

## Medicare Part D Formulary Updates – 2<sup>nd</sup> Quarter 2014

Below is a summary of recent BCBSNM Medicare Part D formulary changes. The Blue Cross MedicareRx formulary is updated monthly by our pharmacy provider, Prime Therapeutics. For a complete formulary listing and future inquiries regarding **prior authorizations, step therapy, coverage determinations/re-determinations, transition plan benefits, and appointment of representative** for your BCBSNM members, follow these steps:

1. Go to [MyPrime](#).
2. Click on *Continue without sign-in*.
3. Select **BCBS New Mexico** in the drop-down menu, then select **Yes** in the *Medicare Part D Member* drop-down menu.
4. Select **Blue Cross MedicareRx Value** in the *Select Your Health Plan Type* drop-down menu.
5. Click on *Continue to MyPrime*.
6. Click on *Find Medicine*

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. <b>First generic for Mepron.</b>
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. <b>First generic for Astepro.</b>
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

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change	Comments
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. <b>First generic for Boniva inj.</b>
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. <b>First generic for Viramune XR 400 mg.</b>
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. <b>First generic for Lovaza.</b>
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. <b>First generic for EVISTA.</b>
rifabutin caps, 150 mg	Generic	3/30/14	Addition	Tier 2. <b>First generic for MYCOBUTIN.</b> (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. <b>First generic for MICARDIS HCT.</b>
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.

\* Prime Therapeutics LLC is a pharmacy benefit management company. BCBSNM contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSNM, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.