



Blue MedicareRxSM Medicare Part D Formulary Changes 2011 to 2012

The Medicare Part D annual Open Enrollment Period (OEP) began October 15, 2011, and ends December 7, 2011. On October 6, the Centers for Medicare & Medicaid Services (CMS) granted conditional approval to the BCBSNM 2012 Blue MedicareRx Medicare Part D formulary. As with all Medicare Part D drug plans, you can expect a number of formulary and utilization management changes for 2012. Some of the changes were mandated by CMS (e.g., safety concerns, drugs that no longer meet CMS's definition of a Part D medication), but others were a result of dynamic changes in the pharmaceutical marketplace. The Part D formulary changes include addition of new drug therapies as well as the migration to important generic equivalents (e.g., LEVAQUIN[®], ARIXTRA[®], ENTOCORT[®] EC, NASACORT[®] AQ, FEMARA[®], XALATAN[®], ARICEPT[®], and LIPITOR[®]) that have or will become available in 2011.

A copy of 2011 to 2012 formulary changes (i.e., drug removals and new prior authorization and step therapy utilization management programs) will be included in the Annual Notice of Change (ANOC) that is sent to all current members of HCSC Insurance Services Company's (HISC) Medicare Part D plans. In addition, letters to individual members were mailed in mid-November alerting members of 2012 formulary changes affecting them. Finally, the 2012 formulary is available on our [website](#).

Please refer to our list below for a handy reference to the top 30 medications that will be impacted by a change to the 2012 formulary and therefore have the most potential to affect current members. Coverage determinations for changes, when applicable, can be submitted by the prescribing physician after December 1, 2011, with an effective date of January 1, 2012.

Formulary Change	2011 Tier	2012 Tier	Description of Change	Alternative (if applicable)
ACCOLATE [®] 10 mg, 20 mg	2	Non-Formulary (NF)	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (zafirlukast)
ACTOPLUS MET [®] , ACTOPLUS MET XR	3	NF	Not covered on 2012 formulary	Formulary alternatives available
Alfuzosin tablets 10 mg	1	NF	Not covered on 2012 formulary	Formulary alternatives available (tamulosin, RAPAFLO [®])
ARICEPT, ARICEPT ODT	3	NF	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (donepezil)
ARIMIDEX [®] tablets 1 mg	3	NF	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (anastrozole)
AVONEX [®]	4	4	On formulary; however, quantity limits may apply	On formulary; quantity limits may apply
BYETTA [®]	3	NF	Not covered on 2012 formulary	Formulary alternatives available (VICTOZA [®])
Captopril HCL	1	NF	Not covered on 2012 formulary	Generic alternatives available

Formulary Change	2011 Tier	2012 Tier	Description of Change	Alternative (if applicable)
Dexamethasone solution 0.5 mg/5 ml	3	NF	Not covered on 2012 formulary	Formulary alternatives available (dexamethasone elixir)
Diphenhydram capsules 25 mg	2	NF	Not covered on formulary because it does not meet the definition of a Part D drug under CMS regulations and will not be considered for coverage determination	Formulary alternatives available (diphenhydramine elixir, 50 mg capsule)
DUETACT [®]	3	NF	Not covered on 2012 formulary	Formulary alternatives available
DULERA [®]	3	NF	Not covered on our 2012 formulary	Formulary alternatives available (ADVAIR [®] , ADVAIR HFA, or SYMBICORT [®])
EFFEXOR XR [®]	3	NF	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (venlafaxine ER cap)
ENBREL [®]	4	4	On formulary; however, prior authorization may apply	On formulary; prior authorization may apply
EXELON [®] capsules 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	NF	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (rivastigmine cap)
Fenofibrate capsules 67 mg, 134 mg, 200 mg Fenofibrate tablets 54 mg, 160 mg	1	1	On formulary; however, quantity limits may apply	On formulary; quantity limits may apply
Gemfibrozil tablets 600 mg	1	1	On formulary; however, quantity limits may apply	On formulary; quantity limits may apply
HUMIRA [®]	4	4	On formulary; however, prior authorization may apply	On formulary; prior authorization may apply
LEVAQUIN tablets 250 mg, 500 mg, 750 mg LEVAQUIN/D5%W 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	2/3	1	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (levofloxacin tabs, inj.)
LOVENOX [®] injection 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	3/4	1	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (enoxaparin inj.)

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NIASPAN [®] ER tablets 500 mg, 750 mg, 1,000 mg	2	2	On formulary; however, quantity limits may apply	On formulary; quantity limits may apply
NITROLINGUAL [®] spray lingual, duo pack, pump spray	3	NF	Not covered on 2012 formulary	Formulary alternatives available (NITROMIST [®])
OXYCONTIN [®] CR tablets 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	2	2	On formulary; however, quantity limits may apply	On formulary; quantity limits may apply
RYTHMOL [®] SR capsules 225 mg, 325 mg, 425 mg	3	NF	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (propafenone ER caps)
SULAR [®] tablets 8 mg, 17 mg, 25.5 mg, 34 mg	3	NF	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (nisoldipine)
Trandolapril/ verapamil CR tablets 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	NF	Not covered on formulary because it does not meet the definition of a Part D drug under CMS regulations and will not be considered for coverage determination	Formulary alternatives available
UROXATRAL [®] tablets 10 mg	2	NF	Not covered on 2012 formulary	Formulary alternatives available (tamulosin, RAPAFLO)
Venlafaxine ER tablets 225 mg ONLY	1	NF	Not covered on 2012 formulary	Formulary alternatives available (venlafaxine ER tablets 37.5 mg, 75 mg, 150 mg)
XALATAN solution 0.005%	3	NF	Not covered on 2012 formulary because generic equivalents and/or generic alternatives are available	Generics available (latanoprost)
XIBROM [™] solution 0.09%	3	NF	Not covered on formulary because it does not meet the definition of a Part D drug under CMS regulations and will not be considered for coverage determination	Formulary alternatives available (bromfenac)