG/KG EVERY 2 WEEKS |
| INGREZZA 40-80MG CAPSULE | ADD QL: 1 PACK, ONE TIME FILL |
| MAYZENT 1MG STARTER PAK | ADD QL: 1 PACK PER FILL, ONE TIME (STARTING DOSE, 4 DAY SUPPLY) |
| MAYZENT 2MG STARTER PAK | ADD QL: 1 PACK PER FILL, ONE TIME (STARTING DOSE, 5 DAY SUPPLY) |
| MAYZENT 1MG TABLET | ADD QL: 1 TABLET PER DAY |
| TASCENSO 0.25MG ODT TABLET | ADD ST AND QL: 1 TABLET PER DAY |
| NORGESIC TABLET ORPHENGESIC FORTE TABLET | ADD ST |
| CIMERLI 0.3MG INJ CIMERLI 0.5MG INJ | ADD PA AND DOSING QL: DIABETIC MACULAR EDEMA AND DIABETIC RETINOPATHY: 0.3 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS AGE RELATED MACULAR DEGENERATION, BRANCH OR CENTRAL RETINAL VEIN OCCLUSION, MYOPIC CHOROIDAL NEOVASCULARIZATION, AND RADIATION RETINOPATHY: 0.5 MG PER EYE; EACH EYE MAY BE TREATED AS FREQUENTLY AS EVERY 4 WEEKS |
| ALOCRI 2% SOLUTION EPINASTINE 0.05% DROPS OLOPATADINE 0.1% DROPS KETOTIFEN FUMARATE 0.025% SOLUTION | UPDATE QL: 5 ML PER 30 DAYS |
| ALOMIDE 0.1% SOLUTION | UPDATE QL: 10 ML PER 30 DAYS |
| AZELASTINE 0.05% DROPS | UPDATE QL: 6 ML PER 30 DAYS |
| CROMOLYN SODIUM 4% SOLUTION | UPDATE QL: 20 ML PER 30 DAYS |
| LASTACFT 0.25% SOLUTION | UPDATE QL: 3 ML PER 30 DAYS |
| OLOPATADINE 0.2% SOLUTION PATADAY 0.7% SOLUTION PAZEO 0.7% DROPS | UPDATE QL: 2.5 ML PER 30 DAYS |
| ZERVIA 0.24% DROPS | UPDATE QL: 2 BOXES (60 SINGLE-USE CONTAINERS) PER 30 DAYS |
| VYZULTA 0.024% SOLUTION | UPDATE QL: 5ML PER 56 DAYS |
| VENLAFAXINE 112.5MG TABLET | ADD ST AND QL: 2 TABLETS PER DAY |
| KORSUVA 50MCG/ML INJ | ADD PA |

**** THESE CHANGES WILL BE IMPLEMENTED NO LATER THAN 12/15/2022**

***THIS CHANGE WILL BE IMPELMENTED ONCE THE MEDICATION IS 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 Highmark BCBSWNY 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. Eastern time.

Enclosures: Get help in another language
Nondiscrimination notice

bcbswny.com/stateplans

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