



BlueCross BlueShield of Oklahoma

HCSC Provider Newsletter 2nd Quarter 2014 Medicare Part D Formulary Updates

A summary of recent BCBSOK Medicare Part D formulary changes can be found below. The Blue Cross MedicareRx formulary is updated monthly by our pharmacy provider, Prime Therapeutics. For a complete formulary listing and for future inquiries regarding **prior authorizations, step therapy, coverage determinations/RE-determinations, transition plan benefits, and appointment of representative** for your BCBSOK members please refer to the following instructions:

Utilize the following link (<https://www.myprime.com>) to access the Prime Therapeutics' Medicare Part D member website:

a) Click on '**Continue without sign in**',

b) Follow directions to

- 'Select your Health Plan' click on '**BCBS Oklahoma**',
- 'Medicare Part D Member?' Select '**YES**',
- 'Select Your Health plan type' '**Blue Cross MedicareRx Value**'
- Select '**Continue to MyPrime**'
- Select '**Find Medicines**' – This includes the current comprehensive formulary and formulary search function

c) From this page you will be able to determine the formulary status and applicable utilization management programs for individual drugs or access any of the important databases outlined above.

| TRADE NAME (generic name) | Brand/ Generic Product | Effective Date | Description of Change | Comments |
|--|------------------------------|-------------------|--------------------------|--|
| ADASUVE (loxapine) inhal powder, 10 mg | Brand | 4/25/14 | Addition | Tier 4 |
| allopurinol for inj 500 mg | generic | 6/23/14 | Removal | Manufacturer has discontinued marketing this drug. |
| ALOPRIM (allopurinol) for inj 500 mg | BRAND | 4/14/14 | Addition | Tier 4 (NOT available on the BASIC formulary) |
| ANORO ELLIPTA (umeclidinium/vilanterol) inhal powder, 62.5-25 mcg | Brand | 5/1/14 | Addition | Tier 3. Quantity limits apply. |
| atovaquone susp, 750 mg/5 mL | Generic | 3/23/14 | Addition | Tier 5. First generic for Mepron. |
| AZATHIOPRINE for inj, 100 mg | Brand | 6/23/14 | Removal | Manufacturer has discontinued marketing this drug. |
| azelastine nasal spray, 0.15% (205.5 mcg/spray) | Generic | 5/11/14 | Addition | Tier 2. Quantity limits apply. First generic for Astepro. |
| BREO ELLIPTA (fluticasone furoate/vilanterol) inhal powder, 100-25 mcg | Brand | 5/1/14 | Addition | Tier 3. Quantity limits apply. |
| Cholestyramine/Light powder packets (4gm), | Generic | 4/8/14 | Addition | Tier 2 – BASIC formulary |



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| COUMADIN (warfarin) tabs, 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg | Brand | 4/1/14 | Addition | Tier 4 (NOT available on the BASIC formulary) |
| CYRAMZA (ramucirumab) inj, 100mg/10ml, 500mg/50ml | BRAND | 5/4/14 | Addition | Tier 5 |
| ERWINAZE (asparaginase <i>Erwinia chrysanthemi</i>) for inj, 10,000 units | Brand | 3/1/14 | Addition | Tier 5. |
| EXELON (rivastigmine) oral soln, 2 mg/mL | Brand | 8/21/14 | Removal | Manufacturer has discontinued marketing this drug. |
| GRANIX (tbo-filgrastim) inj, 300 mcg/0.5 mL, 480 mcg/0.8 mL | Brand | 5/1/14 | Addition | Tier 5. |
| griseofulvin microsize tabs, 500 mg | Generic | 1/1/14 | Addition | Tier 2 (NOT available on the BASIC formulary) |
| ibandronate inj, 3 mg/3 mL | Generic | 3/16/14 | Addition | Tier 2. First generic for Boniva inj. |
| KUVAN (sapropterin) oral powder, 100 mg | Brand | 3/9/14 | Addition | Tier 5. Prior authorization applies. |
| LEVEMIR FLEXTOUCH (insulin detemir) inj, 100 units/mL | Brand | 5/25/14 | Addition | Tier 3 (NOT available on the BASIC formulary) |
| MYRBETRIQ (mirabegron) tabs, 25 mg, 50 mg | Brand | 5/1/14 | Addition | Tier 3. Quantity limits apply. |
| naloxone inj, 0.4 mg/mL | Generic | 3/16/14 | Cost Share Reduction | Change to Tier 2 (was 4). (NOT available on the BASIC formulary) |
| NAMENDA (memantine) XR caps, 7 mg, 14 mg, 21 mg, 28 mg, titration pack | Brand | 5/1/14 | Addition | N/A |
| nevirapine ER tabs, 400 mg | Generic | 4/20/14 | Addition | Tier 2. Quantity limits apply. First generic for Viramune XR 400 mg. |
| OLYSIO (simeprevir) caps, 150 mg | Brand | 5/1/14 | Addition | Tier 5. Prior authorization applies |



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| omega-3-acid ethyl esters caps, 1 gm | Generic | 4/13/14 | Addition | Tier 2. First generic for Lovaza. |
| PILOPINE (pilocarpine) HS eye gel, 4% | Brand | 8/21/14 | Removal | Manufacturer has discontinued marketing this drug. |
| pindolol tabs, 5 mg, 10 mg | Generic | 4/6/14 | Cost Share Reduction | Change to Tier 2 (was 4). |
| raloxifene tabs, 60 mg | Generic | 4/6/14 | Addition | Tier 2. First generic for EVISTA. |
| rifabutin caps, 150 mg | Generic | 3/30/14 | Addition | Tier 2. First generic for MYCOBUTIN. (Tier 4 for BASIC formulary) |
| SILENOR (doxepin) tabs, 3 mg, 6 mg | Brand | 5/1/14 | Addition | Tier 3. Quantity limits apply. |
| SIMBRINZA (brinzolamide/brimonidine) eye susp, 1-0.2% | Brand | 5/1/14 | Addition | Tier 3 (NOT available on the BASIC formulary) |
| Sodium polystyrene sulfonate rectal susp, 30gm/120ml | Generic | 4/8/14 | Addition | Tier 2 – BASIC formulary |
| SOVALDI (sofosbuvir) tabs, 400 mg | Brand | 5/1/14 | Addition | Tier 5. Prior authorization applies. |
| SYNTHROID (levothyroxine) tabs, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg | Brand | 4/1/14 | Addition | Tier 4 (NOT available on the BASIC formulary) |
| telmisartan/hydrochlorothiazide tabs, 40-12.5 mg, 80-12.5 mg, 80-25 mg | Generic | 3/9/14 | Addition | Tier 2. Quantity limits apply. First generic for MICARDIS HCT. |
| ZOXYDRO (hydrocodone) ER caps, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg | Brand | 5/1/14 | Addition | Tier 4. Prior authorization and quantity limits apply. |
| ZYKADIA (ceritinib) caps, 150 mg | Brand | 5/4/14 | Addition | Tier 5. Prior authorization and quantity limits apply. |