

# Agent Alert

MedicareBlue™ Solutions



**September 4, 2018**

## **September 2018 formulary changes**

Attached with this message are the September 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.\*

\*Independent licensees of the Blue Cross and Blue Shield Association

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# MedicareBlue<sup>SM</sup> 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	Abbreviations	
Add	CIMDUO TAB 300-300MG	Add tier 5	Add tier 4	ANTI-INFECTIVES	ANTIRETROVIRAL COMBINATION AGENTS	LA = Limited Access	PA = Prior authorization
Add	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	-	Add tier 1	CARDIOVASCULAR	ANTIPEMICS, MISCELLANEOUS	NA = Not applicable	QL = Quantity limit
Delete	DESMOPRESSIN SOL 0.01%	Delete	Delete	ENDOCRINE AND METABOLIC	VASOPRESSINS	NF = Non-formulary	ST = Step therapy
Add	ERTAPENEM SODIUM FOR INJ 1 GM (BASE EQUIVALENT)	Add tier 4	Add tier 1	ANTI-INFECTIVES	ANTI-INFECTIVES - MISCELLANEOUS		
Delete	GLEOSTINE CAP 5MG	Delete	Delete	ANTINEOPLASTIC AGENTS	ALKYLATING AGENTS	<b>Tier names: MedicareBlue Rx Standard and Premier</b>	<b>Tier names: Group MedicareBlue Rx</b>
Add	HEP SOD/NACL INJ 25000UNT	Add tier 4	Add tier 2	HEMATOLOGIC	ANTICOAGULANTS	Tier 1: Preferred generic	Tier 1: Generic
Add	SUBVENITE TAB 150MG	Add tier 2	Add tier 1	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Tier 2: Generic	Tier 2: Preferred brand
Add	SUBVENITE TAB 200MG	Add tier 2	Add tier 1	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Tier 3: Preferred brand	Tier 3: Non-preferred brand
Add	TULANA TAB 0.35MG	Add tier 3	Add tier 1	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	Tier 4: Non-preferred drug	Tier 4: Speciality
Add	XELJANZ TAB 10MG	Add tier 5, PA, QL	Add tier 4, PA, QL	IMMUNOLOGIC AGENTS	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	Tier 5: Speciality	

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