

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 quarterly pharmacy formulary change notice is specific to the MMC and CHPlus programs only.

Effective October 1, 2021, the changes below apply to all BlueCross BlueShield patients. Please remember to read the footnote at the end of the table.

Effective for all patients on October 1, 2021			
Therapeutic class	Drug	Revised status	Potential alternatives
Opioid antagonists	NALOXONE (SYRINGE, VIAL) NALTREXONE NARCAN NASAL SPRAY	PREFERRED WITH NO PA REQUIRED	N/A
Opioid dependence agents: injectable	SUBLOCADE INJECTION VIVITROL INJECTION	PREFERRED WITH NO PA REQUIRED. COVERED THROUGH EITHER PHARMACY OR MEDICAL BENEFIT	N/A
Opioid dependence agents: oral	SUBOXONE FILM	PREFERRED WITH NO PA REQUIRED	N/A
Opioid dependence agents: oral	BUPRENORPHINE/NALOXONE FILM*	NON-PREFERRED WITH PA REQUIRED	SUBOXONE FILM
Opioid dependence agents: oral	BUPRENORPHINE SUBLINGUAL TABLET BUPRENORPHINE/NALOXONE TABLET	PREFERRED WITH NO PA REQUIRED	N/A
Opioid dependence agents: oral	BUNAVAIL FILM* ZUBSOLV SL TABLET*	NON-PREFERRED WITH PA REQUIRED	SUBOXONE FILM BUPRENORPHINE TABLET BUPRENORPHINE/NALOXONE TABLET
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Therapeutic Class	Drug	Quantity/Limit	
Opioid dependence agents: oral	SUBOXONE FILM BUPRENORPHINE/NALOXONE FILM BUPRENORPHINE/NALOXONE TABLET	BUPRENORPHINE/NALOXONE 2-0.5 MG: 12 PER DAY BUPRENORPHINE/NALOXONE 4-1 MG: 6 PER DAY BUPRENORPHINE/NALOXONE 8-2 MG: 3 PER DAY BUPRENORPHINE/NALOXONE 12-3 MG: 2 PER DAY	

<https://providerpublic.mycbswny.com>

Amerigroup Corporation, an independent company, administers utilization management services for BlueCross BlueShield of Western New York's managed Medicaid. Amerigroup Corporation, una compañía independiente, administra los servicios de administración de utilización para el programa administrado de Medicaid de BlueCross BlueShield of Western New York.

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Therapeutic Class	Drug	Quantity/Limit
Opioid dependence agents: oral	BUPRENORPHINE SUBLINGUAL TABLET	BUPRENORPHINE SL 2 MG: 12 PER 90 DAYS BUPRENORPHINE SL 8 MG: 3 PER DAYS
Opioid dependence agents: oral	BUNAVAIL FILM	BUNAVAIL FILM 2.1-0.3 MG: 6 PER DAY BUNAVAIL FILM 4.2-0.7 MG: 3 PER DAY BUNAVAIL FILM 6.3-1 MG: 2 PER DAY
Opioid dependence agents: oral	ZUBSOLV SL TABLET	ZUBSOLV SL TABLET 0.7-0.18 MG: 23 PER DAY ZUBSOLV SL TABLET 1.4-0.36 MG: 12 PER DAY ZUBSOLV SL TABLET 2.9-0.71 MG: 5 PER DAY ZUBSOLV SL TABLET 5.7-1.4 MG: 3 PER DAY ZUBSOLV SL TABLET 8.6-2.1 MG: 2 PER DAY ZUBSOLV SL TABLET 11.4-2.9 MG: 1 PER DAY

* Non-preferred buprenorphine/naloxone formulations will be allowed a seven-day emergency supply to allow prescriber time for prior authorization submission.

What action do I need to take?

Please work with your BlueCross BlueShield 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 provider website at <https://providerpublic.mybcbswny.com>.