



BlueShield of Northeastern New York

2015 Formulary Update

Please note, the BlueShield of Northeastern New York Formulary has been updated since its original printing in September 1, 2014. This insert outlines all of the updates to the Formulary as of March 1, 2015.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2016.

If you would like to receive this material in an alternate format or language, or have questions about this Formulary, please call customer service at 1-800-329-2792 (TTY users call 711). We are open:

October 1 – February 14	8 a.m. to 8 p.m., 7 days a week
February 15 – September 30	8 a.m. to 8 p.m., Monday – Friday

During non-business hours, your call will be answered by our automated phone system. A representative will return your call the next business day.

Part D Coverage Decisions and Appeals

A coverage decision is a decision we make about your benefits and coverage or about the amount we will pay for your drugs. Here are examples of coverage decisions you ask us to make about your Part D drugs:

You ask us to make an exception, including

- Asking us to cover a Part D drug that is not on the plan’s *List of Covered Drugs* i.e. *The Formulary attached*
- Asking us to waive a restriction on the plan’s coverage for a drug (such as limits on the amount of the drug you can get)
- Asking to pay a lower cost-sharing amount for a covered non-preferred drug
- You ask us whether a drug is covered for you and whether you satisfy any applicable coverage rules. (For example, when your drug is on the plan’s *List of Covered Drugs* but we require you to get approval from us before we will cover it for you.)
- You ask us to pay for a prescription drug you already bought. This is a request for a coverage decision about payment.
- If you disagree with a coverage decision we have made, you can appeal our decision.

If you would like file an appeal or request an exception to a recent coverage determination, see Chapter 9, Section 6 of your Evidence of Coverage for detailed instructions.

If you disagree with our decision to remove or change the tiering structure of the drugs on our *List of Covered Drugs, i.e., The Formulary*, you may also file a grievance with us. Please call us at 1-800-329-2792 if you want to file a grievance. TTY users call 711. You may also send your grievance to us in writing by sending it to:

BlueShield of Northeastern New York
PO Box 5204
Binghamton, NY 13902

Whether you call or write, you should contact Customer Service right away. The grievance must be made within 60 calendar days after you had the problem you want to complain about. See Chapter 9, Section 10 of your Evidence of Coverage for detailed instructions.

Additions					
Drug Name	Dosage Form	Strength	Tier	Limitations	Effective Date
TRIUMEQ	TABLET	600-50-300	T5		March 1, 2015
HUMIRA	SYRINGE KIT (EA)	10MG/0.2ML	T5	PA(HUMIRA)	March 1, 2015
FREAMINE HBC	INTRAVENOUS SOLUTION	6.9%	T3	PA (B VS D)	March 1, 2015
AMLODIPINE-VALSARTAN	TABLET	10MG-160MG	T1		March 1, 2015
AMLODIPINE-VALSARTAN	TABLET	10MG-320MG	T1		March 1, 2015
AMLODIPINE-VALSARTAN	TABLET	5MG-160MG	T1		March 1, 2015
AMLODIPINE-VALSARTAN	TABLET	5MG-320MG	T1		March 1, 2015
AMLODIPINE-VALSARTAN-HCTZ	TABLET	10-160-25	T1		March 1, 2015
AMLODIPINE-VALSARTAN-HCTZ	TABLET	10-320-25	T1		March 1, 2015
AMLODIPINE-VALSARTAN-HCTZ	TABLET	10MG-160MG	T1		March 1, 2015
AMLODIPINE-VALSARTAN-HCTZ	TABLET	5-160-12.5	T1		March 1, 2015
AMLODIPINE-VALSARTAN-HCTZ	TABLET	5-160-25MG	T1		March 1, 2015
ATROPINE SULFATE	DROPS	1 %	T2		March 1, 2015
QVAR	AEROSOL WITH ADAPTER (GRAM)	80 MCG	T3	QL(17.4ML PER 30 DAYS)	March 1, 2015
BELEODAQ	VIAL (EA)	500 MG	T5		March 1, 2015

Additions

Drug Name	Dosage Form	Strength	Tier	Limitations	Effective Date
TREANDA	VIAL (ML)	45MG/0.5ML	T5		March 1, 2015
SYMBICORT	HFA AEROSOL WITH ADAPTER (GRAM)	80-4.5 MCG	T3	QL(10.2ML PER 30 DAYS)	March 1, 2015
CELECOXIB	CAPSULE	100 MG	T2		March 1, 2015
CELECOXIB	CAPSULE	200 MG	T2		March 1, 2015
CELECOXIB	CAPSULE	400 MG	T2		March 1, 2015
CELECOXIB	CAPSULE	50 MG	T2		March 1, 2015
NEUAC	GEL (GRAM)	1.2(1)%-5%	T2		March 1, 2015
CLODAN	SHAMPOO	0.05 %	T2		March 1, 2015
CLOZAPINE ODT	TABLET,DISINTEGRATING	100 MG	T2		March 1, 2015
CLOZAPINE ODT	TABLET,DISINTEGRATING	12.5 MG	T2		March 1, 2015
CLOZAPINE ODT	TABLET,DISINTEGRATING	25 MG	T2		March 1, 2015
DESOGESTR-ETH ESTRAD ETH ESTRA	TABLET	21-5	T2		March 1, 2015
DEXMETHYLPHENIDATE HCL ER	CAPSULE,EXTENDED RELEASE BIPHASIC 50-50	5 MG	T2		March 1, 2015
DEXEDRINE	TABLET	10 MG	T2		March 1, 2015
DEXEDRINE	TABLET	5 MG	T2		March 1, 2015
DIGITEK	TABLET	125 MCG	T2		March 1, 2015
DIGITEK	TABLET	250 MCG	T2		March 1, 2015
CERDELGA	CAPSULE	84 MG	T5		March 1, 2015
ENTECAVIR	TABLET	0.5 MG	T5		March 1, 2015
ENTECAVIR	TABLET	1 MG	T5		March 1, 2015
EPINEPHRINE	AUTO-INJECTOR (EA)	0.15/0.15	T2	QL(4 INJECTORS PER 30 DAYS)	March 1, 2015
NIKKI	TABLET	0.02-3(24)	T2		March 1, 2015
BYDUREON PEN	PEN INJECTOR (EA)	2MG/0.65ML	T3	QL (4 PER 28 DAYS) PA (GLUCAGON-LIKE PEPTIDE 1 AGONISTS)	March 1, 2015
NUTRILIPID	EMULSION	20 %	T3	PA (B VS D)	March 1, 2015
AURYXIA	TABLET	210MG IRON	T5		March 1, 2015

Additions

Drug Name	Dosage Form	Strength	Tier	Limitations	Effective Date
FLUOROMETHOLONE	SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML)	0.1 %	T2		March 1, 2015
FUROSEMIDE	SYRINGE (ML)	10 MG/ML	T2		March 1, 2015
GARAMYCIN	DROPS	0.3 %	T1		March 1, 2015
VAQTA	SYRINGE (ML)	25/0.5ML	T3		March 1, 2015
VAQTA	SYRINGE (ML)	50 UNIT/ML	T3		March 1, 2015
RECOMBIVAX HB	SYRINGE (ML)	10 MCG/ML	T3	PA (B VS D)	March 1, 2015
RECOMBIVAX HB	SYRINGE (ML)	5MCG/0.5ML	T3	PA (B VS D)	March 1, 2015
GARDASIL	SYRINGE (ML)	20-40/0.5	T3		March 1, 2015
HYDROCODONE-ACETAMINOPHEN	TABLET	2.5-325MG	T2	QL(360 TABLETS PER 30 DAYS)	March 1, 2015
PROCTOSOL-HC	CREAM WITH APPLICATOR	2.5 %	T1		March 1, 2015
HYDROMORPHONE ER	TABLET, EXTENDED RELEASE 24 HR	32 MG	T5	QLQL(47 TABS PER 30 DAYS)	March 1, 2015
ZYDELIG	TABLET	100 MG	T5	QL(ZYDELIG)	March 1, 2015
ZYDELIG	TABLET	150 MG	T5	PA(ZYDELIG)	March 1, 2015
INTRON A	VIAL (EA)	18MM UNIT	T5		March 1, 2015
INTRON A	VIAL (EA)	50MM UNIT	T5		March 1, 2015
IVERMECTIN	TABLET	3 MG	T2		March 1, 2015
AUBRA	TABLET	0.1-0.02	T2		March 1, 2015
DELYLA	TABLET	0.1-0.02	T2		March 1, 2015
FALMINA	TABLET	0.1-0.02	T2		March 1, 2015
ZENPEP	CAPSULE,DELAYED RELEASE (ENTERIC COATED)	40K-136K	T5		March 1, 2015
MAGNESIUM SULFATE	VIAL (ML)	4 MEQ/ML	T2		March 1, 2015
VALCHLOR	GEL (GRAM)	0.016 %	T5		March 1, 2015
MYCOPHENOLATE MOFETIL	SUSPENSION, RECONSTITUTE D, ORAL (ML)	200 MG/ML	T5	PA (B VS D)	March 1, 2015
TRUMENBA	SYRINGE (ML)	120MCG/0.5	T3		March 1, 2015
OFEV	CAPSULE	100 MG	T5	QL(60 TABS PER 30 DAYS)QL (OFEV)	March 1, 2015

Additions

Drug Name	Dosage Form	Strength	Tier	Limitations	Effective Date
OFEV	CAPSULE	150 MG	T5	QL(60 TABS PER 30 DAYS) PA (OFEV)	March 1, 2015
WYMZYA FE	TABLET, CHEWABLE	0.4-35(21)	T2		March 1, 2015
DEBLITANE	TABLET	0.35 MG	T2		March 1, 2015
NORLYROC	TABLET	0.35 MG	T2		March 1, 2015
SHAROBEL	TABLET	0.35 MG	T2		March 1, 2015
GILDESS	TABLET	1.5-0.03MG	T2		March 1, 2015
LARIN	TABLET	1.5-0.03MG	T2		March 1, 2015
NORETHIN-ETH ESTRA FERROUS FUM	TABLET	1MG-20(24)	T2		March 1, 2015
TARINA FE	TABLET	1MG-20(21)	T2		March 1, 2015
STRIVERDI RESPIMAT	MIST INHALER (GRAM)	2.5 MCG	T4	QL(4GM PER 30 DAYS)	March 1, 2015
OLOPATADINE HCL	AEROSOL, SPRAY WITH PUMP (GRAM)	0.6 %	T2	QL(30.5ML per 30 days)	March 1, 2015
VIEKIRA PAK	TABLET, DOSE PACK	12.5-75-50	T5	QL (112 TABS PER 28 DAYS) PA (VIEKIRA)	March 1, 2015
ROXICET	TABLET	5 MG-325MG	T2	QL(360 TABLETS PER 30 DAYS)	March 1, 2015
SOMAVERT	VIAL (EA)	25 MG	T5		March 1, 2015
SOMAVERT	VIAL (EA)	30 MG	T5		March 1, 2015
KEYTRUDA	VIAL (EA)	50 MG	T5		March 1, 2015
ESBRIET	CAPSULE	267 MG	T5	QL (270 TABS PER 30 DAYS) PA (ESBRIET) PA (ESBRIET)	March 1, 2015
IPOL	SYRINGE (ML)	40-8-32	T3		March 1, 2015
ICLUSIG	TABLET	15 MG	T5	QL (90 TABS PER 30 DAYS) PA ICLUSIG	March 1, 2015
POTASSIUM CHLORIDE	TABLET, EXTENDED RELEASE	8 MEQ	T1		March 1, 2015
POTASSIUM CITRATE ER	TABLET, EXTENDED RELEASE	15 MEQ	T2		March 1, 2015

Additions

Drug Name	Dosage Form	Strength	Tier	Limitations	Effective Date
PREDNISOLONE SODIUM PHOSPHATE	TABLET,DISINTEGRATING	10 MG	T2	PA (B VS D)	March 1, 2015
PREDNISOLONE SODIUM PHOSPHATE	TABLET,DISINTEGRATING	15 MG	T2	PA (B VS D)	March 1, 2015
PREDNISOLONE SODIUM PHOSPHATE	TABLET,DISINTEGRATING	30 MG	T2	PA (B VS D)	March 1, 2015
XARELTO	TABLET, DOSE PACK	15 MG-20MG	T3		March 1, 2015
SIROLIMUS	TABLET	1 MG	T2	PA (B VS D)	March 1, 2015
SIROLIMUS	TABLET	2 MG	T2	PA (B VS D)	March 1, 2015
SUTENT	CAPSULE	37.5 MG	T5	QL (60 TABS PER 30 DAYS) PA SUTENT	March 1, 2015
TACROLIMUS	OINTMENT (GRAM)	0.03 %	T2	PA(TOPICAL IMMUNOMODULATORS)	March 1, 2015
TACROLIMUS	OINTMENT (GRAM)	0.1 %	T2	PA(TOPICAL IMMUNOMODULATORS)	March 1, 2015
ANDROGEL	GEL IN METERED-DOSE PUMP	1.25G (1%)	T3	PA (TOPICAL TESTOSTERONE PRODUCTS)	March 1, 2015
ANDROGEL	GEL IN PACKET (GRAM)	1.25G-1.62	T3	PA (TOPICAL TESTOSTERONE PRODUCTS)	March 1, 2015
ANDROGEL	GEL IN PACKET (GRAM)	2.5G-1.62%	T3	PA (TOPICAL TESTOSTERONE PRODUCTS)	March 1, 2015
ANDROGEL	GEL IN PACKET (GRAM)	25MG(1%)	T3	PA (TOPICAL TESTOSTERONE PRODUCTS)	March 1, 2015
TRETINOIN MICROSPHERE	GEL WITH PUMP (GRAM)	0.04 %	T2	PA(TOPICAL RETINOID PRODUCTS)	March 1, 2015
TRETINOIN MICROSPHERE	GEL WITH PUMP (GRAM)	0.1 %	T2	PA(TOPICAL RETINOID PRODUCTS)	March 1, 2015

Additions

Drug Name	Dosage Form	Strength	Tier	Limitations	Effective Date
VALGANCICLOVIR HCL	TABLET	450 MG	T5		March 1, 2015
VALSARTAN	TABLET	160 MG	T1		March 1, 2015
VALSARTAN	TABLET	320 MG	T1		March 1, 2015
VALSARTAN	TABLET	40 MG	T1		March 1, 2015
VALSARTAN	TABLET	80 MG	T1		March 1, 2015
AMPHETAMINE SALT COMBO	TABLET	10 MG	T2		March 1, 2015
AMPHETAMINE SALT COMBO	TABLET	12.5 MG	T2		March 1, 2015
AMPHETAMINE SALT COMBO	TABLET	15 MG	T2		March 1, 2015
AMPHETAMINE SALT COMBO	TABLET	30 MG	T2		March 1, 2015
AMPHETAMINE SALT COMBO	TABLET	5 MG	T2		March 1, 2015
CUVPOSA	SOLUTION, ORAL	1 MG/5 ML	T3		March 1, 2015
GRASTEK	TABLET, SUBLINGUAL	2800 BAU	T3	PA (GRASTEK)	March 1, 2015
LIDOCAINE HCL	VIAL (ML)	20 MG/ML	T2		March 1, 2015
ZONTIVITY	TABLET	2.08 MG	T3		March 1, 2015
AMINOSYN WITH ELECTROLYTES	INTRAVENOUS SOLUTION	7 %	T3	PA (B VS D)	March 1, 2015
INVOKAMET	TABLET	150-1000MG	T3	QL (60 Tablets per 30 days)	March 1, 2015
INVOKAMET	TABLET	150-500MG	T3	QL (60 Tablets per 30 days)	March 1, 2015
INVOKAMET	TABLET	50-1000 MG	T3	QL (60 Tablets per 30 days)	March 1, 2015
INVOKAMET	TABLET	50MG-500MG	T3	QL (120 Tablets per 30 days)	March 1, 2015
DOXY 100	VIAL (EA)	100 MG	T2		March 1, 2015
GARDASIL 9	VIAL (ML)	0.5 ML	T3	QL	March 1, 2015
GARDASIL 9	SYRINGE (ML)	0.5 ML	T3		March 1, 2015
LOCOID	LOTION (ML)	0.1 %	T3		March 1, 2015
HARVONI	TABLET	90MG-400MG	T5	QL (28 TABS PER 28 DAYS) PA (HARVONI)	March 1, 2015

Additions

Drug Name	Dosage Form	Strength	Tier	Limitations	Effective Date
PURIXAN	SUSPENSION, ORAL (FINAL DOSE FORM)	20 MG/ML	T5		March 1, 2015
ASMANEX HFA	HFA AEROSOL WITH ADAPTER (GRAM)	100 MCG	T3	QL (13 GM IN 30 DAYS)	March 1, 2015
ASMANEX HFA	HFA AEROSOL WITH ADAPTER (GRAM)	200 MCG	T3	QL (13 GM IN 30 DAYS)	March 1, 2015
AMINOSYN-RF	INTRAVENOUS SOLUTION	5.2 %	T3	PA (B VS D)	March 1, 2015
SPIRIVA RESPIMAT	MIST INHALER (GRAM)	2.5 MCG	T3	QL (60 Tablets per 30 days)	March 1, 2015
AMINOSYN-HBC	INTRAVENOUS SOLUTION	7 %	T3	PA (B VS D)	March 1, 2015
CLOPRES	TABLET	0.2-15MG	T2		March 1, 2015
DUAVEE	TABLET	0.45-20 MG	T3		March 1, 2015
PROPARACAINE HCL	DROPS	0.5 %	T2		March 1, 2015

Deletions

Drug Name	Dosage	Dosage Form	Reason for Change	Alternative Drug	Alternative Drug Tier	Effective Date
No deletions						March 1, 2015

- Please consult with your physician to determine if the alternative drug listed here is appropriate for you. If you have any questions regarding the BlueCross BlueShield of Western New York Medicare Part D formulary, please contact the Customer Service phone number listed on the back of your insurance card.

Change from Previous Month's Formulary

Drug Name	Dosage Form	Strength	Previous Tier & Limitations	Current Tier & Limitations	Effective Date
SUBOXONE	FILM, MEDICATED (EA)	12 MG-3 MG	T3;QL (50 PER 30 DAYS);PA (Buprenorphine / naloxone)	T3; QL (60 PER 30 DAYS); PA (buprenorphine / naloxone)	March 1, 2015

Change from Previous Month's Formulary

Drug Name	Dosage Form	Strength	Previous Tier & Limitations	Current Tier & Limitations	Effective Date
SUBOXONE	FILM, MEDICATED (EA)	2 MG-0.5MG	T3;QL (90 PER 30 DAYS);PA (Buprenorphine / naloxone)	T3; QL (360 PER 30 DAYS); PA (buprenorphine / naloxone)	March 1, 2015
ENOXAPARIN SODIUM	SYRINGE (ML)	120MG/.8ML	T5	T2	March 1, 2015
ENOXAPARIN SODIUM	SYRINGE (ML)	150 MG/ML	T5	T2	March 1, 2015
BYETTA	PEN INJECTOR (ML)	10MCG/0.04	T3;QL (2.4 ML PER 30 DAYS); PA (Glucagon-like peptide-1 agonists)	T3;QL (2.4 ML PER 30 DAYS); NEW STARTS ONLY PA (Glucagon-like peptide-1 agonists)	March 1, 2015
BYETTA	PEN INJECTOR (ML)	5MCG/0.02	T3;QL (1.2 ML PER 30 DAYS); PA (Glucagon-like peptide-1 agonists)	T3;QL (1.2 ML PER 30 DAYS); NEW STARTS ONLY PA (Glucagon-like peptide-1 agonists)	March 1, 2015
BYDUREON	VIAL (EA)	2 MG	T3;QL (4 PER 28 DAYS); PA (Glucagon-like peptide-1 agonists)	T3;QL (4 PER 28 DAYS); NEW STARTS ONLY PA (Glucagon-like peptide-1 agonists)	March 1, 2015
HYDROMORPHONE HCL	LIQUID (ML)	1 MG/ML	T2;QL(300ML PER 30 DAYS)	T2;QL(1500ML PER 30 DAYS)	March 1, 2015
VICTOZA 3-PAK	PEN INJECTOR (ML)	0.6MG/0.1	T3;PA (Glucagon-like peptide-1 agonists)	T3; NEW STARTS ONLY PA (Glucagon-like peptide-1 agonists)	March 1, 2015

BlueShield of Northeastern New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.

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