

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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