

Agent Alert

MedicareBlue™ Solutions



July 1, 2019

July 2019 formulary updates

Attached with this message are the July 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 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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Change Description	Product Name	MBRx Standard & Premier	Group MBRx	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Clinical Rationale
Add generic Letairis	AMBRISENTAN TAB 10 MG	Add tier 5, PA, QL, LA	Add tier 4, PA, QL, LA	CARDIOVASCULAR	PULMONARY ARTERIAL HYPERTENSION	Generic availability; brand already listed
Add generic Letairis	AMBRISENTAN TAB 5 MG	Add tier 5, PA, QL, LA	Add tier 4, PA, QL, LA	CARDIOVASCULAR	PULMONARY ARTERIAL HYPERTENSION	Generic availability; brand already listed
Delete (drug discontinued)	AMINOSYN 7% INJ /LYTES	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Delete (drug discontinued)	AMINOSYN II INJ 8.5%	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Delete (drug discontinued)	AMINOSYN II INJ 8.5/LYTE	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Delete (drug discontinued)	AMINOSYN INJ 10%	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Delete (drug discontinued)	AMINOSYN INJ 8.5%	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Delete (drug discontinued)	AMINOSYN INJ 8.5/LYTE	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Delete (drug discontinued)	AMINOSYN M INJ 3.5%	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Delete (drug discontinued)	AMINOSYN-HBC INJ 7%	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Delete (drug discontinued)	AMINOSYN-RF INJ 5.2%	Delete	Delete	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Product discontinued
Add (protected class)	BALVERSA TAB 3MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	Provides an additional treatment option for urothelial carcinoma
Add (protected class)	BALVERSA TAB 4MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	Provides an additional treatment option for urothelial carcinoma
Add (protected class)	BALVERSA TAB 5MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	Provides an additional treatment option for urothelial carcinoma
Delete (drug discontinued)	BLISOVI FE TAB 1/20	Delete	Delete	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	Product discontinued
Delete (drug discontinued)	DILTIAZEM CAP 120MG ER	Delete	Delete	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKERS	Product discontinued
Add (protected class)	DOVATO TAB 50-300MG	Add tier 5	Add tier 4	ANTI-INFECTIVES	ANTIRETROVIRAL COMBINATION AGENTS	Provides a treatment option for human immunodeficiency virus 1
Add generic TARCEVA	ERLOTINIB TAB 100MG	Add tier 5, PA, QL	Add tier 4, PA, QL	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	Generic availability; brand already listed
Add generic TARCEVA	ERLOTINIB TAB 150MG	Add tier 5, PA, QL	Add tier 4, PA, QL	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	Generic availability; brand already listed
Add generic TARCEVA	ERLOTINIB TAB 25MG	Add tier 5, PA, QL	Add tier 4, PA, QL	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	Generic availability; brand already listed
Add (line extension)	KALYDECO PAK 25MG	Add tier 5, PA	Add tier 4, PA	RESPIRATORY	MISCELLANEOUS	Clinical line extension; new strength
Add generic LOTEMAX SUS 0.5%	LOTEPREDNOL SUS 0.5%	-	Add tier 1	OPHTHALMIC	ANTI-INFLAMMATORIES	Generic availability; brand already listed
Add generic DELZICOL CAP 400MG	MESALAMINE CAP DR 400 MG	-	Add tier 1	GASTROINTESTINAL	INFLAMMATORY BOWEL DISEASE	Generic availability; brand already listed
Add generic Vesicare	SOLIFENACIN SUCCINATE TAB 10 MG	Add tier 4, QL, ST(1)	Add tier 1, QL, ST(1)	GENITOURINARY	URINARY ANTISPASMODICS	Generic availability; brand already listed
Add generic Vesicare	SOLIFENACIN SUCCINATE TAB 5 MG	Add tier 4, QL, ST(1)	Add tier 1, QL, ST(1)	GENITOURINARY	URINARY ANTISPASMODICS	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