



January 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 February 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.

Effective for all members on February 1, 2021		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
FLUOCINONIDE CREAM 0.05% FLUOCINONIDE GEL 0.05% FLUOCINONIDE OINTMENT 0.05% FLUOCINONIDE SOLUTION 0.05% TRIAMCINOLONE LOTION 0.025% CORTISONE GEL 1% HYDROCORT LOTION 1% AND 2.5% TRIAMCINOLONE LOTION 0.1% AND 0.025% DESONATE GEL 0.05%	PREFERRED	N/A
AMCINONIDE LOTION 0.1% DIFLORASONE CREAM 0.05% TRIAMCINOLON OINTMENT 0.05% TRIANEX OINTMENT 0.05% PREDNICARBAT OINTMENT 0.1%	NON-PREFERRED	FLUOCINONIDE CREAM 0.1% FLUOCINONIDE GEL 0.05% FLUOCINONIDE OINTMENT 0.05% FLUOCINONIDE SOLUTION 0.05% TRIAMCINOLONE OINTMENT 0.1% TRIAMCINOLON OINTMENT 0.025% FLUTICASONE CREAM 0.05% TRIAMCINOLONE LOTION 0.025% CORTISONE GEL 1% HYDROCORT LOTION 1% AND 2.5% TRIAMCINOLONE LOTION 0.1% AND 0.025% DESONATE GEL 0.05%
GLYCOPYRROLATE TAB 1.5MG	NON-PREFERRED	GLYCOPYRROLATE TAB 1MG GLYCOPYRROLATE TAB 2MG
AIMOVIG INJ 140MG/ML AIMOVIG INJ 70MG/ML EMGALITY INJ 100MG/ML	PREFERRED WITH PA	N/A

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Medication	Changes	Your doctor may change it to one of these preferred drugs:
EMGALITY INJ 120MG/ML		
AJOVY INJ 225/1.5 VYEPTI INJ 100MG/ML	NON-PREFERRED WITH PA	AIMOVIG INJ 140MG/ML AIMOVIG INJ 70MG/ML EMGALITY INJ 100MG/ML EMGALITY INJ 120MG/ML
NURTEC TAB 75MG ODT	PREFERRED	N/A
UBRELVY TAB 50MG UBRELVY TAB 100MG	NON-PREFERRED	NURTEC TAB 75MG ODT
REYVOW TAB 50MG REYVOW TAB 100MG	NON-PREFERRED	NARATRIPTAN TAB SUMATRIPTAN TAB
OCREVUS INJ 300/10ML KESIMPTA INJ 20/.4ML	NON-PREFERRED	DIMETHYL FUM CAP 120MG DR DIMETHYL FUM CAP 240MG DR DIMETHYL FUM MIS STARTER
DIMETHYL FUM CAP 120MG DR DIMETHYL FUM CAP 240MG DR DIMETHYL FUM MIS STARTER	PREFERRED	N/A
RX ADAPALENE GEL 0.1% (DIFFERIN)	EXCLUDED	OTC ADAPALENE GEL 0.1%
RX BENZAC AC WASH 5%	EXCLUDED	OTC BENZOYL PEROXIDE WASH
RX CETIRIZINE SOLN 1MG/ML	EXCLUDED	OTC CETERIZINE SOLN 1MG/ML (PA REQUIRED)
RX DIPHENHYDRAMINE ELIXIR 12.5/5ML	EXCLUDED	OTC DIPHENHYDRAMINE ELIXIR 12.5/5ML
RX FLUTICASONE NASAL SPRAY 50MCG (FLONASE) TRIAMCINOLONE NASAL 55MCG/AC	EXCLUDED	OTC FLUTICASONE NASAL SPRAY 50MCG OTC TRIAMCINOLONE NASAL 55MCG/ACB
RX LEVOCETIRIZINE 5 MG TAB RX LEVOCETIRIZINE SOLN 2.5/5ML	EXCLUDED	OTC LEVOCETIRIZINE 5 MG TAB XYZAL 24HR SOL 2.5/5ML (PA REQUIRED)
RX OLOPATADINE OPHTH SOLN 0.1% AND 0.2% (PATADAY)	EXCLUDED	OTC OLOPATADINE OPHTH SOLN 0.1% AND 0.2%
RX DICLOFENAC GEL 1% (VOLTAREN)	EXCLUDED	OTC DICLOFENAC GEL 1%

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Medication	Changes	Your doctor may change it to one of these preferred drugs:
RX CIMETIDINE TAB	EXCLUDED	OTC CIMETIDINE 200 MG TAB
RX FAMOTIDINE 20MG TAB	EXCLUDED	OTC FAMOTIDINE 20MG TAB
RX LANSOPRAZOLE 15MG CAP/ODT (PREVACID)	EXCLUDED	OTC LANSOPRAZOLE 15MG CAP/ODT
RX ESOMEPRAZOLE MAG 20MG CAP (NEXIUM)	EXCLUDED	OTC ESOMEPRAZOLE MAG 20 MG CAP
RX OMEPRAZOLE 20MG CAP FOR PATIENTS 6 YEARS OF AGE AND OLDER	EXCLUDED	OTC OMEPRAZOLE 20 MG CAP
RX OMEPRAZOLE/BICARB CAP 20- 1100MG (ZEGERID)	EXCLUDED	OTC ZEGERID 20-1100MG CAP
OXYTROL PATCH (RX)	EXCLUDED	OTC OXYTROL/WOMN DIS 3.9MG/24
FULPHILA	NON- PREFERRED	NEULASTA NEULASTA ONPRO UDENYCA
UDENYCA	PREFERRED	N/A
CAYA DIAPHRAGM OMNIFLEX DIAPHRAGM	PREFERRED	N/A

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NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY

WINLEVI 1% CREAM*	ADD PA ADD QL: 60 GM PER 30 DAYS
ISTURISA TAB 1MG ISTURISA TAB 5MG	ADD PA ADD QL: 1 MG, 5 MG TABS: 4 TABS PER DAY (2 CARTONS IN 30 DAYS)
ISTURISA TAB 10MG	ADD PA ADD QL: 6 TABLETS PER DAY (3 CARTONS IN 30 DAYS)
ZEPZELCA SOL 4MG	ADD PA

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XYWAV SOL 0.5GM/ML	ADD PA ADD QL: 18 ML PER DAY
FINTEPLA SOL 2.2MG/ML	ADD PA ADD QL: 26 MG PER DAY
VALTOCO SPR 5MG VALTOCO SPR 10MG VALTOCO LIQ 15MG VALTOCO LIQ 20MG	UPDATE QL: 10 BLISTER PACKS PER 30 DAYS*
XCOPRI TITRATION PAK XCOPRI MAINTENANCE PAK	UPDATE QL: 1 BLISTER PACK FOR 28 DAYS
XCOPRI TAB 50MG XCOPRI TAB 100MG XCOPRI TAB 150MG	UPDATE QL: 1 TABLET PER DAY
XCOPRI TAB 200MG	UPDATE QL: 2 TABLETS PER DAY
ZONEGRAN CAP 25MG ZONEGRAN CAP 100MG	UPDATE QL: 6 CAPSULES PER DAY
LAMOTRIGINE KIT START 35 (BLUE) SUBVENITE KIT START 35 (BLUE)	UPDATE QL: 1 KIT PER 28 DAYS
LAMOTRIGINE KIT START 49 (ORANGE) SUBVENITE KIT START 49 (ORANGE) LAMOTRIGINE KIT START 98 (GREEN) SUBVENITE KIT START 98 (GREEN)	UPDATE QL: 1 KIT PER 35 DAYS
ONUREG TAB 200MG ONUREG TAB 300MG	ADD PA ADD QL: 14 TABLETS PER 28 DAYS
KEYTRUDA INJ 100MG/4M	ADD QL: 4 VIALS PER 6 WEEKS
BLENREP INJ 100MG	ADD PA
MONJUVI INJ 200MG	ADD PA
XPOVIO PAK 40MG ONCE WEEKLY XPOVIO PAK 40MG TWICE WEEKLY XPOVIO PAK 60MG TWICE WEEKLY	ADD QL: 1 CARTON PER 28 DAYS OR 1 BLISTER PACK PER 7 DAYS
PHESGO SOL 80 MG-40 MG-2000 UNT/ML PHESGO SOL 60 MG-60 MG-2000 UNT/ML	ADD PA ADD QL: 80MG-40MG-2000UNIT/ML: 1 VIAL PER 42 DAYS 60MG-60MG-2000UNIT/ML: 1 VIAL PER 21 DAYS

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INQOVI TAB 35-100MG	ADD PA ADD QL: 1 CARTON/BLISTER (5 TABLETS) PER 28 DAYS
GAVRETO CAP 100MG	ADD PA ADD QL: 4 CAPSULES PER DAY
ONGENTYS CAP 50MG	ADD PA ADD QL: 1 CAPSULE PER DAY
OSMOLEX ER TAB 322 MG DOSING KIT	ADD QL: 2 TABLETS PER DAY
KYNMOBI MIS 10MG KYNMOBI MIS 15MG KYNMOBI MIS 20MG KYNMOBI MIS 25MG KYNMOBI MIS 30MG	ADD PA ADD QL: 5 FILMS PER DAY
AMANTADINE SYP 50MG/5ML	ADD QL: 40ML PER DAY
AJOVY INJ 225/1.5	ADD ST
VYEPTI INJ 100MG/ML	ADD ST
UBRELVY TAB 50MG	ADD ST
CHLORZOXAZONE TAB	ADD QL: 4 TABLETS PER DAY
METAXALONE TAB	ADD QL: 4 TABLETS PER DAY
OZOBAX SOL 5MG/5ML	ADD QL: 80ML PER DAY
CYCLOBENZAPR TAB 5MG	ADD QL: 3 TABLETS PER DAY
FEXMID TAB 7.5MG	ADD QL: 3 TABLETS PER DAY
DEPO-PROVERA INJ 150MG/ML	ADD QL: 1 INJECTION (1 ML) PER 3 MONTHS
TWIRLA DIS 120-30	3 PATCHES PER 28 DAYS
MINIMED 630G KIT INSULIN	ADD QL: 1 PUMP PER YEAR

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MINIMED 670G MIS INS PUMP	ADD QL: 1 PUMP EVERY 4 YEARS
OMNIPOD PDM OMNIPOD DASH PDM	ADD QL: 1 PDM EVERY 4 YEARS
OMNIPOD POD OMNIPOD DASH POD	ADD QL: 15 PODS PER 30 DAYS
T:SLIM X2 MIS	ADD QL: 1 PUMP EVERY 4 YEAERS
INSULIN INFUSION PUMP SUPPLIES	ADD QL: 15 INFUSION SETS/RESERVOIRS PER 30 DAYS
DEXCOM G5 MIS RECEIVER DEXCOM G6 MIS RECEIVER	ADD QL: 1 PER YEAR
DEXCOM G5 MIS TRANSMIT DEXCOM G6 MIS TRANSMIT	ADD QL: 1 PER 90 DAYS
DEXCOM G5 MIS SENSOR	ADD QL: 5 PER 30 DAYS
DEXCOM G6 MIS SENSOR	ADD QL: 3 PER 30 DAYS
FREESTY LIBR MIS 2 READER	ADD QL: 1 PER YEAR
FREESTY LIBR KIT 2 SENSOR	ADD QL: 2 PER 28 DAYS
GUARDIAN CON MIS TRANSMIT	ADD QL: 2 PER YEAR
GUARDIAN MIS SENSOR 3	ADD QL: 5 PER 30 DAYS
EVERSENSE MIS TRANSMTR	ADD QL: 1 PER YEAR
COSENTYX PEN INJ 300 DOSE COSENTYX INJ 300 DOSE	1 PACK (2 X 150 MG/ML PENS/SYRINGE) PER 28 DAYS
COSENTYX PEN INJ 150MG/ML COSENTYX INJ 150MG/ML	1 PENS/SYRINGE PER 28 DAYS
DUPIXENT INJ 300/2ML	ADD QL: 2 PENS PER 28 DAYS
ZILRETTA INJ 32MG	ADD PA ADD QL: 1 INJECTION PER LIFETIME
ARANESP INJ	ADD QL: 4 SYRINGES/VIALS PER 28 DAYS

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EPOGEN INJ 2000/ML EPOGEN INJ 3000/ML EPOGEN INJ 4000/ML EPOGEN INJ 10000/ML	ADD QL: 12 VIALS PER 28 DAYS
EPOGEN INJ 20000/ML	ADD QL: 24 VIALS PER 28 DAYS
EPOGEN INJ 20000/2 ML MULTI-DOSE VIAL	ADD QL: 6 VIALS PER 28 DAYS
MIRCERA INJ/SOL	ADD QL: 2 SYRINGES PER 28 DAYS
PROCRIT INJ 2000/ML PROCRIT INJ 3000/ML PROCRIT INJ 4000/ML PROCRIT INJ 10000/ML PROCRIT INJ 20000/ML PROCRIT INJ 40000/ML	ADD QL: 12 VIALS PER 28 DAYS
PROCRIT INJ 20000/2 ML MULTI DOSE VIAL	ADD QL: 6 VIALS PER 28 DAYS
RETACRIT INJ 2000UNIT RETACRIT INJ 3000UNIT RETACRIT INJ 4000UNIT RETACRIT INJ 10000UNT RETACRIT INJ 20000UNT RETACRIT INJ 40000UNT	ADD QL: 12 VIALS PER 28 DAYS
RETACRIT INJ 20000UNT/2 ML MULTI- DOSE VIAL	ADD QL: 6 VIALS PER 28 DAYS
NYVEPRIA 6 MG/0.6 ML PREFILLED SYRINGE*	ADD PA ADD QL: 2 SYRINGES
ENSPRYNG INJ	ADD PA ADD QL: 1 SYRINGE PER 28 DAYS
ILARIS INJ 150MG/ML	UPDATE QL: 2 VIALS PER 28 DAYS
PALYNZIQ INJ 2.5/0.5 PALYNZIQ INJ 10/0.5ML PALYNZIQ INJ 20MG/ML	UPDATE QL: 1 SYRINGE PER DAY
XENAZINE TAB 12.5MG	ADD QL: 8 TABLETS PER DAY
XENAZINE TAB 25MG	ADD QL: 4 TABLETS PER DAY

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KESIMPTA INJ 20/.4ML	ADD PA ADD QL: 1 SYRINGE PER 28 DAYS
BAFIERTAM CAP 95MG	ADD PA ADD QL: 4 CAPSULES PER DAY
COPAXONE INJ 40MG/ML PF SYR GLATOPA INJ 40MG/ML PF SYR	ADD QL: 12 SYRINGES PER 28 DAYS
PLEGRIDY PEN INJ STARTER PLEGRIDY INJ STARTER	ADD QL: 1 PACK (1 ML) PER FILL, ONE TIME FILL (28 DAY SUPPLY)
PLEGRIDY INJ PEN PLEGRIDY INJ	ADD QL: 2 PENS/SYRINGES PER 28 DAYS
REBIF INJ 22/0.5 REBIF INJ 44/0.5 REBIF REBIDO INJ 22/0.5 REBIF REBIDO INJ 44/0.5	ADD QL: 12 SYRINGES/AUTOINJECTORS PER 28 DAYS
REBIF TITRTN INJ PACK REBIF REBIDO INJ TITRATN	ADD QL: 1 PACK (4.2 ML) PER FILL, ONE TIME FILL (28 DAY SUPPLY)
CYSTARAN SOL 0.44%	ADD QL: 60 ML PER 28 DAYS
PATADAY SOL (OTC)	ADD QL: 1 BOTTLE (5 ML, 2.5 ML) PER 30 DAYS
BEPREVE DRO 1.5%	ADD QL: 5 ML BOTTLE: 1 BOTTLE PER 30 DAYS
KETOTIFEN FUM DRO 0.025%OP	ADD QL: 10 ML BOTTLE: 1 BOTTLE PER 30 DAYS
ZERVIAE DRO 0.24%	ADD QL: 2 BOXES (60 SINGLE-USE CONTAINERS) PER 30 DAYS
UPNEEQ SOL 0.1%	ADD PA ADD QL: 30 SINGLE USE CONTAINERS PER 30 DAYS
HYDROMORPHONE INJ 0.2MG/ML MORPHINE SULFATE INJ 1MG/ML	ADD QL: 6 ML PER DAY
ZILXI AER 1.5%	ADD PA ADD QL: 30 GM TUBE: 30 GM PER 30 DAYS 45 GM TUBE: 45 GM PER 30 DAYS 60 GM TUBE: 60 GM PER 30 DAYS

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SOOLANTRA CRE 1%	UPDATE QL: 30 GM TUBE: 30 GRAMS PER 30 DAYS 45 GM TUBE: 45 GRAMS PER 30 DAYS 60 GM TUBE: 60 GRAMS PER 30 DAYS
MYCAPSSA CAP 20MG	ADD PA ADD QL: 1 BLISTER PACK PER 7 DAYS (4 BLISTER PACKS PER 28 DAYS)
EVRYSDI SOL	ADD PA ADD QL: 5 MG PER DAY
METHYLPHENIDATE CHEW 10MG	UPDATE QL: 6 TABLETS PER DAY
AMCINONIDE LOT 0.1%	ADD PA ADD QL: 60 ML PER 30 DAYS
AMCINONIDE OIN 0.1%	ADD PA ADD QL: 60 GM PER 30 DAYS
DIFLORASONE CRE 0.05%	ADD PA
FLUOCINONIDE CRE 0.05% FLUOCINONIDE GEL 0.05% FLUOCINONIDE OIN 0.05% FLUOCINONIDE SOL 0.05% TRIAMCINOLON LOT 0.1% TRIAMCINOLON LOT 0.025% DESONATE GEL 0.05% HYDROCORT LOT 2.5% HYDROCORT LOT 1% CORTISONE GEL 1%	REMOVE PA
TRIAMCINOLON OIN 0.05% TRIANEX OIN 0.05% PREDNICARBAT OIN 0.1%	ADD PA
AMCINONIDE CRE 0.1% CLOBETASOL CRE 0.05% CLOBETASOL E CRE 0.05% CLOBETASOL GEL 0.05% CLOBETASOL OIN 0.05% DESONIDE CRE 0.05% DESONIDE GEL 0.05% DESONIDE OIN 0.05% DESOXIMETAS GEL 0.05% FLUTICASONE OIN 0.005%	ADD QL: 60 GM PER 30 DAYS

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FLUTICASONE CRE 0.05% CORTISONE GEL 1% HC BUTYRATE CRE 0.1% HC BUTYRATE OIN 0.1% HC VALERATE CRE 0.2% HC VALERATE OIN 0.2%	
AUG BETAMET CRE 0.05% AUG BETAMET OIN 0.05% AUG BETAMET GEL 0.05%	ADD QL: 50 GM PER 30 DAYS
AUG BETAMET LOT 0.05% BETAMETH DIP LOT 0.05% ULTRAVATE LOT 0.05% HC BUTYRATE SOL 0.1% TRIAMCINOLON LOT 0.025% TRIAMCINOLON LOT 0.1%	ADD QL: 60 ML PER 30 DAYS
BETAMETH DIP CRE 0.05% BETAMETH DIP OIN 0.05%	ADD QL: 45 GM PER 30 DAYS
SERNIVO SPR 0.05%	ADD QL: 120 ML PER 30 DAYS
IMPOYZ CRE 0.025%	ADD QL: 112 GM PER 30 DAYS
CLOBETASOL LOT 0.05% CLOBETASOL SHA 0.05%	ADD QL: 118 ML PER 30 DAYS
CLOBETASOL SOL 0.05%	ADD QL: 50 ML PER 30 DAYS
CLOBEX SPR 0.05%	ADD QL: 125 ML PER 30 DAYS
DESONIDE LOT 0.05% HYDROCORTISONE LOTION 0.1% HYDROCORTISONE LOTION 2.5%	ADD QL: 118 ML PER 30 DAYS
DESOXIMETAS CRE 0.05% DESOXIMETAS OIN 0.05% DESOXIMETAS CRE 0.25% DESOXIMETAS OIN 0.25% VERDESO AER 0.05% CLOBETASOL AER 0.05% BRYHALI LOT 0.01% TRIAMCINOLON AER SPRAY BETAMETH VAL AER 0.12%	ADD QL: 100 GM PER 30 DAYS
TOPICORT SPR 0.25%	ADD QL: 100 ML PER 30 DAYS

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FLURANDRENOL CRE 0.05% FLURANDRENOL OIN 0.05% CORDRAN CRE 0.025%	ADD QL: 120 GM PER 30 DAYS
CORDRAN 80X3 TAP 4MCG/CM	ADD QL: 80 INCH (1 BOX) PER 30 DAYS
FLUTICASONE LOT 0.05% CORTISONE LOT 1% SCALPICIN SOL 1% FLURANDRENOL LOT 0.05%	ADD QL: 120 ML PER 30 DAYS
HALOBETASOL CRE 0.05% HALOBETASOL OIN 0.05% HALOBETASOL AER 0.05%	ADD QL: 50 GM PER 30 DAYS
HYDROCORT CRE 0.5% HYDROCORT OIN 0.5%	ADD QL: 30 GM PER 30 DAYS
HYDROCORT CRE 1% HYDROCORT OIN 1% HYDROCORT CRE 2.5% HYDROCORT OIN 2.5% TRIAMCINOLON OIN 0.025% TRIAMCINOLON OIN 0.1% TRIAMCINOLON CRE 0.025% TRIAMCINOLON CRE 0.1% TRIAMCINOLON CRE 0.5%	ADD QL: 454 GM PER 30 DAYS
ALA SCALP LOT 2%	ADD QL: 60 GM/ML PER 30 DAYS
TEXACORT SOL 2.5%	ADD QL: 30 ML PER 30 DAYS
PANDEL CRE 0.1%	ADD QL: 80 GM PER 30 DAYS
TRIAMCINOLON OIN 0.5%	ADD QL: 30 GM PER 30 DAYS
TRIAMCINOLON OIN 0.05%	ADD QL: 430 GM PER 30 DAYS
HALOG SOL 0.1%	ADD PA ADD QL: 120ML PER 30 DAYS
IMPEKLO 0.05% LOTION*	ADD PA ADD QL: 68 GM PER 30 DAYS
WYNZORA 0.005%/0.064% CREAM*	ADD QL: 420 GM PER 28 DAYS

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DETROL TAB 1MG DETROL TAB 2MG	ADD QL: 2 TABLETS PER DAY
DETROL LA CAP 2MG DETROL LA CAP 4MG TROSPIUM CHL CAP 60MG ER	ADD QL: 1 CAPSULE PER DAY
OXYBUTYNIN TAB 5MG	ADD QL: 4 TABLETS PER DAY
ENABLEX TAB 7.5MG ENABLEX TAB 15MG MYRBETRIQ TAB 25MG MYRBETRIQ TAB 50MG TOVIAZ TAB 4MG TOVIAZ TAB 8MG VESICARE TAB 5MG VESICARE TAB 10MG	ADD QL: 1 TABLET PER DAY
OXYTROL/WOMN DIS 3.9MG/24 OXYTROL DIS 3.9MG/24	ADD QL: 8 PATCHES PER 28 DAYS
TROSPIUM CL TAB 20MG	ADD QL: 2 TABLETS PER DAY
VESICARE LS SOLN*	ADD PA
JYNARQUE PAK	ADD QL: 1 CARTON PER 28 DAYS
FLUZONE HD INJ PF 20-21	ADD QL: 0.7 ML PER FILL
UPLIZNA SOL 100MG	ADD PA ADD QL: 3 VIALS (300 MG) EVERY 6 MONTHS
ELYXYB SOLN 25MG/ML*	ADD PA ADD QL: BOTTLES PER 30 DAYS

**These edits will be applied once the medication 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 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.

bcbswny.com/stateplans

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