Agent Alert

MedicareBlue™ Solutions



June 1, 2019

June 2019 formulary updates

Attached with this message are the June 2019 formulary updates. These updates also appear on updated PDFs of the formularies and on YourMedicareSolutions.com. A key to the tier names and utilization management abbreviations is included with 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 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



Change Description	Product Name	MBRx Standard & Premier	Group MBRx	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Clinical Rationale
Delete (drug discontinued)	ADAGEN INJ 250/ML	Delete	Delete	ENDOCRINE AND METABOLIC	ENZYME REPLACEMENTS	Product discontinued
Add generic Tekturna	ALISKIREN FUMARATE TAB 150 MG (BASE EQUIVALENT)	Add tier 4	Add tier 1	CARDIOVASCULAR	DIRECT RENIN INHIBITORS/COMBINATIONS	Generic availability; brand already listed
Add generic Tekturna	ALISKIREN FUMARATE TAB 300 MG (BASE EQUIVALENT)	Add tier 4	Add tier 1	CARDIOVASCULAR	DIRECT RENIN INHIBITORS/COMBINATIONS	Generic availability; brand already listed
Delete (drug discontinued)	CARIMUNE NF INJ 6GM	Delete	Delete	IMMUNOLOGIC AGENTS	IMMUNOGLOBULINS	Product discontinued
Delete (drug discontinued)	CIPROFLOXACN SUS 250MG/5	-	Delete	ANTI-INFECTIVES	FLUOROQUINOLONES	Product discontinued
Add (line extension)	DILTIAZEM CAP 180MG ER	Add tier 3	Add tier 1	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKERS	Clinical line extension
Add (line extension)	LEUCOVORIN INJ 500/50ML	-	Add tier 1, PA	ANTINEOPLASTIC AGENTS	PROTECTIVE AGENTS	Clinical line extension
Add (line extension) (protected class)	PROGRAF GRA 0.2MG	Add tier 4, PA	Add tier 3, PA	IMMUNOLOGIC AGENTS	IMMUNOSUPPRESSANTS	Clinical line extension; new formulation
Add (line extension) (protected class)	PROGRAF GRA 1MG	Add tier 4, PA	Add tier 3, PA	IMMUNOLOGIC AGENTS	IMMUNOSUPPRESSANTS	Clinical line extension; new formulation
Delete (drug discontinued)	RESCRIPTOR TAB 100 MG	Delete	Delete	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	Product discontinued
Delete (drug discontinued)	RIBASPHERE TAB 400MG	-	Delete	ANTI-INFECTIVES	ANTIVIRALS	Product discontinued
Add generic REMODULIN INJ	TREPROSTINIL SODIUM INJ 1 MG/ML (BASE EQUIV)	Add tier 5, PA, LA	Add tier 4, PA, LA	ICARDIOVASCIII AR	PULMONARY ARTERIAL HYPERTENSION	Generic availability; brand already listed
Add generic REMODULIN INJ	TREPROSTINIL SODIUM INJ 10 MG/ML (BASE EQUIV)	Add tier 5, PA, LA	Add tier 4, PA, LA	ICARDIOVASCIII AR	PULMONARY ARTERIAL HYPERTENSION	Generic availability; brand already listed
Add generic REMODULIN INJ	TREPROSTINIL SODIUM INJ 2.5 MG/ML (BASE EQUIV)	Add tier 5, PA, LA	Add tier 4, PA, LA	ICARDIOVASCIII AR	PULMONARY ARTERIAL HYPERTENSION	Generic availability; brand already listed
Add generic REMODULIN INJ	TREPROSTINIL SODIUM INJ 5 MG/ML (BASE EQUIV)	Add tier 5, PA, LA	Add tier 4, PA, LA	CARDIOVASCULAR	PULMONARY ARTERIAL HYPERTENSION	Generic availability; brand already listed

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

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

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