



2021 Formulary Update

BlueCross BlueShield of Western New York has updated its formulary (drug list) since its original printing in January 2021. This document outlines all of the updates to the formulary as of September 1, 2021.

Medicare beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premiums, and/or copayments/coinsurance may change on January 1, 2022.

If you would like to receive this material in another format or language, or have questions about this formulary, please call us at 1-800-329-2792 (TTY 711). We're available:

October 1 – March 31	8 a.m. to 8 p.m., 7 days a week
April 1 – September 30	8 a.m. to 8 p.m., Monday – Friday

During non-business hours, your call will be answered by our automated phone system. A representative will return your call the next business day.

Part D Coverage Decisions and Appeals

A coverage decision is a decision we make about your benefits and coverage, or about the amount we will pay for your drugs. Here are examples of coverage decisions you may ask us to make about your Part D drugs:

- Asking us to cover a Part D drug that is not on our list of covered drugs (i.e. the formulary attached)
- Asking us to waive a restriction on our coverage for a drug (such as limits on the amount of the drug you can receive)
- Asking to pay a lower cost-sharing amount for a covered, non-preferred drug
- You ask us whether a drug is covered for you and whether you satisfy any applicable coverage rules. (For example, when your drug is on our list of covered drugs, but we require you to get approval from us before we will cover it for you.)
- You ask us to pay for a prescription drug you already bought. This is a request for a coverage decision about payment.

If you disagree with a coverage decision we have made, you can appeal our decision.

If you would like to file an appeal or request an exception to a recent coverage determination, see your Evidence of Coverage for detailed instructions.

If you disagree with our decision to remove or change the tiering structure of the drugs on our list of covered drugs (i.e., the formulary), you may file a grievance with us. You can do so by calling us at 1-800-329-2792 (TTY 711). You may also send your grievance to us in writing to:

BlueCross BlueShield of Western New York
 PO Box 5204
 Binghamton, NY 13902

Whether you call or write, you should contact customer service right away if you intend to file a grievance. Grievances must be filed within 60 calendar days of September 1, 2021. See your Evidence of Coverage for detailed instructions.

Additions to the Formulary

Drug Name	Dosage Form	Strength	Tier	Limitations	Effective Date
sapropterin	powder in packet	100mg	T5	PA (KUVAN)	2/1/2021
tobramycin	solution for nebulization	300mg/4 mL	T5	QL (224 PER 28 DAYS); PA (B VS D)	2/1/2021
dimethyl fumarate	capsule, delayed release(DR/EC)	120mg	T5	QL (14 PER 30 DAYS); PA (tecfidera)	2/1/2021
dimethyl fumarate	capsule, delayed release(DR/EC)	240mg	T5	QL (60 PER 30 DAYS); PA (tecfidera)	2/1/2021
sapropterin	tablet, soluble	100mg	T5	PA (KUVAN)	2/1/2021
tavaborole	solution with applicator	5%	T4		2/1/2021
Farydak	capsule	15mg	T5	QL (6 PER 21 DAYS); New Starts Only PA (FARYDAK)	2/1/2021
Triderm	cream	0.50%	T2		2/1/2021
sapropterin	powder in packet	500mg	T5	PA (KUVAN)	2/1/2021
metyrosine	capsule	250mg	T5	PA (PHEOCHRO)	2/1/2021
efavirenz-lamivudine-tenofovir disoproxil fumarate	tablet	400-300-300mg	T5		2/1/2021
Diacomit	capsule	250mg	T5		2/1/2021
Diacomit	capsule	500mg	T5		2/1/2021
Diacomit	powder in packet	500mg	T5		2/1/2021

Additions to the Formulary

Diacomit	powder in packet	250mg	T5		2/1/2021
Baqsimi	spray, non-aerosol	3mg/actuation	T3		2/1/2021
MenQuadfi (PF)	solution	10mcg/0.5 mL	T3		2/1/2021
Kynmobi	film	10mg	T5	PA (KYNMOBI)	2/1/2021
Kynmobi	film	15mg	T5	PA (KYNMOBI)	2/1/2021
Kynmobi	film	20mg	T5	PA (KYNMOBI)	2/1/2021
Kynmobi	film	25mg	T5	PA (KYNMOBI)	2/1/2021
Kynmobi	film	30mg	T5	PA (KYNMOBI)	2/1/2021
Breztri Aerosphere	HFA aerosol inhaler	160-9-4.8mcg/actuation	T3	QL (10.7 PER 30 DAYS)	2/1/2021
Kesimpta Pen	pen injector	20mg/0.4 mL	T5	QL (1.6 PER 28 DAYS); PA (KESIMPTA)	2/1/2021
Bafiertam	capsule, delayed release (DR/EC)	95mg	T5	QL (120 PER 30 DAYS); PA (BAFIERTAM)	2/1/2021
Gavreto	capsule	100mg	T5	New Starts Only PA (GAVRETO)	2/1/2021
Trulicity	pen injector	3mg/0.5 mL	T3	QL (2 PER 28 DAYS); PA (glucagon-like peptide-1 agonists)	2/1/2021
Trulicity	pen injector	4.5mg/0.5 mL	T3	QL (2 PER 28 DAYS); PA (glucagon-like peptide-1 agonists)	2/1/2021
Glucagon Emergency Kit (human)	recon soln	1mg	T3		2/1/2021
deferiprone	tablet	500mg	T5	PA (FERRIPROX)	2/1/2021
emtricitabine	capsule	200mg	T2		2/1/2021
baclofen	tablet	5mg	T2		2/1/2021
emtricitabine-tenofovir (TDF)	tablet	200-300mg	T5		2/1/2021
efavirenz-emtricitabine-tenofovir	tablet	600-200-300mg	T5		2/1/2021
lapatinib	tablet	250mg	T5	QL (180 PER 30 DAYS); New Starts Only PA (tykerb)	2/1/2021
peg3350-sodium sulfacetate-sulfasalazine	powder in packet	100-7.5-2.691gram	T4		2/1/2021
efavirenz-lamivudine-tenofovir disoproxil fumarate	tablet	600-300-300mg	T5		2/1/2021

Additions to the Formulary

rufinamide	suspension	40mg/mL	T5	New Starts Only PA (BANZEL)	3/1/2021
icosapent ethyl	capsule	1gram	T2		3/1/2021
dimethyl fumarate	capsule, delayed release (DR/EC)	120 mg (14)-240 mg (46)	T5	QL (120 PER 180 DAYS); PA (tecfidera)	3/1/2021
asenapine maleate	tablet	2.5mg	T5	QL (60 PER 30 DAYS)	3/1/2021
Ala-Cort	cream	2.50%	T2		3/1/2021
abiraterone	tablet	500mg	T5	QL (60 PER 30 DAYS); New Starts Only PA (zytiga)	3/1/2021
Humira(CF) Pen	pen injector kit	80mg/0.8 mL	T5	QL (2 PER 28 DAYS); PA (humira)	3/1/2021
Epclusa	tablet	200-50mg	T5	QL (56 PER 28 DAYS); PA (epclusa)	3/1/2021
Onureg	tablet	200mg	T5	New Starts Only PA (ONUREG)	3/1/2021
Onureg	tablet	300mg	T5	New Starts Only PA (ONUREG)	3/1/2021
Retacrit	solution	20,000unit/2 mL	T3	PA (EPOETIN)	3/1/2021
Retacrit	solution	20,000unit/mL	T5	PA (EPOETIN)	3/1/2021
diltiazem HCl	tablet extended release 24 hr	180mg	T2		3/1/2021
diltiazem HCl	tablet extended release 24 hr	240mg	T2		3/1/2021
diltiazem HCl	tablet extended release 24 hr	300mg	T2		3/1/2021
diltiazem HCl	tablet extended release 24 hr	360mg	T2		3/1/2021
asenapine maleate	tablet	10mg	T5	QL (60 PER 30 DAYS)	3/1/2021
asenapine maleate	tablet	5mg	T5	QL (60 PER 30 DAYS)	3/1/2021
fluocinonide	cream	0.05%	T2	QL (120 PER 30 DAYS)	4/1/2021
ivermectin	lotion	0.50%	T4		4/1/2021
Tilia Fe	tablet	1-20(5) /1-30(7) /1mg-35mcg (9)	T2		4/1/2021
Iclusig	tablet	30mg	T5	QL (30 PER 30 DAYS); New Starts Only PA (iclusig)	4/1/2021

Additions to the Formulary

Zubsolv	tablet	0.7-0.18mg	T3	QL (30 PER 30 DAYS)	4/1/2021
Trelegy Ellipta	blister with device	200-62.5-25mcg	T3	QL (60 PER 30 DAYS)	4/1/2021
Nyvepria	syringe	6mg/0.6 mL	T5	PA (NYVEPRIA)	4/1/2021
Orgovyx	tablet	120mg	T5	QL (30 PER 30 DAYS); New Starts Only PA (ORGOVYX)	4/1/2021
Iclusig	tablet	10mg	T5	QL (30 PER 30 DAYS); New Starts Only PA (iclusig)	4/1/2021
nitazoxanide	tablet	500mg	T5		4/1/2021
omega-3 acid ethyl esters	capsule	1gram	T2		4/1/2021
loteprednol etabonate	drops,gel	0.50%	T3		5/1/2021
Mimvey	tablet	1-0.5mg	T3	PA (high risk)	5/1/2021
Roweepra	tablet	500mg	T3		5/1/2021
emtricitabine-tenofovir (TDF)	tablet	100-150mg	T3		5/1/2021
emtricitabine-tenofovir (TDF)	tablet	133-200mg	T3		5/1/2021
emtricitabine-tenofovir (TDF)	tablet	167-250mg	T3		5/1/2021
Amabelz	tablet	0.5-0.1mg	T3	PA (high risk)	5/1/2021
Amabelz	tablet	1-0.5mg	T3	PA (high risk)	5/1/2021
disulfiram	tablet	500mg	T3		5/1/2021
Temixys	tablet	300-300mg	T3		5/1/2021
Alrex	drops, suspension	0.20%	T3		5/1/2021
Lyllana	patch semiweekly	0.025mg/24 hr	T3	QL (8 PER 28 DAYS); PA (high risk)	5/1/2021
Lyllana	patch semiweekly	0.0375mg/24 hr	T3	QL (8 PER 28 DAYS); PA (high risk)	5/1/2021
Lyllana	patch semiweekly	0.05mg/24 hr	T3	QL (8 PER 28 DAYS); PA (high risk)	5/1/2021
Lyllana	patch semiweekly	0.075mg/24 hr	T3	QL (8 PER 28 DAYS); PA (high risk)	5/1/2021
Lyllana	patch semiweekly	0.1mg/24 hr	T3	QL (8 PER 28 DAYS); PA (high risk)	5/1/2021
Orladeyo	capsule	150mg	T3	PA (ORLADEYO)	5/1/2021
Orladeyo	capsule	110mg	T3	PA (ORLADEYO)	5/1/2021

Additions to the Formulary

Tepmetko	tablet	225mg	T3	New Starts Only PA (TEMPETKO)	5/1/2021
Xeljanz	solution	1mg/mL	T3	QL (300 PER 30 DAYS); PA (xeljanz)	5/1/2021
Alvesco	HFA aerosol inhaler	160mcg/actuation	T3	QL (12.2 PER 30 DAYS)	5/1/2021
Alvesco	HFA aerosol inhaler	80mcg/actuation	T3	QL (6.1 PER 30 DAYS)	5/1/2021
Periogard	mouthwash	0.12%	T3		5/1/2021
Bepreve	drops	1.50%	T3		5/1/2021
Gralise	tablet extended release 24 hr	300mg	T3	QL (30 PER 30 DAYS); PA (GRALISE/HORIZANT/LYRICA CR)	6/1/2021
Gralise	tablet extended release 24 hr	600mg	T3	QL (90 PER 30 DAYS); PA (GRALISE/HORIZANT/LYRICA CR)	6/1/2021
droxidopa	capsule	100mg	T5	PA (northera)	6/1/2021
droxidopa	capsule	200mg	T5	PA (northera)	6/1/2021
droxidopa	capsule	300mg	T5	PA (northera)	6/1/2021
Impavido	capsule	50mg	T5	PA (IMPAVIDO)	6/1/2021
acetaminophen-caff-dihydrocod	capsule	320.5-30-16mg	T2	QL (300 PER 30 DAYS)	6/1/2021
cyclophosphamide	tablet	25mg	T3	PA (B VS D)	6/1/2021
cyclophosphamide	tablet	50mg	T3	PA (B VS D)	6/1/2021
Symjepi	syringe	0.3mg/0.3 mL	T4	QL (2 PER 30 DAYS)	6/1/2021
Symjepi	syringe	0.15mg/0.3 mL	T4	QL (2 PER 30 DAYS)	6/1/2021
Ozempic	pen injector	1 mg/dose (4 mg/3 mL)	T3	QL (3 PER 28 DAYS); PA (glucagon-like peptide-1 agonists)	6/1/2021
Verquvo	tablet	10mg	T3	QL (30 PER 30 DAYS)	6/1/2021
Verquvo	tablet	2.5mg	T3	QL (30 PER 30 DAYS)	6/1/2021
Verquvo	tablet	5mg	T3	QL (30 PER 30 DAYS)	6/1/2021
Ukoniq	tablet	200mg	T5	QL (120 PER 30 DAYS); PA (UKONIQ)	6/1/2021
desogestrel-ethinyl estradiol	tablet	0.15-0.03mg	T2		6/1/2021
Vestura (28)	tablet	3-0.02mg	T2		7/1/2021
Cipro	suspension, microcapsule recon	250mg/5 mL	T4		7/1/2021

Additions to the Formulary

Cipro	suspension, microcapsule recon	500mg/5 mL	T4		7/1/2021
Xtandi	tablet	40mg	T5	QL (120 PER 30 DAYS); PA (xtandi)	7/1/2021
Xtandi	tablet	80mg	T5	QL (60 PER 30 DAYS); PA (xtandi)	7/1/2021
Humira(CF) Pen Pediatric UC	pen injector kit	80mg/0.8 mL	T5	QL (4 PER 28 DAYS); PA (humira)	7/1/2021
fluoxetine (PMDD)	tablet	10mg	T2	QL (30 PER 30 DAYS)	7/1/2021
fluoxetine (PMDD)	tablet	20mg	T2		7/1/2021
Fotivda	capsule	0.89mg	T5	QL (21 PER 28 DAYS); PA (FOTIVDA)	7/1/2021
Fotivda	capsule	1.34mg	T5	QL (21 PER 28 DAYS); PA (FOTIVDA)	7/1/2021
Unithroid	tablet	137mcg	T1		7/1/2021
Eysuvis	drops,suspension	0.25%	T3	QL (8.3 PER 14 DAYS); PA (EYSUVIS)	8/1/2021
Xcopri Maintenance Pack	tablet	250mg/day (150mg x1- 100mg x1)	T5	QL (56 PER 28 DAYS)	8/1/2021
Xpovio	tablet	60 mg/week (60 mg x 1)	T5	New Starts Only PA (XPOVIO)	8/1/2021
Xpovio	tablet	100 mg/week (50 mg x 2)	T5	New Starts Only PA (XPOVIO)	8/1/2021
Xpovio	tablet	80 mg/week (40 mg x 2)	T5	New Starts Only PA (XPOVIO)	8/1/2021
Xpovio	tablet	40mg twice week (40 mg x 2)	T5	New Starts Only PA (XPOVIO)	8/1/2021
Xpovio	tablet	40 mg/week (40 mg x 1)	T5	New Starts Only PA (XPOVIO)	8/1/2021
Infanrix (DTaP) (PF)	syringe	25-58-10Lf- mcg-Lf/0.5mL	T3		9/1/2021
Skyrizi	pen injector	150mg/mL	T5	QL (2 PER 28 DAYS); PA (SKYRIZI)	9/1/2021
Skyrizi	syringe	150mg/mL	T5	QL (2 PER 28 DAYS); PA (SKYRIZI)	9/1/2021
rufinamide	tablet	200mg	T5	New Starts Only PA (BANZEL)	9/1/2021
rufinamide	tablet	400mg	T5	New Starts Only PA (BANZEL)	9/1/2021

Additions to the Formulary

bepotastine besilate	drops	1.5%	T3		9/1/2021
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Deletions

Drug Name	Dosage	Dosage Form	Reason for Change	Alternative Drug	Alternative Drug Tier	Effective Date
No Deletions						2/1/2021
No Deletions						3/1/2021
No Deletions						4/1/2021
No Deletions						5/1/2021
No Deletions						6/1/2021
No Deletions						7/1/2021
No Deletions						8/1/2021
No Deletions						9/1/2021

- Please consult with your physician to determine if the alternative drug listed here is appropriate for you. If you have any questions regarding the BlueCross BlueShield of Western New York Medicare Part D formulary, please contact the customer service number on the back of your member ID card.

Changes from Previous Month's Formulary

Drug Name	Dosage Form	Strength	Previous Tier & Limitations	Current Tier & Limitations	Effective Date
octreotide acetate	solution	50mcg/mL	T2; PA (SANDOSTATIN)	T2	2/1/2021
octreotide acetate	solution	100mcg/mL	T2; PA (SANDOSTATIN)	T2	2/1/2021
octreotide acetate	solution	500mcg/mL	T5; PA (SANDOSTATIN)	T2	2/1/2021
octreotide acetate	solution	1,000 mcg/mL	T5; PA (SANDOSTATIN)	T2	2/1/2021
octreotide acetate	solution	200mcg/mL	T2; PA (SANDOSTATIN)	T2	2/1/2021
Xolair	recon soln	150mg	T5; QL (6 PER 28 DAYS); PA (xolair)	T5; QL (8 PER 28 DAYS); PA (xolair)	3/1/2021
No Changes					4/1/2021
Corlanor	tablet	5mg	T3; PA (CORLANOR)	T3	5/1/2021

Changes from Previous Month's Formulary

Corlanor	tablet	7.5mg	T3; PA (CORLANOR)	T3	5/1/2021
Corlanor	solution	5mg/5 mL	T3; PA (CORLANOR)	T3	5/1/2021
Ubrelyv	tablet	100mg	T5; QL (20 PER 30 DAYS); PA (UBRELVY0)	T3; QL (20 PER 30 DAYS); PA (UBRELVY0)	5/1/2021
Ubrelyv	tablet	50mg	T5; QL (20 PER 30 DAYS); PA (UBRELVY0)	T3; QL (20 PER 30 DAYS); PA (UBRELVY0)	5/1/2021
Nurtec ODT	tablet, disintegrating	75mg	T5; QL (16 PER 30 DAYS); PA (NURTEC)	T3; QL (16 PER 30 DAYS); PA (NURTEC)	5/1/2021
Stelara	solution	45mg/0.5 mL	T5; QL (0.5 PER 28 DAYS); PA (stelara)	T5; PA (stelara)	6/1/2021
Stelara	syringe	45mg/0.5 mL	T5; QL (0.5 PER 28 DAYS); PA (stelara)	T5; PA (stelara)	6/1/2021
Stelara	syringe	90mg/mL	T5; QL (1 PER 28 DAYS); PA (stelara)	T5; PA (stelara)	6/1/2021
No Changes					7/1/2021
No Changes					8/1/2021
Soliqua 100/33	insulin pen	100 unit-33mcg/mL	T3; QL (15 PER 30 DAYS)	T3; QL (90 PER 30 DAYS)	9/1/2021
Xolair	syringe	150mg/mL	T5; QL (4 PER 28 DAYS); PA (xolair)	T5; QL (8 PER 28 DAYS); PA (xolair)	9/1/2021
Skyrizi	syringe kit	150mg/1.66 mL(75mg/0.83 mL x2)	T5; QL (1 PER 28 DAYS); PA (SKYRIZI)	T5; QL (2 PER 28 DAYS); PA (SKYRIZI)	9/1/2021
Orgovyx	tablet	120mg	T5; QL (30 PER 30 DAYS); New Starts Only PA (ORGOVYX)	T5; QL (32 PER 30 DAYS); New Starts Only PA (ORGOVYX)	9/1/2021

BlueCross BlueShield of Western New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.

BlueCross BlueShield of Western New York is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association.