



2016 to 2017 Medicare Part D Formulary and Utilization Management Changes

Blue Cross MedicareRx (PDP)SM/Blue Cross Medicare Advantage (HMO)SM/

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

Based on CMS mandates and a regular review of changes in the pharmaceutical marketplace, the Blue Cross MedicareRx/Blue Cross Medicare Advantage Part D plans will have formulary and utilization management changes for 2017.

Members were alerted of these changes in late November 2016 via targeted mailings as well as in the Annual Notice of Change (ANOC) sent to all current members with Blue Cross MedicareRx/Blue Cross Medicare Advantage Medicare Part D plans. The 2017 formulary is available on the website (<http://www.bcbsil.com/medicare>).

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 November 1st 2016 with an effective date of January 1st 2017. 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.bcbsil.com/medicare/part_d_utilization_mgmt.html (BlueCross MedicareRx Plans) and http://www.bcbsil.com/medicare/mapd_utilization_mgmt.html (Blue Cross Medicare Advantage Plans).

**Blue Cross Medicare Advantage (HMO, HMO-POS, PPO) and Blue Cross MedicareRx (PDP) Value and Plus Plans
Top 30 Formulary Changes from 2016 to 2017**

Affected Drug	Description of Change	Formulary Alternative, If Applicable
gabapentin cap	on formulary, quantity limit may apply	max 1080 capsules per 30 days (100 mg) max 360 capsules per 30 days (300 mg) max 270 capsules per 30 days (400 mg)
meloxicam tab	on formulary, quantity limit may apply	max 60 tablets per 30 days (7.5 mg) max 30 tablets per 30 days (15 mg)
ibuprofen tab	on formulary, quantity limit may apply	max 240 tablets per 30 days (400 mg) max 150 tablets per 30 days (600 mg) max 120 tablets per 30 days (800 mg)
naproxen tab	on formulary, quantity limit may apply	max 180 tablets per 30 days (250 mg) max 120 tablets per 30 days (375 mg) max 90 tablets per 30 days (500 mg)
gabapentin tab	on formulary, quantity limit may apply	max 180 tablets per 30 days (600 mg) max 120 tablets per 30 days (800 mg)
meclizine tab, 25 mg	not on 2017 formulary	Member to check with their doctor
diclofenac DR tab	on formulary, quantity limit may apply	max 240 tablets per 30 days (25 mg) max 120 tablets per 30 days (50 mg) max 60 tablets per 30 days (75 mg)
RESTASIS ophth emulsion	on formulary, quantity limit may apply	max 60 vials per 30 days
methocarbamol tab	on formulary, requires prior authorization	Member to check with their doctor
VESICARE tab	not on 2017 formulary	Toviaz, oxybutynin IR, tolterodine ER cap
NASONEX nasal spray	not on 2017 formulary	mometasone nasal spray, fluticasone nasal
VOLTAREN gel	not on 2017 formulary	diclofenac 1% gel* <i>*This drug requires prior authorization</i>
MYRBETRIQ tab	not on 2017 formulary	Toviaz, oxybutynin IR, tolterodine ER cap
nabumetone tab	on formulary, quantity limit may apply	max 120 tablets per 30 days (500 mg) max 60 tablets per 30 days (750 mg)

Affected Drug	Description of Change	Formulary Alternative, If Applicable
DEXILANT cap	not on 2017 formulary	esomeprazole (20 mg, 40 mg); lansoprazole (15 mg, 30 mg); Nexium granules (2.5 mg, 5 mg, 10 mg, 20 mg, 40 mg); omeprazole (10 mg, 20 mg, 40 mg); pantoprazole (20 mg, 40 mg)
etodolac tab	on formulary, quantity limit may apply	max 60 tablets per 30 days
rabeprazole tab	not on 2017 formulary	esomeprazole (20 mg, 40 mg); lansoprazole (15 mg, 30 mg); Nexium granules (2.5 mg, 5 mg, 10 mg, 20 mg, 40 mg); omeprazole (10 mg, 20 mg, 40 mg); pantoprazole (20 mg, 40 mg)
diclofenac potassium tab	on formulary, quantity limit may apply	max 120 tablets per 30 days
PREMARIN tab	not on 2017 formulary	Estrace vaginal cream, Premarin vaginal cream, Vagifem vaginal tab, citalopram, gabapentin, venlafaxine
naproxen sodium tab	on formulary, quantity limit may apply	max 150 tablets per 30 days (275 mg) max 60 tablets per 30 days (550 mg)
diclofenac ER tab	on formulary, quantity limit may apply	max 60 tablets per 30 days
LIVALO tab	not on 2017 formulary	atorvastatin, lovastatin, pravastatin, simvastatin
tacrolimus oint	on formulary, requires prior authorization	Member to check with their doctor
paroxetine ER tab	not on 2017 formulary	citalopram, escitalopram, fluoxetine, fluvoxamine IR, sertraline
tramadol ER tab	not on 2017 formulary	fentanyl patch (12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg); morphine sulfate ER tablets; methadone tablets; Zohydro ER* <i>*This drug requires prior authorization</i>
lidocaine inj, 1%	not on 2017 formulary	Member to check with their doctor
sulindac tab	on formulary, quantity limit may apply	max 60 tablets per 30 days
BUTRANS patch	not on 2017 formulary	fentanyl patch (12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg); morphine sulfate ER tablets; methadone tablets; Zohydro ER* <i>*This drug requires prior authorization</i>

Affected Drug	Description of Change	Formulary Alternative, If Applicable
oxaprozin tab	on formulary, quantity limit may apply	max 90 tablets per 30 days
NEVANAC ophth susp	not on 2017 formulary	Prolensa, bromfenac 0.09%, diclofenac drops, flurbiprofen drops, ketorolac drops, Ilevro

**Blue Cross MedicareRx (PDP) Basic Plan
Top 30 Formulary Changes from 2016 to 2017**

Affected Drug	Description of Change	Formulary Alternative, If Applicable
gabapentin cap	on formulary, quantity limit may apply	max 1080 capsules per 30 days (100 mg) max 360 capsules per 30 days (300 mg) max 270 capsules per 30 days (400 mg)
PROAIR HFA inhal	not on 2017 formulary	Ventolin HFA
meloxicam tab	on formulary, quantity limit may apply	max 60 tablets per 30 days (7.5 mg) max 30 tablets per 30 days (15 mg)
ibuprofen tab	on formulary, quantity limit may apply	max 240 tablets per 30 days (400 mg) max 150 tablets per 30 days (600 mg) max 120 tablets per 30 days (800 mg)
naproxen tab	on formulary, quantity limit may apply	max 180 tablets per 30 days (250 mg) max 120 tablets per 30 days (375 mg) max 90 tablets per 30 days (500 mg)
diclofenac DR tab	on formulary, quantity limit may apply	max 240 tablets per 30 days (25 mg) max 120 tablets per 30 days (50 mg) max 60 tablets per 30 days (75 mg)
gabapentin tab	on formulary, quantity limit may apply	max 180 tablets per 30 days (600 mg) max 120 tablets per 30 days (800 mg)
RESTASIS ophth emulsion	on formulary, quantity limit may apply	max 60 vials per 30 days
methocarbamol tab	on formulary, requires prior authorization	Member to check with their doctor
MYRBETRIQ tab	not on 2017 formulary	Toviaz, oxybutynin IR, tolterodine ER cap
hydrocodone/acetaminophen tab, 5-300 mg, 7.5-300 mg, 10-300 mg	not on 2017 formulary	hydrocodone/acetaminophen tab, 5-325 mg, 7.5-325 mg, 10-325 mg
etodolac tab	on formulary, quantity limit may apply	max 60 tablets per 30 days
QVAR inhal	not on 2017 formulary	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Asmanex HFA, Asmanex
nabumetone tab	on formulary, quantity limit may apply	max 120 tablets per 30 days (500 mg) max 60 tablets per 30 days (750 mg)

Affected Drug	Description of Change	Formulary Alternative, If Applicable
diclofenac potassium tab	on formulary, quantity limit may apply	max 120 tablets per 30 days
PROAIR RESPICLICK inhal	not on 2017 formulary	Ventolin HFA
diclofenac ER tab	on formulary, quantity limit may apply	max 60 tablets per 30 days
sulindac tab	on formulary, quantity limit may apply	max 60 tablets per 30 days
paroxetine ER tab	not on 2017 formulary	citalopram, escitalopram, fluoxetine, fluvoxamine IR, sertraline
HUMULIN R inj, U-500	on formulary, requires prior authorization	Member to check with their doctor
TIKOSYN cap	not on 2017 formulary	dofetilide cap
etodolac cap	on formulary, quantity limit may apply	max 150 capsules per 30 days (200 mg) max 90 capsules per 30 days (300 mg)
ELIDEL cream	on formulary, requires prior authorization	Member to check with their doctor
butalbital/ acetaminophen/ caffeine/codeine cap	not on 2017 formulary	diclofenac, etodolac IR, ibuprofen, naproxen IR
ANDROGEL gel 1%	not on 2017 formulary	testosterone 1% gel (generic Androgel 1% made by Actavis and Par brand only)* <i>*This drug requires prior authorization</i>
NUVIGIL tab	not on 2017 formulary	armodafinil tab* <i>*This drug requires prior authorization</i>
butalbital/aspirin/ caffeine/codeine	not on 2017 formulary	diclofenac, etodolac IR, ibuprofen, naproxen IR
GLEEVEC tab	not on 2017 formulary	imatinib tab* <i>*This drug requires prior authorization</i>
gabapentin oral soln	on formulary, quantity limit may apply	max 2160 mLs per 30 days
EXELON patch	not on 2017 formulary	rivastigmine patch

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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Blue Cross Medicare Advantage HMO plans in Montana, HMO and HMO-POS plans in Illinois and New Mexico, and PPO plans in Illinois, Montana, New Mexico, and Oklahoma are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). Blue Cross Medicare Advantage Dual Care in New Mexico is an HMO Special Needs Plan provided by HCSC. Blue Cross Medicare Advantage PPO plans in Texas are provided by HCSC Insurance Services Company (HISC). Blue Cross Medicare Advantage HMO and HMO-POS plans and Blue Cross Medicare Advantage Dual Care HMO Special Needs Plan in Texas are provided by GHS Insurance Company (GHS). Blue Cross Medicare Advantage HMO and HMO-POS plans in Oklahoma are provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) and by GHS Managed Health Care Plans, Inc. (GHS-MHC). HCSC, HISC, GHS, GHS-MHC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. HISC, GHS-MHC, and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. GHS is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in Blue Cross Medicare Advantage plans depends on contract renewal.

Blue Cross MedicareRx is a prescription drug plan provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.