

Quarterly pharmacy formulary change notice

BlueCross BlueShield of Western New York (BlueCross BlueShield) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this notice is specific to the MMC and CHPlus programs only.

The formulary changes listed below were reviewed and approved at our first quarter 2021 Pharmacy and Therapeutics committee meetings.

Effective August 1, 2021 the changes outlined below apply to all members of BlueCross BlueShield enrolled in MMC and CHPlus. Please remember to read the footnotes at the end of the table.

EFFECTIVE FOR ALL PATIENTS ON AUGUST 1, 2021			
Therapeutic class	Drug	Revised status	Potential alternatives
ALTERNATIVE MEDICINE COMBINATIONS	GLUCOSAMINE CHONDROITIN COMPLEX CAPSULE	NON-PREFERRED	N/A
ANTIRETROVIRALS	TIVICAY PD 5MG TABLET RUKOBIA 600MG ER TABLET	PREFERRED	N/A
DIABETIC SUPPLIES*	RELION TRUOMETRIX BLOOD GLUCOSE METER RELION TRUOMETRIX TEST STRIPS	PREFERRED	N/A
DIABETIC SUPPLIES*	OMNIPOD STARTER KIT OMNIPOD DASH	PREFERRED WITH PRIOR AUTHORIZATION (PA)	N/A
DIAGNOSTIC TESTS	KETOSTIX TEST STRIP	NON-PREFERRED	KETO-DIASTIX TEST STRIP CHEMSTRIP UGK TEST STRIP
	REVEAL URINAL INFECTION TEST STRIP	NON-PREFERRED	N/A
EMOLLIENT/KERATOLYTIC AGENTS	NUTRAPLUS 10% CREAM NUTRAPLUS 10% LOTION	NON-PREFERRED	N/A
FOOT CARE PRODUCTS	BAND-AID PAD MOLESKIN	NON-PREFERRED	N/A
HEMATOPOIETIC MIXTURES	BP VIT 3 CAPSULE FOLIVANE-PLS CAPSULE CENTRATLEX CAPSULE FOLIVANE-F CAPSULE	NON-PREFERRED	FOLBEE TABLET HEMAX TABLET HEMATOGEN CAPSULES
KERATOLYTIC/ANTIMICROBIAL AGENTS	CLEAN&CLEAR 2% LIQUID	NON-PREFERRED	WART REMOVER 17%

<https://providerpublic.mycbswny.com>

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

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NYWPEC-2306-21 July 2021

			CALLUS REMOVER PAD 40% PAD
LIQUIDS	GLYCERIN LIQUID ETHY ALCOHOL 70% RUBBING SOLUTION ISOP ALCOHOL 91% SOLUTION	NON-PREFERRED	ISOPROPYL RUBBING ALCOHOL 70%
LOCAL ANESTHETICS - TOPICAL	CAPSAICIN HP 0.1% CREAM	NOT COVERED	CAPSAICIN 0.1% CREAM CAPSAICIN 0.025% CREAM CAPSAICIN 0.025% PAD
MIGRAINE COMBINATIONS	TREXIMET SUMATRIPTAN-NAPROXEC TAB 85-500MG	NOT COVERED	SINGLE INGREDIENT SUMATRIPTAN TABLETS SUMATRIPTAN INJECTION SUMATRIPTAN 20MG NASAL SPRAY NAPROXEN TABLETS AND CAPSULES
MISC. DERMATOLOGICAL PRODUCTS	NIVATOPIC PLUS CREAM PRUMYX CREAM	NON-PREFERRED	N/A
MISC. NUTRITIONAL SUBSTANCES	FISH OIL 500MG CAPSULE	NON-PREFERRED	OMEGA-3-ACID CAP 1GM PA REQUIRED
MISC. TOPICAL	RA ALCOHOL WIPES	NON-PREFERRED	ALCOHOL SWABS
	JOHNSONS BABY OIL MAXILUBE GEL	NON-PREFERRED	N/A
NASAL AGENTS - MISC.	RA STERILE NASAL SOLUTION	NON-PREFERRED	SALINE NASAL SOLUTION
NITRATES	(BRAND) NITRO-DUR DIS 0.2MG/HR (BRAND) NITRO-DUR DIS 0.4MG/HR (BRAND) NITRO-DUR DIS 0.6MG/HR	NON-PREFERRED	NITROGLYCERIN DIS 0.2MG/HR NITROGLYCERIN DIS 0.4MG/HR NITROGLYCERIN DIS 0.6MG/HR
NONSTEROIDAL ANTI- INFLAMMATORY AGENTS (NSAIDS)	DUEXIS 800-26.6MG TABLET VIMOVO 500-20MG TABLET VIMOVO 375-20MG TABLET NAPROXEN-ESOMEPRAZOLE 500- 20MG TABLET NAPROXEN-ESOMEPRAZOLE 375- 20MG TABLET	NOT COVERED	SINGLE INGREDIENT NAPROXEN ESOMEPRAZOLE

ORAL ANTIPSYCHOTICS**	QUETIAPINE 50MG ER TABLET QUETIAPINE 150MG ER TABLET QUETIAPINE 200MG ER TABLET QUETIAPINE 300MG ER TABLET QUETIAPINE 400MG ER TABLET ASENAPINE 5MG SUBLINGUAL TABLET ASENAPINE 10MG SUBLINGUAL TABLET ASENAPINE 2.5MG SUBLINGUAL TABLET	PREFERRED WITH PA	N/A
SALINE LAXATIVES	EPSOM SALT GRANULE	NON-PREFERRED	N/A
SCAR TREATMENT PRODUCTS	SCAR GEL	NOT COVERED	N/A
SEMI SOLID VEHICLES	CREAM BASE CREAM	NON-PREFERRED	N/A
VISCOSUPPLEMENTS	EUFLEXXA INJ 10MG/ML VISCO-3 INJ 25/2.5ML	NON-PREFERRED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2021 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
ACNE PRODUCTS	CLINDAMYCIN AER 1%	ADD QTY LIMIT: 100 GM PER 30 DAYS	
AMINOGLYCOSIDES	TOBRAMYCIN INJ 1.2GM	ADD QTY LIMIT: 30 VIALS PER 30 DAYS	
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS	EVKEEZA INJ 1200/8 EVKEEZA INJ 345/2.3	ADD PA	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	XOLAIR SOL 150MG XOLAIR INJ 75/0.5 XOLAIR INJ 150MG/ML	ADD QTY LIMIT: ASTHMA: 375 MG AS FREQUENTLY AS EVERY 2 WEEKS NASAL POLYPS: 600 MG AS FREQUENTLY AS EVERY 2 WEEKS CHRONIC IDIOPATHIC URTICARIA: 300 MG EVERY 4 WEEKS"	
ANTIBIOTICS - TOPICAL	GENTAMICIN OIN 0.1% GENTAMICIN CRE 0.1%	ADD QTY LIMIT: 30 GM PER FILL; 1 FILL PER 30 DAYS	
ANTI CONVULSANTS - MISC	CARBAMAZEPINE 400 MG	ADD QTY LIMIT: 4 PER DAY	
	TEGRETOL SOLUTION	ADD QTY LIMIT: 50 ML PER DAY	
	CARBATROL CAP 200MG	UPDATE QTY LIMIT: 2 CAPSULES PER DAY	
ANTI-INFECTIVES - THROAT	NYSTATIN SUS 100000	ADD QTY LIMIT: 750 ML PER 30 DAYS	
ANTINEOPLASTIC AGENTS	PEPAXTO INJ 20MG RIABNI SOL 100/10ML RIABNI SOL 500/50ML	ADD PA	
	KLISYRI OIN 1%	ADD PA AND QTY LIMIT:	

		1 250 MG OINTMENT PACK PER DAY FOR 5 DAYS (5 SINGLE DOSE PACKETS); 1 FILL PER YEAR
ANTINEOPLASTIC AGENTS	TAGRISSE TAB 40MG	UPDATE QTY LIMIT: 1 TABLET PER DAY
	IBRANCE TAB 75MG IBRANCE TAB 100MG IBRANCE TAB 125MG IBRANCE CAP 75MG IBRANCE CAP 100MG IBRANCE CAP 125MG	UPDATE QTY LIMIT: 21 TABLETS PER 28 DAYS
	GLEEVEC TAB 100MG	UPDATE QTY LIMIT: 2 TABLETS PER DAY
	INLYTA TAB 1MG	UPDATE QTY LIMIT: 6 TABLETS PER DAY
	JAKAFI TAB 15MG JAKAFI TAB 20MG JAKAFI TAB 5MG JAKAFI TAB 10MG JAKAFI TAB 25MG	UPDATE QTY LIMIT: 2 TABLETS PER DAY
	STIVARGA TAB 40MG	UPDATE QTY LIMIT: 84 TABLETS PER 28 DAYS
	SUTENT CAP 12.5MG	UPDATE QTY LIMIT: 1 CAPSULE PER DAY
	BAVENCIO INJ 20MG/ML	REMOVE QTY LIMIT
	ICLUSIG TAB 10MG ICLUSIG TAB 15MG ICLUSIG TAB 30MG ICLUSIG TAB 45MG	UPDATE QTY LIMIT: 1 TABLET PER DAY
	ORGOVYX TAB 120MG	ADD PA AND QTY LIMIT: 1 TABLET PER DAY
	TEPMETKO TAB 225MG	ADD PA AND QTY LIMIT: 2 TABLETS PER DAY
	UKONIQ TAB 200MG	ADD PA AND QTY LIMIT: 4 TABLETS PER DAY
	XTANDI TAB 40MG XTANDI TAB 80MG	ADD QTY LIMIT: 3 TABLETS PER DAY
	FOTIVDA CAP 0.89MG FOTIVDA CAP 1.34MG	ADD PA AND QTY LIMIT: 21 CAPSULES PER 28 DAYS
	XALKORI CAP 200MG XALKORI CAP 250MG	UPDATE QTY LIMIT: 4 CAPSULES PER DAY
	XTANDI CAP 40MG	UPDATE QTY LIMIT: 3 CAPSULES PER DAY
ANTI-PARKINSON AGENTS	TASMAR TAB 100MG	ADD QTY LIMIT: 6 TABLETS PER DAY
	APOKYN INJ 10MG/ML	ADD QTY LIMIT: 2 ML PER DAY
	MIRAPEX ER TAB 0.375MG MIRAPEX ER TAB 0.75MG	ADD QTY LIMIT: 1 TABLET PER DAY

	MIRAPEX ER TAB 1.5MG MIRAPEX ER TAB 2.25MG MIRAPEX ER TAB 3MG MIRAPEX ER TAB 3.75MG MIRAPEX ER TAB 4.5MG	
ANTIPARKINSON AGENTS	NEUPRO DIS 1MG/24HR NEUPRO DIS 2MG/24HR NEUPRO DIS 3MG/24HR NEUPRO DIS 4MG/24HR NEUPRO DIS 6MG/24HR NEUPRO DIS 8MG/24HR	ADD QTY LIMIT: 1 PATCH PER DAY
	XADAGO TAB 50MG XADAGO TAB 100MG	ADD QTY LIMIT (50 MG): 2 TABLETS PER DAY ADD QTY LIMIT (100 MG): 1 TABLET PER DAY
	ZELAPAR TAB 1.25MG	ADD QTY LIMIT: 2 TABLETS PER DAY
ANTIRETROVIRALS	CABENUVA SUS 600-900	ADD PA AND QTY LIMIT: 1 KIT PER FILL, ONE TIME
	CABENUVA SUS 400-600	ADD PA AND QTY LIMIT: 1 KIT PER 28 DAYS
CEPHALOSPORINS - 3RD GENERATION	CEFTRIAZONE INJ 250MG	ADD QTY LIMIT: 1 VIAL PER 30 DAYS
	CEFTRIAZONE INJ 500MG CEFTRIAZONE INJ 1GM CEFTRIAZONE INJ 2GM	ADD QTY LIMIT: 60 VIALS PER 30 DAYS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	COSELA INJ 300MG	ADD PA
CLARITHROMYCIN	CLARITHROMYC TAB 250MG CLARITHROMYC TAB 500MG	ADD QTY LIMIT: 28 TABLETS PER FILL; 1 FILL PER 30 DAYS
	CLARITHROMYC SUS 125/5ML	ADD QTY LIMIT: 300 ML PER FILL; 1 FILL PER 30 DAYS
CORTICOSTEROIDS - TOPICAL	WYNZORA CREAM	ADD PA
	TACLONEX OINTMENT TACLONEX SUS	ADD PA
	ENSTILAR AER	ADD PA
	HYDROCORTISONE CRE 0.5% HYDROCORTISONE OIN 0.5% HALOG OIN 0.1% HALCINONIDE CRE 0.1% FLURANDRENOL OIN 0.05%	UPDATE QTY LIMIT: 60 GM PER 30 DAYS
	IMPOYZ CRE 0.025%	UPDATE QTY LIMIT: 100 GM PER 30 DAYS
CORTICOSTEROIDS - TOPICAL	DIFLORASONE CRE 0.05% APEXICON E CRE 0.05%	ADD QTY LIMIT: 60 GM PER 30 DAYS

	DIFLORASONE OIN 0.05% FLUOCINONIDE CRE E 0.05% FLUOCINONIDE OIN 0.05%	
	FLUOCINONIDE ACET CRE 0.025% FLUOCINONIDE ACET OIN 0.025%	REMOVE QTY LIMIT
	FLUOCINONIDE CRE 0.05% FLUOCINONIDE CRE 0.1%	UPDATE QTY LIMIT: 120 GMS PER 30 DAYS
DIABETIC SUPPLIES*	OMNIPOD DASH	ADD QTY LIMIT: 15 PODS PER 30 DAYS
DIGESTIVE ENZYMES	SUCRAID SOL 8500/ML	ADD QTY LIMIT: 4 BOTTLES PER 30 DAYS
GLYCOPEPTIDES	VANCOCIN CAP 250MG VANCOCIN HCL CAP 125MG	ADD QTY LIMIT: 240 CAPSULES PER 30 DAYS
	FIRVANQ SOL 25MG/ML FIRVANQ SOL 50MG/ML	ADD QTY LIMIT: 1200 ML PER 30 DAYS
H-2 ANTAGONISTS	FAMOTIDINE SUS 40MG/5ML	ADD QTY LIMIT: 5 MLS PER DAY
	CIMETIDINE TAB 200MG	ADD QTY LIMIT: 2 TABLETS PER DAY
	CIMETIDINE TAB 300MG CIMETIDINE TAB 400MG	ADD QTY LIMIT: 4 TABLETS PER DAY
	NIZATIDINE CAP 150MG	ADD QTY LIMIT: 2 CAPSULES PER DAY
	NIZATIDINE CAP 300MG	ADD QTY LIMIT: 1 CAPSULE PER DAY
	NIZATIDINE SOL 15MG/ML	ADD QTY LIMIT: 20 MLS PER DAY
IMMUNOMODULATING AGENTS TOPICAL	ZYCLARA PUMP CRE 2.5% ZYCLARA PUMP CRE 3.75%	UPDATE QTY LIMIT: 1 BOX (28 PACKETS) PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
IMMUNOSUPPRESSIVE AGENTS	LUPKYNIS CAP 7.9MG	ADD PA AND QTY LIMIT: 6 CAPSULES PER DAY
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	TRULICITY INJ 0.75/0.5 TRULICITY INJ 1.5/0.5 TRULICITY INJ 3/0.5 TRULICITY INJ 4.5/0.5	ADD QTY LIMIT: QL: 3 MG/DOSE, 4.5 MG/DOSE SINGLE PEN - 4 SINGLE DOSE PENS (1 CARTON) PER 28 DAYS
LAXATIVES	FIBERCON TAB 625MG	UPDATE QTY LIMIT: 8 TABLETS PER DAY
METABOLIC MODIFIERS	NULIBRY INJ 9.5MG	ADD PA
MULTIPLE SCLEROSIS AGENTS	TYSABRI INJ 300/15ML	ADD QTY LIMIT: 1 VIAL PER 28 DAYS
OPHTHALMIC ANTI-INFECTIVES	ERYTHROMYCIN OIN 5MG/GM	ADD QTY LIMIT: 3.5 GM PER 30 DAYS
OPHTHALMIC STEROIDS	EYSUVIS DRO 0.25%	ADD PA AND QTY LIMIT: 2 BOTTLES PER FILL; 1 FILL PER 30 DAYS
PLASMA KALLIKREIN INHIBITORS	ORLADEYO CAP 150MG ORLADEYO CAP 110MG	ADD PA AND QTY LIMIT: 1 CAPSULE PER DAY

	TAKHZYRO INJ 300/2ML	UPDATE QTY LIMIT: DECREASE FROM 2 SYRINGES PER 28 DAYS TO 1 SYRINGE PER 28 DAYS GF EXISTING PA W/ QL FOR 2 PER 28 DAYS
PROGERIA TREATMENT AGENTS	ZOKINVY CAP 50MG ZOKINVY CAP 75MG	ADD PA AND QTY LIMIT: QL: 4 CAPSULES PER DAY
PROLACTIN INHIBITORS	CABERGOLINE TAB 0.5MG	UPDATE QTY LIMIT: 16 TABLETS PER 28 DAYS
SELECTIVE MELATONIN RECEPTOR AGONISTS	HETLIOZ LQ SUS 4MG/ML	ADD NEW PA AND QTY LIMIT: 5 ML PER DAY
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	DESVENLAFAXINE TAB 25MG ER	ADD QTY LIMIT: 1 PER DAY
SYMPATHOMIMETICS	SYMBICORT AER 160-4.5 SYMBICORT AER 80-4.5	UPDATE QTY LIMIT: 3 INHALERS PER 30 DAYS
TETRACYCLINES	TARGADOX TAB 50MG	ADD QTY LIMIT: 2 TABLETS PER DAY
	DOXYCYCLINE SUS 25MG/5ML	ADD QTY LIMIT: 600 ML PER 30 DAYS
	ACTICLATE TAB 150MG	ADD QTY LIMIT: 1 TABLET PER DAY
	ACTICLATE TAB 75MG	ADD QTY LIMIT: 2 TABLETS PER DAY
TRICYCLIC AGENTS	AMOXAPINE TAB 25MG AMOXAPINE TAB 50MG AMOXAPINE TAB 100MG AMOXAPINE TAB 150MG	ADD QTY LIMIT: 25, 50 MG: 1 PER DAY 100 MG: 4 PER DAY 150 MG: 2 PER DAY
VALPROIC ACID	DIVALPROEX TAB 500MG DR	ADD QTY LIMIT: 2 TABLETS PER DAY
	DIVALPROEX TAB 500MG ER	UPDATE QTY LIMIT: 5 TABLETS PER DAY
XANTHINES	THEOPHYLLINE SOL 80/15ML	ADD QTY LIMIT: 112.5 ML PER DAY

**DIABETIC SUPPLY CHANGES IMPLEMENTED ON 04/15/2021*

**DIABETIC SUPPLY CHANGES FOR TRUOMETRIX DIABETIC SUPPLIES IMPLEMENTED ON 07/15/2021*

***ORAL ANTIPSYCHOTICS CHANGES IMPLEMENTED ON 06/01/2021*

What actions do I need to take?

Please work with your patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you must obtain prior authorization to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patients' cases. If for medical reasons your BlueCross BlueShield patient cannot be converted to a formulary alternative, call Provider Services at **866-231-0847** and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our website at <https://providepublic.mybcbswny.com>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **866-231-0847**.