



2015 to 2016 Medicare Part D Formulary 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/Lovelace Medicare Plan (HMO)/Lovelace Medicare Plan Enhanced (HMO-POS)

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 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 MedicareRx/Blue Cross Medicare Advantage Medicare Part D plans. The 2016 formulary is available on the website (<http://www.bcbsnm.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 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.bcbsnm.com/medicare/part_d_utilization_mgmt.html (BlueCross MedicareRx Plans) and http://www.bcbsnm.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 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	On formulary, requires prior authorization	Member to check with their doctor

**Blue Cross Medicare Advantage (HMO, HMO-POS, PPO) and Blue Cross MedicareRx (PDP) Value and Plus Plans
Top 30 Formulary Changes from 2015 to 2016**

Affected Drug	Description of Change	Formulary Alternative, If Applicable
CAP		
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

**Lovelace Medicare Plan (HMO) and Lovelace Medicare Plan Enhanced (HMO-POS)
Top 30 Formulary Changes from 2015 to 2016**

Affected Drug	Description of Change	Formulary Alternative or Other Options, If Applicable
ATORVASTATIN TAB 10MG, 20MG and 40MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 45 units per 30 days.
FINASTERIDE TAB 5MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 30 units per 30 days.
FLUTICASONE SPR 50MCG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 16 units per 30 days.
FUROSEMIDE TAB 20MG and 40MG	This drug is on our 2016 drug list (formulary) however there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 1 to tier 2.	Please call for more information
GLIPIZIDE TAB 5MG and 10MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 120 units per 30 days.
HYDROCHLOROT 12.5MG CAP and 25MG TAB	This drug is on our 2016 drug list (formulary) however there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 1 to tier 2.	Please call for more information
HYDROCO/APAP TAB 10-325MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits. Also, there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 2 to tier 4.	2016 drug list limits are 180 units per 30 days or please call for more information.
HYDROCO/APAP TAB 5-325MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits. Also, there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 2 to tier 4.	2016 drug list limits are 360 units per 30 days or please call for more information.
HYDROCO/APAP TAB 7.5-325	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits. Also, there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 2 to tier 4.	2016 drug list limits are 180 units per 30 days or please call for more information.

**Lovelace Medicare Plan (HMO) and Lovelace Medicare Plan Enhanced (HMO-POS)
Top 30 Formulary Changes from 2015 to 2016**

Affected Drug	Description of Change	Formulary Alternative or Other Options, If Applicable
LOSARTAN POT TAB 100MG and LOSARTAN/HCT TAB 100-25	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 30 units per 30 days.
LOSARTAN POT TAB 25MG and 50MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 60 units per 30 days.
LOVASTATIN TAB 20MG and 40MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 60 units per 30 days.
METFORMIN TAB 1000MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 75 units per 30 days.
METFORMIN TAB 500MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 150 units per 30 days.
METFORMIN TAB 500MG ER	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 120 units per 30 days.
OMEPRAZOLE CAP 20MG and 40MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 30 units per 30 days.
OXYCOD/APAP TAB 5-325MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits. Also, there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 2 to tier 4.	2016 drug list limits are 360 units per 30 days or please call for more information.
OXYCODONE TAB 5MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits. Also, there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 2 to tier 4.	2016 drug list limits are 360 units per 30 days or please call for more information.

**Lovelace Medicare Plan (HMO) and Lovelace Medicare Plan Enhanced (HMO-POS)
Top 30 Formulary Changes from 2015 to 2016**

Affected Drug	Description of Change	Formulary Alternative or Other Options, If Applicable
PANTOPRAZOLE TAB 40MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 30 units per 30 days.
PREDNISONE TAB 10MG	This drug is on our 2016 drug list (formulary). But it requires a prior authorization before we will pay for this drug.	Member to check with their doctor
PREDNISONE TAB 20MG	This drug is on our 2016 drug list (formulary). But it requires a prior authorization before we will pay for this drug.	Member to check with their doctor
PROVENTIL AER HFA	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 36 units per 30 days.
SERTRALINE TAB 100MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits. Also, there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 2 to tier 1.	2016 drug list limits are 60 units per 30 days or please call for more information.
SERTRALINE TAB 50MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits. Also, there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 2 to tier 1.	2016 drug list limits are 30 units per 30 days or please call for more information.
SIMVASTATIN TAB 10MG and 40MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 45 units per 30 days.
SIMVASTATIN TAB 20MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 60 units per 30 days.
SPIRIVA CAP HANDHLR	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 30 units per 30 days.
SPIRONOLACT TAB 25MG	This drug is on our 2016 drug list (formulary) however there has been a change to the drug's cost-sharing level. This drug has moved on the drug list from tier 1 to tier 2.	Please call for more information

**Lovelace Medicare Plan (HMO) and Lovelace Medicare Plan Enhanced (HMO-POS)
Top 30 Formulary Changes from 2015 to 2016**

Affected Drug	Description of Change	Formulary Alternative or Other Options, If Applicable
TAMSULOSIN CAP 0.4MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 60 units per 30 days.
TRAMADOL HCL TAB 50MG	This drug is on our 2016 drug list (formulary) however quantity limits may apply. An exception is required before we will pay for this drug if you take more than what is allowed by the quantity limits.	2016 drug list limits are 240 units per 30 days.

**Blue Cross MedicareRx (PDP) Basic Plan
Top 30 Formulary Changes from 2015 to 2016**

Affected Drug	Description of Change	Formulary Alternative, If Applicable
ABILIFY TAB	Not on formulary, generic(s) available	aripiprazole tab* *Please note, this formulary alternative requires prior authorization. To download the specific form, please visit www.MyPrime.com or contact the number on the back of your insurance card for more information.
ARIPIPRAZOLE TAB	If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization.	
AVODART CAP	Not on 2016 formulary	finasteride tab
BENICAR HCT TAB	Not on 2016 formulary	irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide or telmisartan/hydrochlorothiazide
BENICAR TAB	Not on 2016 formulary	irbesartan, losartan potassium, telmisartan or valsartan
BENZTROPINE TAB	On formulary, requires prior authorization	Member to check with their doctor
CLOZAPINE TAB	If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization.	
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
HALOPERIDOL DECANOATE IM SOLN	If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization.	
HALOPERIDOL TAB	If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization.	
INVEGA SUSTENNA IM EXTENDED RELEASE SUSP	If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization.	
KETOROLAC TAB	Not on 2016 formulary	Member to check with their doctor
LATUDA TAB	If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization.	
LIDOCAINE PATCH	On formulary, quantity limit may apply	max of 90 patches per 30 days

**Blue Cross MedicareRx (PDP) Basic Plan
Top 30 Formulary Changes from 2015 to 2016**

Affected Drug	Description of Change	Formulary Alternative, If Applicable
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	omeprazole cap or pantoprazole tab
NITROFURANTOIN MACROCRYSTALLINE CAP	On formulary, requires prior authorization	Member to check with their doctor
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.	
PROMETHAZINE SYRUP	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
ZIPRASIDONE CAP	If drug taken in 2015, coverage will occur until 2016. On formulary, requires prior authorization.	
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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