

RxBLUE (PDP) Formulary Changes

The following pages include additions, removals and deletions made to the RxBLUE (PDP) Drug Formulary since the publication of the RxBLUE (PDP) Comprehensive Formulary booklet (10MX0025 R1/11). The information below is also helpful should a member need to request a coverage determination or appeal a coverage determination decision.

What is a coverage determination?

A coverage determination is a decision (approval or denial) made by RxBLUE (PDP) regarding payment or benefits to which you believe you are entitled. This includes decisions with respect to one of the following issues:

- Whether to provide or pay for a part D drug
- Tiering exceptions
- Formulary exceptions
- Cost sharing for a drug
- Prior authorization requirements or step therapy restrictions

Your doctor must provide a statement to support these types of requests. Complete details on coverage determinations can be found in the [Evidence of Coverage](#) (Chapter 7, pages 73–97).

How to request a coverage determination

As an RxBLUE (PDP) member, you, your appointed representative or your prescribing physician may request a coverage determination. All coverage determinations and first-level appeals (redeterminations) are administered by Express Scripts, Inc.* on behalf of Blue Cross and Blue Shield of Louisiana. Full details of coverage determination requests can be found in the [Evidence of Coverage](#) (Chapter 7, pages 73–97).

Member or appointed representative requests

RxBlue (PDP) members or their appointed representatives can call, fax or mail in a request for a coverage determination to Express Scripts, Inc. However, the preferred method is to have your prescribing physician call Express Scripts, Inc. with a supporting statement of your request. Be sure to have your doctor provide a supporting statement for your request as indicated on the form below.

To file your request, please use the following form and contact information:

Form: [Request for Medicare Prescription Drug Coverage Determination](#)

Phone: 1.800.899.2130

TTY: 1.800.899.2114

Fax: 1.877.837.5922

Mail: Express Scripts, Inc., Attention: Prior Authorization—Part D, Mail Route: BL0345, 6625 West 78th Street, Bloomington, MN 55439

*Express Scripts, Inc. is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

What is an appeal?

If you are unsatisfied with the outcome of a coverage determination request, you can ask for an appeal. An appeal is a procedure that will review your unfavorable coverage determination.

The first level of appeal is called a redetermination. You may file for a redetermination if you want us to reconsider a decision regarding payment or benefits to which you believe you are entitled. There are five levels of appeals. Details of all levels can be found in the [Evidence of Coverage](#) (Chapter 7, pages 73–97).

How to request an appeal

As an RxBLUE (PDP) member, you, your appointed representative or your prescribing physician may file for an appeal of a coverage determination. All coverage determinations and first-level appeals (redeterminations) are administered by Express Scripts, Inc. on behalf of Blue Cross and Blue Shield of Louisiana. Full details of appeal requests can be found in the [Evidence of Coverage](#) (Chapter 7, pages 73–97).

Member or physician Appeal Level 1 (redetermination) requests

RxBLUE (PDP) prefers that a prescribing physician handles a redetermination request for a member. Members and appointed representatives should print the request form below and provide it to the prescribing physician. Appeals should be filed within 60 calendar days of the date included on the notice of the RxBLUE (PDP) coverage determination. More time may be granted depending on circumstances.

To file a standard redetermination request, please use the following form and contact information:

Form: [Request for Medicare Prescription Drug Redetermination](#)

Fax: 1.877.852.4070

Mail: Express Scripts, Inc., Attention: Pharmacy Appeals—Part D, Mail Route: BL0390, 6625 West 78th Street, Bloomington, MN 55439

For immediate service, your physician's office can call Express Scripts directly.

Phone: 1.800.344.3405, Ext. 2373022

2011 RxBLUE (PDP) Formulary Changes list begins on next page

2011 RxBLUE Formulary Changes (as of October 2011)**Drug Additions****Key**

The symbol [PA] next to a drug name indicates that prior authorization may apply.

The symbol [QL] next to a drug name indicates that quantities dispensed may be limited.

The symbol [B/D] next to a drug name indicates that a B vs D administrative prior authorization requirement may apply

The symbol [ST] next to a drug name indicates that step therapy may apply.

Tier 1: \$3 = Generic Drug

Tier 2: \$34 = Preferred Brand Drug

Tier 3: \$70 = Non-Preferred Brand Drug

Tier 4: 28% = Specialty Drug

You can search for a specific drug or word by holding the Ctrl key while pressing F on your keyboard.

Drug Name	Drug Tier	Notes	Month Updated
ABSTRAL	3	QL PA	04/2011
ACTOPLUS MET XR	2	QL ST	02/2011
<i>alfuzosin</i>	1		09/2011
<i>amethia</i>	1		10/2011
<i>amethyst</i>	1		08/2011
AMTURNIDE	3	QL, ST	03/2011
ARCAPTA	3		09/2011
ARICEPT	2	QL	02/2011
ARICEPT ODT	2	QL	02/2011
ATACAND	2	ST	02/2011
ATACAND HCT	2	ST	02/2011
AELVIA		QL ST	02/2011
AXIRON	3	QL	05/2011
AZILECT	2		02/2011
<i>aztreonam</i>	1		02/2011
BEYAZ	3		02/2011
<i>briellyn</i>	1		10/2011
BRILINTA	3	QL	09/2011
BROMDAY	3		07/2011
<i>bromfenac</i>	1		07/2011

<i>budesonide</i>	1		08/2011
BUTRANS	3	QL	05/2011
CAYSTON	4		02/2011
CERVARIX	2		02/2011
CLINDACIN	3		06/2011
CUVPOSA	3		09/2011
<i>cyclafem</i>	1		02/2011
<i>cyclobenzaprine hcl er</i>	1		07/2011
CYCLOSET	3		03/2011
DALIRESP	3		07/2011
DIFFERIN	3		02/2011
DIFICID	4	QL	09/2011
<i>disulfiram</i>	1		09/2011
<i>donepezil</i>	1	QL	03/2011
<i>donepezil odt</i>	1	QL	03/2011
EDARBI	3	QL ST	04/2011
EGRIFTA	4	PA	04/2011
ELLA	3		02/2011
<i>emoquette</i>	1		09/2011
<i>epinastine hcl</i>	1		07/2011
EXALGO	3	ST	04/2011
<i>exemestane</i>	1		06/2011
EXFORGE	2	QL ST	02/2011
EXFORGE HCT	2	QL ST	02/2011
FEMCON FE	3		06/2011
FIBRICOR	3		08/2011
FLO-PRED	3		09/2011
FOCALIN XR	2		02/2011
<i>fondaparinux</i>	1		09/2011
FORTESTA	3	QL	04/2011
GAMMAPLEX	4		04/2011
GILENYA	4	QL PA	02/2011
GLASSIA	4	PA	02/2011
HALAVEN	4		03/2011
HECTOROL	2		02/2011
ILARIS	4	PA	10/2011

INCIVEK	4	QL PA	10/2011
<i>introvale 91</i>	1		08/2011
INVEGA SUSTENNA 39mg, 78mg	2	QL	02/2011
ISOPTO CARPINE	3		08/2011
JANUMET	2	QL ST	02/2011
JANUVIA	2	QL ST	02/2011
JINTELI	3		05/2011
KAPVAY	3		10/2011
KOMBIGLYZE	2	QL ST	02/2011
<i>lansoprazole odt</i>	1	QL	02/2011
LASTACFT	3		03/2011
<i>latanoprost ophthalmic solution</i>	1		05/2011
LATUDA	3		02/2011
<i>letrozole</i>	1		07/2011
<i>levocetirizine</i>	1	QL	03/2011
<i>levofloxacin</i>	1		08/2011
<i>levofloxacin ophthalmic solution</i>	1		05/2011
LO LOESTRIN FE	3		10/2011
LUMIZYME	4	PA	10/2011
LUPRON 45mg	4	PA	10/2011
LYSTEDA	3		03/2011
<i>matzim</i>	1		07/2011
<i>mefenamic</i>	1		02/2011
MENVEO	3		02/2011
<i>methscopolamine</i>	1		02/2011
<i>methylergonovine maleate</i>	1		09/2011
MOXEZA	3		06/2011
<i>naratriptan</i>	1	QL	02/2011
<i>nisoldipine er</i>	1		04/2011
NITROMIST	2		03/2011
NUEDEXTA	2		06/2011
NULOJIX	4	B/D	09/2011
ONGLYZA	2	QL ST	02/2011
ORAVIG	3		02/2011
<i>orsythia</i>	1		09/2011
<i>oxymorphone</i>	1		02/2011

<i>pacerone 100mg and 400mg tabs</i>	1		09/2011
<i>pantoprazole</i>	1	QL	06/2011
<i>paroxetine hcl er tb24 37.5mg</i>	1	QL	07/2011
PENNSAID	3	QL ST	02/2011
<i>phenelzine</i>	1		05/2011
PHOSLYRA	3		09/2011
PRADAXA	2	QL	04/2011
PREVPAC	2		02/2011
PROLIA	3	PA	02/2011
<i>propafenone hcl sr</i>	1		03/2011
RECLAST	2	PA	02/2011
RENVELA	2		02/2011
SAFYRAL	3		10/2011
SANCTURA XR	2	QL ST	02/2011
SILENOR	3	QL ST	05/2011
SPRIX	3	QL ST	09/2011
SYLATRON	4	QL PA	09/2011
TEFLARO	2		02/2011
TEKAMLO	3	QL ST	02/2011
TIROSINT	3		05/2011
TRADJENTA	3	QL ST	07/2011
TRELSTAR 22.5mg vial	4		04/2011
<i>triamcinolone acetone nasal</i>	1	QL	08/2011
TRIBENZOR	2	QL ST	02/2011
<i>trospium</i>	1	QL	02/2011
VANDETANIB	4	QL	06/2011
VELTIN	3	PA	10/2011
VIIBRYD	3	QL ST	07/2011
VIRAMUNE XR	2		07/2011
<i>voriconazole</i>	1	QL PA	06/2011
VYVANSE	2		02/2011
XARELTO	3	QL	09/2011

XEOMIN	3	PA	04/2011
XGEVA	3	QL PA	02/2011
<i>zafirlukast</i>	1		02/2011
<i>zeosa</i>	1		07/2011
ZIRGAN	2		02/2011
<i>zolpidem cr</i>	1	QL	03/2011
ZOLPIMIST	3	QL ST	04/2011
ZYCLARA	3	QL	02/2011
ZYTIGA	4	QL	07/2011

Drug Removals

RxBLUE may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limit and/or step therapy restrictions on a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or if the drug's manufacturer removes the drug from the market, in which case we will immediately remove the drug from our formulary.

The table below outlines changes made to our formulary throughout the year.

The following drug(s) have been removed from the 2011 RxBLUE Formulary per CMS formulary reference file updates.

Alternative drugs are drugs in the same therapeutic category/class as the affected drug. For more information, call RxBLUE Customer Service at 1-888-223-BLUE (2583). TTY users should call 1-800-947-5277.

Drug Name	Reason for Change	Alternative Drug(s)	Alternative Drug Co-Pay/ Coinsurance	Change Effective Date
<i>propoxyphene /acetaminophen</i>	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011
<i>propoxyphene hcl</i>	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011
<i>propoxyphene-n /acetaminophen</i>	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011
BALACET 325	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011
DARVOCET A500	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011
DARVOCET-N 100	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011

DARVOCET-N 50	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011
DARVON	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011
DARVON-N	Removal from market	Contact your physician for treatment alternatives	Not applicable	1/1/2011
OCTAGAM	CMS drug removal	Contact your physician for treatment alternatives	Not applicable	6/1/2011

FORMULARY EDITS

Key

The symbol [PA] next to a drug name indicates that prior authorization may apply.

Drug	Notes	Comments	Month Updated
ARELIA 30 MG VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
ARELIA 90 MG VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
CALCIJEX 1 MCG/ML AMPUL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
CALCITRIOL 1 MCG/ML AMPUL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
CALCITRIOL 2 MCG/ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
CARNITOR 1 GM/5 ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
CARNITOR 100 MG/ML ORAL SOLN	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
CARNITOR 330 MG TABLET	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
CUBICIN 500 MG VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HECTOROL 4 MCG/2 ML AMPUL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN SOD 1,000 UNIT/ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011

HEPARIN SOD 10,000 UNIT/ML VL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN SOD 2,000 UNIT/ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN SOD 2,500 UNIT/ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN SOD 20,000 UNIT/ML VL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN SOD 5,000 UNIT/ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN-1/2NS 25,000 UNIT/250	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN-1/2NS 25,000 UNIT/500	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN-D5W 20,000 UNIT/500 ML	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
HEPARIN-NS 2,000 UNIT/1,000 ML	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
LEVOCARNITINE 100 MG/ML SOLN	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
LEVOCARNITINE 200 MG/ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
LEVOCARNITINE 330 MG TABLET	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
MIACALCIN 200 UNIT/ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
PAMIDRONATE 30 MG/10 ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
PAMIDRONATE 60 MG/10 ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011

PAMIDRONATE 90 MG/10 ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
REFLUDAN 50 MG VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
VANCOMYCIN 1 GM VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
VANCOMYCIN 500 MG A-V VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
VANCOMYCIN HCL 10 GM VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
ZEMPLAR 10 MCG/2 ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
ZEMPLAR 2 MCG/ML VIAL	PA	New Prior Authorization for determination of End Stage Renal Disease status	6/23/2011
CALCITRIOL 0.25 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
CALCITRIOL 0.5 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
CALCITRIOL 1 MCG/ML SOLUTION	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
HECTOROL 0.5 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
HECTOROL 1 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
HECTOROL 2.5 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
ROCALTROL 0.25 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
ROCALTROL 0.5 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011

ROCALTROL 1 MCG/ML ORAL SOLN	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
ZEMPLAR 1 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
ZEMPLAR 2 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011
ZEMPLAR 4 MCG CAPSULE	PA	New Prior Authorization for determination of End Stage Renal Disease status	8/1/2011