



**HCSC Provider Newsletter 1st 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**'

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
abacavir/lamivudine/ zidovudine tabs, 300-150-300 mg	Generic	1/1/14	Addition	Tier 1. Quantity limits apply. First generic for TRIZIVIR.
acyclovir sodium IV soln, 50 mg/mL	Generic	2/23/14	Cost Share Reduction	Change to Tier 2 (was 4). May be covered by Medicare Part B or Medicare Part D depending on circumstances.
BCG VACCINE inj	Brand	1/27/14	Addition	Tier 4. RxCUI added by CMS. Med D eligible.
CINRYZE (C1 esterase inhibitor (human)) for IV inj, 500 units	Brand	2/1/14	Addition	Tier 5. Prior authorization and quantity limits apply.
cimetidine inj, 150 mg/mL	Generic	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
COPAXONE (glatiramer) inj, 40 mg/mL	Brand	2/2/14	Addition	Tier 5. Prior authorization and quantity limits apply.
diclofenac sodium gel, 3%	Generic	1/1/14	Addition	Tier 5. First generic for SOLARAZE. (NOT available on the BASIC formulary)
Duloxetine caps, 20 mg, 30 mg, 60 mg	Generic	1/1/14	Addition	Tier 2. Quantity limits apply. First generic for CYMBALTA.
DYNACIRC (isradipine) CR tabs, 5 mg, 10 mg	Brand	1/1/14	Removal	Manufacturer has discontinued marketing this drug.

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Medicare Part D Formulary Updates**

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ELSPAR (asparaginase) for inj, 10,000 units	Brand	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
esomeprazole for IV, 20 mg, 40 mg	Generic	1/19/14	Addition	Tier 2. First generic for NEXIUM IV.
fenofibrate DR caps, 45 mg, 135 mg	Generic	1/1/14	Addition	Tier 2. Quantity limits apply. First generic for TRILIPIX. (NOT available on the BASIC formulary)
FETZIMA (levomilnacipran) caps, 20 mg, 40 mg, 80 mg, 120 mg, titration pack	Brand	2/1/14	Addition	Tier 4. Step therapy and quantity limits apply.
FOLOTYN (pralatrexate) inj, 20 mg/mL, 40 mg/2 mL	Brand	2/10/14	Addition	Tier 5.
FYCOMPA (perampanel) tabs, 2 mg, 4 mg, 6 mg 8 mg	Brand	2/1/14	Addition	Tier 4.
FYCOMPA (perampanel) tabs, 10 mg, 12 mg	Brand	2/2/14	Addition	Tier 4.
HUMULIN 70/30 KWIKPEN (insulin isophane (human)/regular (human)) inj, 100 units/mL	Brand	1/26/14	Addition	Tier 3. (NOT available on the BASIC formulary)
HUMULIN N KWIKPEN (insulin isophane (human)) inj, 100 units/mL	Brand	1/26/14	Addition	Tier 3. (NOT available on the BASIC formulary)
lamivudine tabs, 100 mg	Generic	1/1/14	Addition	Tier 2. First generic for EPIVIR HBV tabs.
LEUKINE (sargramostim) inj, 500 mcg/mL	Brand	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
LOMUSTINE caps, 100 mg	Brand	1/1/14	Addition	Tier 4.
moxifloxacin tabs, 400 mg	Generic	2/23/14	Addition	Tier 2. First generic for AVELOX tabs. (NOT available on the BASIC formulary)

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Medicare Part D Formulary Updates

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mycophenolic acid DR tabs, 180 mg, 360 mg	Generic	1/12/14	Addition	Tier 2. May be covered by Medicare Part B or Medicare Part D depending on circumstances. First generic for Myfortic (NOT available on the BASIC formulary)
NUVIGIL (armodafinil) tabs, 200 mg	Brand	2/23/14	Addition	Tier 4. Prior authorization and quantity limits apply.
nystatin/triamcinolone oint, 100000 units/g-0.1%	Generic	1/1/14	Cost Share Reduction	Change to Tier 2 (was 4). (NOT available on the BASIC formulary)
ONTAK (denileukin diftiox) IV soln, 150 mcg/ mL	Brand	5/25/14	Removal	Manufacturer has discontinued marketing this drug.
OPSUMIT (macitentan) tabs, 10 mg	Brand	2/1/14	Addition	Tier 5. Prior authorization and quantity limits apply.
PREDNISONE dose-pack, 5 mg, 10 mg	Brand	1/1/14	Addition	Tier 1.
PREZISTA (darunavir) tabs, 400 mg	Brand	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
sirolimus tabs, 0.5 mg	Generic	1/12/14	Addition	Tier 2. May be covered by Medicare Part B or Medicare Part D depending on circumstances. First generic for Rapamune tabs, 0.5 mg.
tolterodine ER caps, 2 mg, 4 mg	Generic	1/12/14	Addition	Tier 2. Quantity limits apply. First generic for DETROL LA.
TYZINE (tetrahydrozoline) nasal soln, 0.1%	Brand	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
vancomycin for inj, 10 g	Generic	1/1/14	Addition	Tier 2.
VERSACLOZ (clozapine) susp, 50 mg/mL	Brand	1/1/14	Addition	Tier 5. Quantity limits apply.

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