

2015 to 2016 Medicare Part D Formulary Changes

Blue Cross Medicare Advantage (HMO)SM/Blue Cross Medicare Advantage (PPO)SM

Based on CMS mandates and a regular review of changes in the pharmaceutical marketplace, the Blue Cross Medicare Advantage Part D plans will have formulary and utilization management changes for 2016.

Members were alerted of these changes in late November 2015 via targeted mailings as well as in the Annual Notice of Change (ANOC) sent to all current members with Blue Cross Medicare Advantage Medicare Part D plans. The 2016 formulary is available on the website (https://www.bcbsmt.com/medicare/mapd_drug_coverage.html).

Please refer to the following pages for a quick reference guide of the “Top 30” medications that are impacted by these changes. Requests for coverage determinations for changes, when applicable, can be submitted by the prescribing physician on or after October 15th 2015 with an effective date of January 1st 2016. For the full formulary, please refer to the website.

Members are instructed to ask their doctor about the medications they are prescribed and if a formulary alternative may be appropriate for them. If the alternative is not appropriate for your patient, please start a coverage determination for the needed medication. Forms are available online at http://www.bcbsmt.com/medicare/mapd_utilization_mgmt.html (Blue Cross Medicare Advantage Plans).

**Blue Cross Medicare Advantage (HMO, PPO) Plans
Top 30 Formulary Changes from 2015 to 2016**

| Affected Drug | Description of Change | Formulary Alternative, If Applicable |
|---|---|---|
| ARIPIRAZOLE TAB | If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization. | |
| AVODART CAP | Not on 2016 formulary | finasteride tab |
| AZOR TAB | Not on 2016 formulary | amlodipine/valsartan |
| BENICAR HCT TAB | Not on 2016 formulary | candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide or valsartan/hydrochlorothiazide |
| BENICAR TAB | Not on 2016 formulary | candesartan, eprosartan, irbesartan, losartan, telmisartan or valsartan |
| BENZTROPINE TAB | On formulary, requires prior authorization | Member to check with their doctor |
| BYSTOLIC TAB | Not on 2016 formulary | acebutolol, atenolol, betaxolol, bisoprolol, metoprolol succinate ER or metoprolol tartrate |
| CELEBREX CAP | Not on formulary, generic(s) available | celecoxib cap |
| CYCLOBENZAPRINE TAB | On formulary, requires prior authorization | Member to check with their doctor |
| DIGOXIN TAB, 0.25 MG | On formulary, requires prior authorization | Member to check with their doctor |
| GLYBURIDE TAB | Not on 2016 formulary | glipizide (IR, ER) or glimepiride |
| GLYBURIDE/METFORMIN TAB | Not on 2016 formulary | glipizide/metformin |
| HYDROXYZINE TAB | On formulary, requires prior authorization | Member to check with their doctor |
| JALYN CAP | Not on 2016 formulary | finasteride tab used in combination with tamsulosin cap |
| KETOROLAC TAB | Not on 2016 formulary | Member to check with their doctor |
| LIDOCAINE PATCH | On formulary, quantity limit may apply | max of 90 patches per 30 days |
| MEMANTINE TAB | On formulary, requires prior authorization | Member to check with their doctor |
| NAMENDA TAB | On formulary, requires prior authorization | Member to check with their doctor |
| NAMENDA XR CAP | On formulary, requires prior authorization | Member to check with their doctor |
| NEXIUM CAP | Not on 2016 formulary | esomeprazole cap |
| NITROFURANTOIN MACROCRYSTALLINE CAP | On formulary, requires prior authorization | Member to check with their doctor |

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| Affected Drug | Description of Change | Formulary Alternative, If Applicable |
|--|---|--|
| NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP | On formulary, requires prior authorization | Member to check with their doctor |
| OLANZAPINE TAB | If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization. | |
| OXYCONTIN TAB | Not on 2016 formulary | codeine sulfate, hydromorphone, methadone, morphine sulfate, morphine sulfate ER tab, Nucynta ER, oxycodone IR, tramadol, tramadol ER or Zohydro ER* *Please note, this formulary alternative requires prior authorization. |
| PROMETHAZINE TAB | On formulary, requires prior authorization | Member to check with their doctor |
| QUETIAPINE TAB | If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization. | |
| RESTASIS OPHTH EMULSION | On formulary, requires prior authorization | Member to check with their doctor |
| RISPERIDONE TAB | If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization. | |
| ZALEPLON CAP | On formulary, requires prior authorization | Member to check with their doctor |
| ZOLPIDEM TAB | On formulary, requires prior authorization | Member to check with their doctor |

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

The formulary, pharmacy network and/or provider network may change at any time.

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