



Medicare Part D Formulary Updates – 1st Quarter 2010

A summary of recent BCBSNM Medicare Part D formulary changes can be found below. This list is updated regularly (usually monthly) by our pharmacy provider Prime Therapeutics. For a complete listing and for future inquiries of recent Medicare Part D formulary changes for your BCBSNM members please follow the following instructions:

- a) <https://www.myrxassistant.com>,
- b) Type in 'lisinopril' in the section '**Find Drugs**' and hit 'search' key,
- c) Follow directions to a corresponding health plan (e.g. BCBSNM)
- d) Click on hyperlink '**Formulary Updates. Pdf**'
- e) You can also access the **Comprehensive Formulary** here as well as a number of other useful informational sources including **Prior Authorization Criteria, Filing a Grievance**, etc.

Generic name (TRADE NAME)	BRAND Generic Product	Effective Date	Nature of Change	Comments
Tadalafil (ADCIRCA) Tabs 20mg	BRAND	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 4 • Prior Authorization applies
Azelastine (ASTEPRO) nasal 0.15%	BRAND	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 2 • Quantity Limit applies
Brimonidine ophthalmic soln 0.15%	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 1 • First generic for ALPHAGAN P
Buprenorphine SL tabs 2mg, 8mg	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 1 • First generic for SUBETEX
COLCRYS (colchicine) tabs 0.6mg	BRAND	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 3 • Only FDA approved colchicine product
Prasugrel (EFFIENT)	BRAND	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 2
Paliperidone (INVEGA) Tabs 1.5mg Paliperidone (INVEGA SUSTENNA) 39mg/0.25ml	BRAND	1.1.10	Addition	<ul style="list-style-type: none"> • Tier • Step Therapy and Quantity Limits apply
Ketorolac ophthalmic soln 0.4%	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 1 • First generic for ACULAR LS
Ketorolac ophthalmic soln 0.5%	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 1 • First generic for ACULAR
Lamotrigine starter kits (3) NOT taking carbamazepine TAKING carbamazepine – NOT taking valproate TAKING valproate	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 1 • First generic for LAMICTAL STARTER KITS
Lansoprazole caps 15mg, 30mg	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 1 • First generic for PREVACID • Quantity Limit applies
Melphalan injection 50mg	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 4 • First generic for ALKERAN
Dronedarone (MULTAQ) tabs 400mg	BRAND	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 2
Nateglinide tabs 60mg, 120mg	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 1 • First generic for STARLIX
Saxagliptin (ONGLYZA) tabs 2.5mg, 5mg	BRAND	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 2 • Quantity Limit applies
Oxaliplatin injection 5mg/ml	Generic	1.1.10	Addition	<ul style="list-style-type: none"> • Tier 4 • First generic for ELOXATIN

Piperacillin-tazobactam for inj 2/0.25gm, 3/0.375gm, 4/0.5gm	Generic	1.1.10	Addition	<ul style="list-style-type: none"> Tier 4 First generic for ZOSYN
Vigabatrin (SABRIL) Tabs, powder pack 500mg	BRAND	1.1.10	Addition	<ul style="list-style-type: none"> Tier 3
Valacyclovir tabs 500mg, 1,000mg	Generic	1.1.10	Addition	<ul style="list-style-type: none"> Tier 1 First generic for VALTREX
Pramipexole tabs 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg	Generic	1.4.10	Addition	<ul style="list-style-type: none"> Tier 1 First generic for MIRAPEX
Human papilloma virus bivalent (CERVARIX) inj.	BRAND	1.28.10	Addition	<ul style="list-style-type: none"> Tier 3 (new vaccine)
Letrozole (FEMARA) tabs 2.5mg	BRAND	2.1.10	Cost Share Reduction	<ul style="list-style-type: none"> Tier 2 (was Tier 3)
Tacrolimus caps 5mg	Generic	2.1.10	Cost Share Reduction	<ul style="list-style-type: none"> Tier 1 (was Tier 4)
Pancrelipase (ZENPEP) caps 5,000 units, 10,000 units 15,000 units, 20,000 units	BRAND	2.15.10	Addition	<ul style="list-style-type: none"> Tier 3 Second FDA approved pancreatic enzyme replacement therapy

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association.