

Agent Alert

MedicareBlue™ Solutions



November 8, 2018

In this Agent Alert:

- Formulary changes: Effective January 1, 2019
- Annual enrollment period reminder

Formulary changes: Effective January 1, 2019

Attached with this Agent Alert is a summary of formulary changes that will take effect on January 1, 2019. The Centers for Medicare & Medicaid Services (CMS) this year introduced an opportunity for plan sponsors to make changes to the upcoming plan year formulary. The summarized changes reflect what changed during that window of time.

To see a complete formulary that will be effective January 1, go to the “Documents” page on **YourMedicareSolutions.com**.

Annual enrollment period reminder

The annual enrollment period (AEP) ends on December 7, 2018. Please remember to use the **AEP election period** to ensure an effective date of January 1, 2019.

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



MedicareBlueSM Rx (PDP)

A Medicare Prescription Drug Plan

Action	Change Description	Product Name	MedicareBlue Rx Standard and Premier 5-Tier	Group MedicareBlue Rx 4-Tier	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Effective Date	Clinical Rationale
Add	Add (line extension)	ARISTADA INJ INITIO	Add tier 4	Add tier 4	CENTRAL NERVOUS SYSTEM	ANTIPSYCHOTICS	1/1/2019	Clinical line extension; new formulation
UM	Add PA	AURYXIA TAB 210MG	Tier 4, QL, Add PA	Tier 4, QL, Add PA	ENDOCRINE AND METABOLIC	PHOSPHATE BINDER AGENTS	1/1/2019	Add UM
Add	Add (line extension)	BEKYREE TAB	Add tier 3	Add tier 1	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	1/1/2019	Clinical line extension
Add	Add	BRAFTOVI CAP 50MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	1/1/2019	Provides an additional treatment option for patients with melanoma.
Add	Add	BRAFTOVI CAP 75MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	1/1/2019	Provides an additional treatment option for patients with melanoma.
Add/Change	Add/Tier Change	ENSTILAR AER	Add tier 4, PA	Add tier 3, PA	TOPICAL	DERMATOLOGY, CORTICOSTEROIDS	1/1/2019	Provides an additional treatment option for plaque psoriasis.; tier change
Add	Add (line extension)	HEPARIN SOD (PORCINE) IN NACL IV SOLN 25000 UNIT/250ML-0.45%	Add tier 4	Add tier 2	HEMATOLOGIC	ANTICOAGULANTS	1/1/2019	Clinical line extension; new formulation
Add	Add (line extension)	HUMIRA PEN KIT CD/UC/HS	Add tier 5, PA	Add tier 4, PA	IMMUNOLOGIC AGENTS	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	1/1/2019	Clinical line extension; new formulation
Add	Add (line extension)	HUMIRA PEN KIT PS/UV	Add tier 5, PA	Add tier 4, PA	IMMUNOLOGIC AGENTS	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	1/1/2019	Clinical line extension; new formulation
Add	Add (line extension)	INCASSIA TAB 0.35MG	Add tier 3	Add tier 1	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	1/1/2019	Clinical line extension
Delete	Delete (product discontinued)	KETOPROFEN CAP 75MG	Delete	Delete	ANALGESICS	NSAIDS	1/1/2019	Product discontinued
Add	Add (line extension)	LENVIMA CAP 12MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	1/1/2019	Clinical line extension
Add	Add (line extension)	LENVIMA CAP 4MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	1/1/2019	Clinical line extension
Add/Change	Add/Tier Change	LYRICA CR TAB 165MG	Add tier 3, PA, QL	Add tier 2, PA, QL	CENTRAL NERVOUS SYSTEM	MISCELLANEOUS	1/1/2019	Provides and additional treatment option for patients with neuropathic pain; tier change
Add/Change	Add/Tier Change	LYRICA CR TAB 330MG	Add tier 3, PA, QL	Add tier 2, PA, QL	CENTRAL NERVOUS SYSTEM	MISCELLANEOUS	1/1/2019	Provides and additional treatment option for patients with neuropathic pain; tier change
Add/Change	Add/Tier Change	LYRICA CR TAB 82.5MG	Add tier 3, PA, QL	Add tier 2, PA, QL	CENTRAL NERVOUS SYSTEM	MISCELLANEOUS	1/1/2019	Provides and additional treatment option for patients with neuropathic pain; tier change
Add	Add (protected class)	MEKTOVI TAB 15MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	KINASE INHIBITORS	1/1/2019	Provides an additional treatment option for patients with melanoma.
Add	Add generic VIRAMUNE SUS 50MG/5ML	NEVIRAPINE SUSP 50 MG/5ML	Add tier 4	Add tier 1	ANTI-INFECTIVES	ANTIRETROVIRAL AGENTS	1/1/2019	Generic availability; brand already listed
Add	Add branded PNV	NIVA-PLUS TAB	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add (line extension)	NUPLAZID CAP 34MG	Add tier 5, PA, QL, LA	Add tier 4, PA, QL, LA	CENTRAL NERVOUS SYSTEM	ANTIPSYCHOTICS	1/1/2019	Clinical line extension; new strength
Add	Add (line extension)	NUPLAZID TAB 10MG	Add tier 5, PA, QL, LA	Add tier 4, PA, QL, LA	CENTRAL NERVOUS SYSTEM	ANTIPSYCHOTICS	1/1/2019	Clinical line extension; new strength
Add	Add branded PNV	O-CAL FA TAB	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add (line extension)	ORKAMBI GRA 100-125	Add tier 5, PA	Add tier 4, PA	RESPIRATORY	MISCELLANEOUS	1/1/2019	Clinical line extension; new strength
Add	Add (line extension)	ORKAMBI GRA 150-188	Add tier 5, PA	Add tier 4, PA	RESPIRATORY	MISCELLANEOUS	1/1/2019	Clinical line extension; new strength
Add	Add branded PNV	PNV FOLIC AC TAB + IRON	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add branded PNV	PNV PRENATAL TAB PLUS	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add branded PNV	PRENATAL TAB 27-1MG	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add branded PNV	PRENATAL TAB PLUS	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add branded PNV	PRENATAL VIT TAB LOW IRON	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add branded PNV	PREPLUS TAB 27-1MG	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add (line extension)	SUBVENITE TAB 100MG	Add tier 2	Add tier 1	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	1/1/2019	Clinical line extension
Add	Add (line extension)	SUBVENITE TAB 25MG	Add tier 2	Add tier 1	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	1/1/2019	Clinical line extension
Add	Add (line extension) (protected class)	SYMTOZA TAB	Add tier 5	Add tier 4	ANTI-INFECTIVES	ANTIRETROVIRAL COMBINATION AGENTS	1/1/2019	Clinical line extension; individual components already listed
Add	Add (protected class drug)	TIBSOVO TAB 250MG	Add tier 5, PA, LA	Add tier 4, PA, LA	ANTINEOPLASTIC AGENTS	BIOLOGIC RESPONSE MODIFIERS	1/1/2019	Provides an additional treatment option for acute myeloid leukemia.
Add	Add brand, generic discontinued	TRANSDERM-SC DIS 1.5MG	Add tier 4, PA, QL	Add tier 3, PA, QL	GASTROINTESTINAL	ANTIEMETICS	1/1/2019	Generic discontinued; generic replaced by brand

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	

Action	Change Description	Product Name	MedicareBlue Rx Standard and Premier 5-Tier	Group MedicareBlue Rx 4-Tier	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Effective Date	Clinical Rationale
Add	Add branded PNV	TRICARE TAB PRENATAL	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Tier	Tier Change (decrease)	VANCOMYCIN CAP 125MG	Tier 4	Tier 1	ANTI-INFECTIVES	ANTI-INFECTIVES - MISCELLANEOUS	1/1/2019	Tier change
Delete	Delete (product discontinued)	VESTURA TAB 3-0.02MG	Delete	Delete	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	1/1/2019	Product discontinued
Add	Add branded PNV	VOL-PLUS TAB	Add tier 3	Add tier 2	NUTRITIONAL/SUPPLEMENTS	VITAMINS	1/1/2019	Clinical line extension
Add	Add (line extension)	ZENPEP CAP 15000UNT	Add tier 4	Add tier 3	GASTROINTESTINAL	PANCREATIC ENZYMES	1/1/2019	Clinical line extension
Delete	Delete	ZENPEP CAP 15000UNT	Delete	Delete	GASTROINTESTINAL	PANCREATIC ENZYMES	1/1/2019	FRF Deletion; another RxCUI remains formulary
Delete	Delete	ZENPEP CAP 25000UNT	Delete	Delete	GASTROINTESTINAL	PANCREATIC ENZYMES	1/1/2019	FRF Deletion; another RxCUI remains formulary
Delete	Delete	ZENPEP CAP 3000UNIT	Delete	Delete	GASTROINTESTINAL	PANCREATIC ENZYMES	1/1/2019	FRF Deletion; another RxCUI remains formulary
Delete	Delete	ZENPEP CAP 5000UNIT	Delete	Delete	GASTROINTESTINAL	PANCREATIC ENZYMES	1/1/2019	FRF Deletion; another RxCUI remains formulary
Add	Add (line extension)	ZENPEP CAP 3000UNIT	Add tier 4	Add tier 3	GASTROINTESTINAL	PANCREATIC ENZYMES	1/1/2019	Clinical line extension

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