

# Agent Alert

MedicareBlue™ Solutions



**June 1, 2018**

## **June 2018 formulary changes**

Attached with this message are the June 2018 formulary updates. These updates also appear on updated PDFs of the formularies and on [YourMedicareSolutions.com](http://YourMedicareSolutions.com). A key to the tier names and utilization management abbreviations follows 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.\*

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**MedicareBlue™ Rx (PDP)**  
A Medicare Prescription Drug Plan

Action	Product Name	MedicareBlue Rx Standard and Premier 5-Tier	Group MedicareBlue Rx 4 Tier	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Clinical Rationale
Add	GANCICLOVIR INJ 500MG	Add tier 3, PA	Add tier 1, PA	ANTI-INFECTIVES	ANTIVIRALS	Clinical line extension
Add	IBU TAB 600MG	Add tier 2	Add tier 1	ANALGESICS	NSAIDS	Clinical line extension, new product name
Add	IBU TAB 800MG	Add tier 2	Add tier 1	ANALGESICS	NSAIDS	Clinical line extension, new product name
Add	KELNOR 1/50 TAB	Add tier 3	Add tier 1	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	Clinical line extension, new product name
Add	TASIGNA CAP 50MG	Add tier 5, PA	Add tier 4, PA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	Clinical line extension
Add	ZENPEP UNIT CAP 10000-32000-42000	Add tier 4	Add tier 3	GASTROINTESTINAL	PANCREATIC ENZYMES	Clinical line extension, new strength
Add	SYMFI LO TAB	Add tier 5	Add tier 4	ANTI-INFECTIVES	ANTIRETROVIRAL COMBINATION AGENTS	Clinical line extension
Change	KIONEX SUS 15GM/60	Change tier 4 to tier 3	Tier 1	ENDOCRINE AND METABOLIC	CHELATING AGENTS	Tiering change
Delete	ACE ACD/ALUM SOL 2% OTIC	Delete	Delete	TOPICAL	OTIC	Product discontinued
Delete	GENGRAF CAP 50MG	Delete	Delete	IMMUNOLOGIC AGENTS	IMMUNOSUPPRESSANTS	Product discontinued
Delete	NEVIRAPINE SUS 50MG/5ML	Delete	Delete	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	Product discontinued
Delete	OXYCODONE/ SOL APAP	Delete	Delete	ANALGESICS	OPIOID ANALGESICS, CII	Product discontinued
Delete	ESTRACE VAG CRE 0.1MG/GM	Tier 3	Delete	ENDOCRINE AND METABOLIC	ESTROGENS	Brand being replaced by generic
Delete	SUSTIVA CAP 50MG	Delete	Delete	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	Brand being replaced by generic
Delete	BUPHENYL TAB 500MG	Delete	Delete	ENDOCRINE AND METABOLIC	ENZYME REPLACEMENTS	Brand being replaced by generic
Delete	COPAXONE INJ 40MG/ML	Tier 5, PA, QL	Delete	CENTRAL NERVOUS SYSTEM	MULTIPLE SCLEROSIS AGENTS	Brand being replaced by generic
Delete	REYATAZ CAP 150MG	Delete	Delete	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	Brand being replaced by generic
Delete	REYATAZ CAP 200MG	Delete	Delete	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	Brand being replaced by generic
Delete	REYATAZ CAP 300MG	Delete	Delete	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	Brand being replaced by generic
Delete	SABRIL POW 500MG	Delete	Delete	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Brand being replaced by generic
Delete	SUSTIVA CAP 200MG	Delete	Delete	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	Brand being replaced by generic
Delete	TRANSDERM-SC DIS 1.5MG	Delete	Delete	GASTROINTESTINAL	ANTIEMETICS	Brand being replaced by generic
Delete/Tier	ISTALOL SOL 0.5% OP	Tier 3	Delete	OPHTHALMIC	ANTI-GLAUCOMA	Brand being replaced by generic; tiering change
Delete/Tier	RELPAZ TAB 20MG	-	Delete	CENTRAL NERVOUS SYSTEM	MIGRAINE	Brand being replaced by generic
Delete/Tier	RELPAZ TAB 40MG	-	Delete	CENTRAL NERVOUS SYSTEM	MIGRAINE	Brand being replaced by generic
Delete/Tier	RENVELA PAK 0.8GM	Tier 3, QL	Delete	ENDOCRINE AND METABOLIC	PHOSPHATE BINDER AGENTS	Brand being replaced by generic; tiering change
Delete/Tier	RENVELA PAK 2.4GM	Tier 3, QL	Delete	ENDOCRINE AND METABOLIC	PHOSPHATE BINDER AGENTS	Brand being replaced by generic; tiering change
Delete/Tier	RENVELA TAB 800MG	Tier 3, QL	Delete	ENDOCRINE AND METABOLIC	PHOSPHATE BINDER AGENTS	Brand being replaced by generic; tiering change
Delete/Tier	TAMIFLU SUS 6MG/ML	Delete	Delete	ANTI-INFECTIVES	ANTIVIRALS	Brand being replaced by generic; tiering change
Delete/Tier	VIGAMOX DRO 0.5%	Delete	Delete	OPHTHALMIC	ANTI-INFECTIVES	Brand being replaced by generic; tiering change
Delete/Tier	ZIAGEN SOL 20MG/ML	Delete	Delete	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	Brand being replaced by generic; tiering change
Tier	NAMENDA XR CAP 14MG	Change tier 4 to tier 3, PA	Tier 3, PA	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA	Tiering change
Tier	NAMENDA XR CAP 21MG	Change tier 4 to tier 3, PA	Tier 3, PA	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA	Tiering change
Tier	NAMENDA XR CAP 28MG	Change tier 4 to tier 3, PA	Tier 3, PA	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA	Tiering change
Tier	NAMENDA XR CAP 7MG	Change tier 4 to tier 3, PA	Tier 3, PA	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA	Tiering change
Tier	NAMENDA XR CAP TITRATIO	Change tier 4 to tier 3, PA	Tier 3, PA	CENTRAL NERVOUS SYSTEM	ANTIDEMENTIA	Tiering change
UM	AMITIZA CAP 8MCG	Tier 3, Revise QL	Tier 2, Revise QL	GASTROINTESTINAL	MISCELLANEOUS	Revise Quantity Limit

Abbreviations	
LA = Limited Access	PA = Prior authorization
NA = Not applicable	QL = Quantity limit
NF = Non-formulary	ST = Step therapy

Tier names: MedicareBlue Rx Standard and Premier
Tier 1: Preferred generic
Tier 2: Generic
Tier 3: Preferred brand
Tier 4: Non-preferred drug
Tier 5: Speciality

Tier names: Group MedicareBlue Rx
Tier 1: Generic
Tier 2: Preferred brand
Tier 3: Non-preferred brand
Tier 4: Speciality

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