

Medicare Part D Formulary Changes 2014 to 2015

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

The 2015 Medicare Part D annual Open Enrollment Period (OEP) began October 15, 2014 and ended on December 7, 2014. On August 8, 2014 the 2015 Blue Cross MedicareRxSM / Blue Cross Medicare AdvantageSM Medicare Part D's Value and Ideal formularies were granted 'conditional approval' by the Centers for Medicare and Medicaid Services (CMS) and as with all Medicare Part D drug plans you can expect a number of formulary and utilization management changes for 2015. Some of the changes were mandated by CMS (safety concerns, drugs that no longer meet CMS' definition of a 'Part D medication', etc.) but others were a result of dynamic changes in the pharmaceutical marketplace. The Blue Cross MedicareRx / Blue Cross Medicare Advantage 2015 Part D formulary changes include addition of some new drug therapies as well as the migration to some important generic equivalents (e.g. DETROL LA, EVISTA, CYMBALTA, ACTONEL, MICARDIS, AVELOX, etc.) that have and/or will become available in 2015.

A copy of 2014 to 2015 formulary changes (i.e. drug removals and new Prior Authorization and Step Therapy utilization management programs) were included in the Annual Notice of Change (ANOC) that was sent to all current members of Blue Cross MedicareRx / Blue Cross Medicare Advantage Medicare Part D plans. In addition, individual member letters were mailed in late-November 2014, alerting them of important 2015 formulary changes (removals, tier changes, new utilization management programs, etc.) affecting them. Finally, a copy of the 2015 formulary is already available on the Blue Cross MedicareRx / Blue Cross Medicare Advantage website in time for the start of the Medicare Part D OEP. The BCBSOK MAPD and PDP websites are as follows: MAPD = Blue Cross Medicare Advantage (HMO)/ Blue Cross Medicare Advantage (PPO), PDP = Blue Cross MedicareRx (PDP). Please refer to our list below for a handy reference to the Top 30 medications that will be impacted by a change to the 2015 Blue Cross MedicareRx / Blue Cross Medicare Advantage Value and Ideal formularies and therefore, have the most potential to affect current members. Please note that the shaded fields below reflect changes to the VALUE FORMULARY ONLY! All other changes reflect changes to both Value and Ideal formularies. Requests for coverage determinations, when applicable, can be submitted by the prescribing physician after December 1, 2014 with an effective date of January 1, 2015.

Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. (db/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans, Inc. (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renewal.

Prescription drug plan provided by Blue Cross and Blue Shield of Oklahoma, which refers to 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.

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Blue Cross MedicareRx / Blue Cross Medicare Advantage - Top 30 Formulary Changes from 2014 into 2015

Affected Drug(s)	Description of Change	Formulary Alternative, if Applicable
ACTONEL tabs, 150 mg	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	risedronate
ACTONEL tabs, 5 mg, 30 mg, 35 mg	Is not covered on our 2015 Formulary	alendronate, ibandronate, Atelvia
AVELOX tabs	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	moxifloxacin
BONIVA inj	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	ibandronate inj

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Affected Drug(s)	Description of Change	Formulary Alternative, if Applicable
BYSTOLIC tabs	Is not covered on our 2015 Value formulary	Atenolol, metolprolol, and metoprolol ER
Cyclobenzaprine tabs, 7.5mg	Is not covered on our 2015 Value formulary	Baclofen, tizanidine
	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available.	
CYMBALTA caps	When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	duloxetine
cyproheptadine tabs	Is not covered on our 2015 formulary	Please check with your doctor
DETROL LA caps	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications	tolterodine ER
·	 that are: FDA approved and regulated Equal to brand-name drugs in terms of safety and effectiveness Less expensive 	
	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available.	
EVISTA tabs	When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	raloxifene

Affected Drug(s)	Description of Change	Formulary Alternative, if Applicable
GAMMAGARD inj	Is not covered on our 2015 formulary	Gammaplex, Gamunex-C *Please note, these alternatives require prior authorization
GAMMAGARD SD inj	Is not covered on our 2015 Value formulary	Gammaplex, Gamunex-C *Please note, these alternatives require prior authorization
griseofulvin microsize tabs	Is not covered on our 2015 formulary	griseofulvin ultra 250mg
INTUNIV tabs	Is not covered on our 2015 formulary	clonidine ER
ISOSORBIDE DINITRATE tabs, 30mg	Is not covered on our 2015 Value formulary	Isosorbide mononitrate ER
JUVISYNC tabs	Is not covered on our 2015 Value formulary	Januvia taken in combination with simvastatin
lidocaine patch 5%	Is on our formulary, but requires prior authorization before we will continue coverage for this drug	Please work with your doctor to obtain approval for your medicine
LIDODERM patch 5%	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	lidocaine patch *Please note, this alternative requires prior authorization

Affected Drug(s)	Description of Change	Formulary Alternative, if Applicable
methadone tabs	Is on our formulary; however quantity limits may apply	Please work with your doctor to determine an appropriate quantity of your medicine
METIPRANOLOL ophth soln	Is not covered on our 2015 Formulary	Betoptic S, betaxolol, carteolol, levobunolol, timolol, Isatolol, and timolol gel
METROGEL gel, 1%	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available.	
	When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness	metronidazole
MICARDIS HCT tabs	Less expensive Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: FDA approved and regulated Equal to brand-name drugs in terms of safety and effectiveness Less expensive	telmisartan/hydrochlorothiazide
MICARDIS tabs	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	telmisartan

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Affected Drug(s)	Description of Change	Formulary Alternative, if Applicable
MOVIPREP soln	Is not covered on our 2015 formulary	Suprep, PEG-3350, Gavilyte-C, Gavilyte-G, Gavilyte-N, Trilyte
MYFORTIC tabs	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	mycophenolate
NEUPOGEN inj	Is not covered on our 2015 formulary	Granix, Neulasta
NIASPAN ER tabs	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	niacin ER
NITROLINGUAL spray	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	nitroglycerin spray

Affected Drug(s)	Description of Change	Formulary Alternative, if Applicable
PRANDIN tabs	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	repaglinide
PROTOPIC oint	Is not covered on our 2015 formulary	Elidel *Please note, this alternative is subject to Step Therapy
RAPAMUNE tab, 0.5mg	Is not covered on our 2015 Value formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	Sirolimus
RAPAMUNE tabs, 1 mg, 2 mg	Is not covered on our 2015 formulary	sirolimus 0.5mg, tacrolimus
Risedronate tabs	Is not covered on our 2015 Value formulary	Alendronate, ibandronate
SORIATANE caps	Is not covered on our 2015 Value formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	acitretin

Affected Drug(s)	Description of Change	Formulary Alternative, if Applicable
STALEVO tabs	Is not covered on our 2015 formulary	carbidopa/levodopa/entacapone
VIMOVO tabs	Is not covered on our 2015 formulary	diclofenac/misoprostol
XYREM oral soln	Is on our formulary but requires prior authorization before we will continue coverage for this drug	Please work with your doctor to obtain approval for your medicine
ZEMPLAR caps	Is not covered on our 2015 formulary as there are generic equivalents and/or generic alternatives available. When you choose generic drugs, you get prescription medications that are: • FDA approved and regulated • Equal to brand-name drugs in terms of safety and effectiveness • Less expensive	paricalcitol

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