

Agent Alert

MedicareBlueSM Solutions



April 2, 2018

April 2018 formulary changes

Attached with this message are the April 2018 formulary changes. An updated PDF of the formulary is available on **YourMedicareSolutions.com** and all changes have been incorporated into the online search tools. A key to the tier names and utilization management abbreviations is available with the chart.

Questions or have an enrollment? Call a Broker Help Desk

If you have questions, want to enroll an applicant by telephone or help a member make a change, please contact the appropriate agent/broker help line:

- MedicareBlue Rx pre-enrollment toll free at **1-866-464-3919**
- MedicareBlue Rx post-enrollment toll free at **1-866-849-2498**

MedicareBlue Rx coverage is separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

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Action	Product Name	MedicareBlue Rx Standard and Premier 5-Tier	Group MedicareBlue Rx 4-Tier	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Abbreviations	
Add	SOLIQUA INJ 100/33	Add tier 3, QL	Add tier 2, QL	ENDOCRINE AND METABOLIC	ANTIDIABETICS, INJECTABLE	LA = Limited Access	PA = Prior authorization
Add	VIVITROL INJ 380MG	Add tier 5	Add tier 4	CENTRAL NERVOUS SYSTEM	PSYCHOTHERAPEUTIC-MISC	NA = Not applicable	QL = Quantity limit
Add	AKTIPAK GEL 5-3%	-	-	TOPICAL	DERMATOLOGY, ACNE	NF = Non-formulary	ST = Step therapy
Add	ARYMO ER TAB 15MG	-	-	ANALGESICS	OPIOID ANALGESICS, CII		
Add	ARYMO ER TAB 30MG	-	-	ANALGESICS	OPIOID ANALGESICS, CII	Tier names: MedicareBlue Rx Standard and Premier	
Add	ARYMO ER TAB 60MG	-	-	ANALGESICS	OPIOID ANALGESICS, CII	Tier 1: Preferred generic	
Add	DUZALLO TAB 200-200	-	-	ANALGESICS	GOUT	Tier 2: Generic	
Add	DUZALLO TAB 200-300	-	-	ANALGESICS	GOUT	Tier 3: Preferred brand	
Add	ELIQUIS STARTER PACK TAB 5MG	Add tier 3	Add tier 2	HEMATOLOGIC	ANTICOAGULANTS	Tier 4: Non-preferred drug	
Add	ENSKYCE TAB	Add tier 3	Add tier 1	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	Tier 5: Speciality	
Add	KURVELO TAB 0.15/30	Add tier 3	Add tier 1	ENDOCRINE AND METABOLIC	CONTRACEPTIVES		
Add	LAMICTAL ODT KIT	-	-	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Tier names: Group MedicareBlue Rx	
Add	LAMICTAL ODT KIT	-	-	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Tier 1: Generic	
Add	LAMICTAL ODT KIT	-	-	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Tier 2: Preferred brand	
Add	LEVONOR/ETHI TAB ESTRADIO	Add tier 3	Add tier 1	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	Tier 3: Non-preferred brand	
Add	MORPHINE SUL INJ 10MG/ML	Add tier 4, PA	Add tier 3, PA	ANALGESICS	OPIOID ANALGESICS, CII	Tier 4: Speciality	
Add	MORPHINE SUL INJ 2MG/ML	Add tier 4, PA	Add tier 3, PA	ANALGESICS	OPIOID ANALGESICS, CII	For agent use only. Not for use with the public.	
Add	MORPHINE SUL INJ 4MG/ML	Add tier 4, PA	Add tier 3, PA	ANALGESICS	OPIOID ANALGESICS, CII		
Add	MORPHINE SUL INJ 5MG/ML	Add tier 4, PA	Add tier 3, PA	ANALGESICS	OPIOID ANALGESICS, CII		
Add	MORPHINE SUL INJ 8MG/ML	Add tier 4, PA	Add tier 3, PA	ANALGESICS	OPIOID ANALGESICS, CII		
Add	NAVELBINE INJ 10MG/ML	-	-	ANTINEOPLASTIC AGENTS	ANTIMITOTIC, VINCA ALKALOIDS		
Add	NAVELBINE INJ 50MG/5ML	-	-	ANTINEOPLASTIC AGENTS	ANTIMITOTIC, VINCA ALKALOIDS		
Add	NOVAREL INJ 5000UNIT	-	-	ENDOCRINE AND METABOLIC	MISCELLANEOUS		
Add	OXAYDO TAB 5MG	-	-	ANALGESICS	OPIOID ANALGESICS, CII		
Add	OXAYDO TAB 7.5MG	-	-	ANALGESICS	OPIOID ANALGESICS, CII		
Add	ROWEEPRA XR TAB 500MG XR	-	Add tier 1	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS		
Add	ROWEEPRA XR TAB 750MG XR	-	Add tier 1	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS		
Add	TAPERDEX PAK 12-DAY	-	-	ENDOCRINE AND METABOLIC	GLUCOCORTICIODS		
Add	TAPERDEX PAK 6 DAY	-	-	ENDOCRINE AND METABOLIC	GLUCOCORTICIODS		
Add	ZENPEP 5000-17000-24000 CAP	Add tier 4	Add tier 3	GASTROINTESTINAL	PANCREATIC ENZYMES		
Add	ZENPEP 25000-79000-105000 CAP	Add tier 4	Add tier 3	GASTROINTESTINAL	PANCREATIC ENZYMES		
Add	QTERN TAB 10MG/5MG	-	-	ENDOCRINE AND METABOLIC	ANTIDIABETICS, ORAL		
Add	JULUCA TAB 50-25MG	Add tier 5	Add tier 4	ANTI-INFECTIVES	ANTIRETROVIRAL COMBINATION AGENTS		
Add	DUPIXENT INJ 300MG/2ML	-	-	IMMUNOLOGIC AGENTS	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
Add	GOCOVRI CAP 137MG	-	-	CENTRAL NERVOUS SYSTEM	ANTIPARKINSONIAN AGENTS		
Add	GOCOVRI CAP 68.5MG	-	-	CENTRAL NERVOUS SYSTEM	ANTIPARKINSONIAN AGENTS		
Add	OCREVUS INJ 300/10ML	-	-	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS		
Add	TRACLEER TAB 32MG	-	-	CARDIOVASCULAR	PULMONARY ARTERIAL HYPERTENSION		
Add	HYDROCORTISONE BUTYRATE LOTION 0.1%	-	-	TOPICAL	DERMATOLOGY, CORTICOSTEROIDS		
Add	TRIENTINE HCL CAP 250 MG	Add tier 5	Add tier 4	ENDOCRINE AND METABOLIC	CHELATING AGENTS		
Change	SPRYCEL TAB 20MG	Tier 5, PA	Tier 4, PA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS		
Delete	TIMOPTIC-XE SOL 0.5% OP	-	-	OPHTHALMIC	ANTIGLAUCOMA		
Delete	NYATA POW 100000	Delete	Delete	TOPICAL	DERMATOLOGY, ANTIFUNGALS		
Delete	PRIMAXIN IV INJ 250MG	-	-	ANTI-INFECTIVES	ANTI-INFECTIVES - MISCELLANEOUS		
Delete	TIMOPTIC-XE SOL 0.25% OP	-	-	OPHTHALMIC	ANTIGLAUCOMA		
Delete	ZANTAC TAB 150MG	-	-	GASTROINTESTINAL	H2-RECEPTOR ANTAGONISTS		
Delete	GRASSTEK SUB 2800BAU	-	-	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS		
Delete	RAGWITEK SUB	-	-	IMMUNOLOGIC AGENTS	IMMUNOMODULATORS		

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