

Agent Alert

MedicareBlue™ Solutions



August 1, 2019

August 2019 formulary updates

Attached with this message are the August 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.*

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Change Description	Product Name	MBRx Standard & Premier	Group MBRx	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Clinical Rationale
Add generic Tracleer	BOSENTAN TAB 125MG	Add tier 5, PA, QL, LA	Add tier 4, PA, QL, LA	CARDIOVASCULAR	PULMONARY ARTERIAL HYPERTENSION	Clinical line extension
Add generic Tracleer	BOSENTAN TAB 62.5MG	Add tier 5, PA, QL, LA	Add tier 4, PA, QL, LA	CARDIOVASCULAR	PULMONARY ARTERIAL HYPERTENSION	Clinical line extension
Add generic SUPRAX CAP 400MG	CEFIXIME CAP 400 MG	Add tier 3	Add tier 1	ANTI-INFECTIVES	CEPHALOSPORINS	Clinical line extension
Add generic FASLODEX INJ 250/5ML	FULVESTRANT INJ 250 MG/5ML	Add tier 5, PA	Add tier 4, PA	ANTINEOPLASTIC AGENTS	HORMONAL ANTINEOPLASTIC AGENTS	Clinical line extension
Add	HERCEP HYLECTA SOL 60-10000	-	Add tier 4, PA	ANTINEOPLASTIC AGENTS	BIOLOGIC RESPONSE MODIFIERS	An additional treatment option for breast cancer.
Delete, generic available	LETAIRIS TAB 10MG	Delete	Delete	CARDIOVASCULAR	PULMONARY ARTERIAL HYPERTENSION	Generic product available on drug lists
Delete, generic available	LETAIRIS TAB 5MG	Delete	Delete	CARDIOVASCULAR	PULMONARY ARTERIAL HYPERTENSION	Generic product available on drug lists
Add (line extension)	LOTEMAS SM GEL 0.38%	-	-	OPHTHALMIC	ANTI-INFLAMMATORIES	Clinical line extension
Add generic LOTEMAS SUS 0.5%	LOTEPREDNOL SUS 0.5%	Add Tier 3	Add Tier 1	OPHTHALMIC	ANTI-INFLAMMATORIES	Clinical line extension
Add generic DELZICOL CAP 400MG	MESALAMINE CAP DR 400 MG	Add Tier 4	Add Tier 1	GASTROINTESTINAL	INFLAMMATORY BOWEL DISEASE	Clinical line extension
Delete brand/change tier, generic available	RANEXA TAB 1000MG	Delete	Delete	CARDIOVASCULAR	MISCELLANEOUS	Generic product available on drug lists and tier change
Delete brand/change tier, generic available	RANEXA TAB 500MG	Delete	Delete	CARDIOVASCULAR	MISCELLANEOUS	Generic product available on drug lists and tier change
Delete brand/tier increase, generic available	SUBOXONE MIS 12-3MG	Delete	Delete	CENTRAL NERVOUS SYSTEM	PSYCHOTHERAPEUTIC-MISC	Generic product available on drug lists and tier change
Delete brand/tier increase, generic available	SUBOXONE MIS 2-0.5MG	Delete	Delete	CENTRAL NERVOUS SYSTEM	PSYCHOTHERAPEUTIC-MISC	Generic product available on drug lists and tier change
Delete brand/tier increase, generic available	SUBOXONE MIS 4-1MG	Delete	Delete	CENTRAL NERVOUS SYSTEM	PSYCHOTHERAPEUTIC-MISC	Generic product available on drug lists and tier change
Delete brand/tier increase, generic available	SUBOXONE MIS 8-2MG	Delete	Delete	CENTRAL NERVOUS SYSTEM	PSYCHOTHERAPEUTIC-MISC	Generic product available on drug lists and tier change
Add (line extension)	UNITHROID TAB 137MCG	Add tier 2	Add tier 1	ENDOCRINE AND METABOLIC	THYROID AGENTS	Clinical line extension
Delete brand/change tier, generic available	VESICARE TAB 10MG	Delete	Delete	GENITOURINARY	URINARY ANTISPASMODICS	Generic product available on drug lists and tier change
Delete brand/change tier, generic available	VESICARE TAB 5MG	Delete	Delete	GENITOURINARY	URINARY ANTISPASMODICS	Generic product available on drug lists and tier change
Add (protected class drug)(line extension)	ZYKADIA TAB 150MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	Clinical line extension

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