

Hot Tip: Acne

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the CHPlus program only.

Your Highmark BCBSWNY patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Highmark BCBSWNY provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Acne	<p>Monodox <i>Generic name: Doxycycline Monohydrate</i>¹</p> <p>Doryx <i>Generic name: Doxycycline Hyclate</i>¹</p> <p>Oracea 40mg <i>Generic name: Doxycycline Monohydrate 40mg</i>¹</p>	<p>Doxycycline Monohydrate² Caps 50mg, 75mg, 100mg, 150mg</p> <p>Doxycycline Monohydrate Oral Suspension</p>
Acne	Tretinoin Pumps	<p>Over-the-counter (OTC) Differin 1% Gel Tretinoin Gel Tubes, all strengths except 0.05%</p> <p>Tretinoin Cream Tubes, all strengths Tretinoin Microsphere Gel Tubes, all strengths except 0.04%</p>
Acne	<p>Benzaclin Gel and Pump, Neuac Gel, Duac Gel <i>Generic name: Clindamycin/Benzoyl Peroxide 1-5%</i>³</p> <p>Acanya Gel Pump <i>Generic name:</i></p>	<p>Clindamycin/Benzoyl Peroxide 1.2-5% <i>Brand name: Neuac Gel</i></p>

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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	Clindamycin/Benzoyl Peroxide 1.2-2.5% ³	
	Onexton Gel Pump	
Acne	Clindagel Clindamycin Foam, Lotions Clindamycin/Tretinoin Gels	Clindamycin Topical Gels, Solution, and Swab Erythromycin Solution, Pads
¹ Prior authorization is required and requests may be approved in individuals with a diagnosis of inflammatory rosacea. ² Tablets are not covered. ³ Neither brand nor generic formulations are covered.		

If you have questions regarding this *Hot Tip*, call Provider Services at **866-231-0847**.

The *PDL* is available at mybcbswny.com/stateplans > Provider > Eligibility & Pharmacy > Pharmacy Information.



Email is the quickest and most direct way to receive important information from Highmark Blue Cross Blue Shield of Western New York.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (bit.ly/NYwesternmp).

