Blue Cross Blue Shield of Rhode Island

PREMIER PREFERRED DRUG LIST
Effective October 2012 – March 2013

DRUG		PREFERRED ALTERNATIVES
ABILIFY^	N	risperidone
ACCU-CHEK TEST STRIPS#	N	FASTTAKE TEST STRIPS#, ONETOUCH TEST STRIPS#
ACIPHEX	NCE	DEXILANT#, omeprazole#, pantoprazole#
ACTONEL^#	N	alendronate#, ibandronate#*
ACTOPLUS MET#	NC	pioglitazone/metformin*
ACTOS#	NC	pioglitazone*
ACZONE	NCE	benzoyl peroxide products*, topical tretinoin*, topical clindamycin*
ADDERALL#	N	mixed salts amphetamines*
ADDERALL XR#	N	mixed salts amphetamines ext-rel#*
ADVAIR DISKUS#/HFA#	P	
AGGRENOX	P	
ALPHAGAN P	N	brimonidine
ALVESCO	N	ASMANEX#, FLOVENT#, PULMICORT FLEXHALER#, QVAR#
AMBIEN CR#	NC	zolpidem ext-rel#*
AMITIZA	P	
ANDRODERM	P	
ANDROGEL	P	
ANTABUSE	NC	disulfiram
APRISO	P	
ARMOUR THYROID	N	levothyroxine
ARTHROTEC	N	diclofenac and misoprostol
ASACOL	P	
ASACOL HD	P	
ASMANEX#	P	
ASTEPRO#	N	azelastine#
ATACAND^#	N	DIOVAN^#, irbesartan^#, lisinopril, losartan#, quinapril
ATACAND HCT^#	N	DIOVAN HCT^#, irbesartan/HCTZ^#, lisinopril/HCTZ, losartan/HCTZ#, quinapril/HCTZ
ATRIPLA	N	
AVALIDE^#	NC	irbesartan/HCTZ^#
AVAPRO^#	NC	irbesartan^#
AVELOX#	N	ciprofloxacin, levofloxacin, ofloxacin
AVODART	N	finasteride
AXERT#	N	MAXALT#, naratriptan#, RELPAX#, sumatriptan#
AZELEX CREAM 20%	NCE	benzoyl peroxide products*, topical tretinoin*, topical clindamycin*
AZOR^	N	amlodipine and losartan#
BACTROBAN OINTMENT	N	mupirocin
BENICAR^#	N	DIOVAN^#, irbesartan^#, lisinopril, losartan#, quinapril
BENICAR HCT^#	N	DIOVAN HCT^#, irbesartan/HCTZ^#, lisinopril/HCTZ, losartan/HCTZ#, quinapril/HCTZ
BEYAZ	N	
BONIVA^#	N	ibandronate#*
BRILINTA#	N	
BYETTA#	P	
BYSTOLIC	N	atenolol, timolol
CADUET#	NC	amlodipine/atorvastatin#*
CANASA	P	
CARAC	P	
CARAFATE	N	sucralfate
CELEBREX^#	N	diclofenac, ibuprofen, meloxicam#, nabumetone
CHANTIX	P	
CIPRODEX	P	
CLARINEX 5 MG	NC	cetirizine# (OTC), desloratadine#*, levocetirizine#*, loratadine# (OTC)
CLARINEX SYRUP	NCE	cetirizine# (OTC), levocetirizine#*, loratadine# (OTC)
CLARINEX-D	NCE	cetirizine-D# (OTC), loratadine-D# (OTC)
CLOBEX	N	clobetasol
COLCRYS	P	
COMBIPATCH	P	
COMBIVENT#	P	
CONCERTA#	N	methylphenidate ext-rel (CONCERTA)#*
CONTOUR TEST STRIPS#	N	FASTTAKE TEST STRIPS#, ONETOUCH TEST STRIPS#
COREG CR	N	carvedilol
CREON	P	

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CRESTOR#	P	
CYMBALTA^#	N	venlafaxine ext-rel^*
CYTOMEL	N	liothyronine
DAYTRANA#	N	FOCALIN XR#, methylphenidate ext-rel (CONCERTA)#*, methylphenidate/ext-rel#, mixed salts amphetamines ext-rel#*
DENAVIR	P	
DEPAKOTE^/ DEPAKOTE ER^	N	divalproex sodium/divalproex sodium ext-rel
DEPLIN	P	
DERMA-SMOOTHE/FS	NC	fluocinolone
DETROL	NC	tolterodine
DETROL LA	P	
DEXILANT#	P	
DILANTIN	N	phenytoin
DIOVAN^#	P	
DIOVAN HCT^#	P	
DUREZOL	N	
EFFEXOR XR	NC	venlafaxine ext-rel^*
EFFIENT	N	
ELIDEL	P	
ELMIRON	P	
EMEND#	N	granisetron#, metoclopramide, ondansetron#
ENABLEX	N	DETROL LA, oxybutynin ext-rel, tolterodine, trospium, VESICARE
ENJUVIA	P	
ENTOCORT EC	NC	budesonide delayed-rel*
EPIDUO	NCE	adapalene* and benzoyl peroxide*
EPIPEN/EPIPEN JR	P	
ESTRACE VAGINAL	N	estradiol
ESTRING	P	
EVISTA#	P	
EXFORGE^#	N	amlodipine and losartan#
FACTIVE#	N	ciprofloxacin, levofloxacin, ofloxacin
FASTTAKE TEST STRIPS#	P	
FEMARA	NC	letrozole
FEMHRT 0.5-2.5	P	
FINACEA GEL	N	
FLECTOR^#	N	diclofenac
FLOVENT HFA#/DISKUS#	P	
FOCALIN XR#	P	
FORADIL#	P	
FREESTYLE TEST STRIPS#	N	FASTTAKE TEST STRIPS#, ONETOUCH TEST STRIPS#
FROVA#	N	MAXALT#, naratriptan#, RELPAX#, sumatriptan#
GEODON	NC	ziprasidone*
HUMALOG	P	
HUMALOG MIX	P	
HUMULIN	P	
INSULIN SYRINGES	P	
INTUNIV#	NCE	guanfacine
JANUMET^#	N	JENTADUETO#
JANUVIA^#	N	TRADJENTA#
KEPPRA^/KEPPRA XR^	N	levetiracetam/levetiracetam ext-rel
KOMBIGLYZE XR^#	N	JENTADUETO#
LAMICTAL^	N	lamotrigine
LAMICTAL ODT	P	
LAMICTAL XR	P	
LANSOPRAZOLE	NCE	DEXILANT#, omeprazole#, pantoprazole#
LANTUS/ LANTUS SOLOSTAR	P	
LESCOL XL#	N	atorvastatin#, CRESTOR#, fluvastatin#, lovastatin#, simvastatin#
LEVAQUIN#	NC	levofloxacin
LEVEMIR	P	
LEXAPRO^	NC	escitalopram^*
LIALDA	P	
LIDODERM^	N	
LIPITOR#	NC	atorvastatin#
LO LOESTRIN FE	N	
LOESTRIN 24 FE	N	
LOTEMAX	P	
LOVAZA	N	niacin
LUMIGAN	N	latanoprost, TRAVATAN Z
LUNESTA#	NCE	zaleplon#, zolpidem#, zolpidem ext-rel#*
LYRICA^	N	gabapentin
MALARONE	NC	atovaquone/proguanil
MAXALT#/MAXALT-MLT#	P	
METADATE CD#	N	methylphenidate ext-rel (CONCERTA)#*, methylphenidate ext-rel#, mixed salts amphetamines ext-rel#*
METROGEL#	N	

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MICARDIS^#	N	DIOVAN^#, irbesartan^#, lisinopril, losartan#, quinapril
MICARDIS HCT^#	N	DIOVAN HCT^#, irbesartan/HCTZ^#, lisinopril/HCTZ, losartan/HCTZ#, quinapril/HCTZ
MOVIPREP	P	
NAFTIN	P	
NAMENDA	P	
NASACORT AQ#	NC	triamcinolone nasal spray#*
NASONEX#	P	
NEXIUM	NCE	DEXILANT#, omeprazole#, pantoprazole#
NIASPAN	P	
NITROSTAT	P	
NOVOFINE	P	
NOVOFINE 32	P	
NOVOLOG^	NCE	HUMALOG
NOVOLOG MIX^	NCE	HUMALOG MIX
NUCYNTA#	N	
NUVARING#	N	
NUVIGIL^#	P	
OMEPRAZOLE#	P	
OMEPRAZOLE/ SODIUM BICARBONATE 40-1100 MG	NCE	DEXILANT#, omeprazole#, pantoprazole#
OMNARIS#	N	flunisolide#, fluticasone#, NASONEX#
ONETOUCH TEST STRIPS#	P	
ONGLYZA^#	N	TRADJENTA#
OPTICHAMBER#	P	
ORACEA	NCE	doxycycline
ORTHO EVRA#	N	
ORTHO TRI-CYCLEN LO#	N	
OXYCONTIN	N	
PANTOPRAZOLE#	P	
PATADAY#	N	
PATANASE	N	
PATANOL#	N	
PEN NEEDLES	P	
PENTASA	P	
PLAVIX#	NC	clopidogrel#
PRADAXA#	N	warfarin
PRANDIN	P	
PREMARIN#	P	
PREMPRO	P	
PREVACID	NC	DEXILANT#, omeprazole#, pantoprazole#
PREVPAC	NCE	
PRISTIQ^#	N	venlafaxine ext-rel^*
PROAIR HFA#	P	
PROGRAF	N	
PROMETRIUM	NC	progesterone micronized
PROTONIX PAK	NCE	DEXILANT#, omeprazole#, pantoprazole#
PROTOPIC	P	
PROVENTIL HFA#	N	PROAIR HFA#
PROVIGIL^#	NC	modafinil^#*, NUVIGIL^#
PULMICORT FLEXHALER#	P	
QVAR#	P	
RELPAX#	P	
RESTASIS	NCE	artificial tears (OTC)
RHINOCORT AQUA#	N	flunisolide#, fluticasone#, NASONEX#, triamcinolone nasal spray#*
RITALIN LA#	NC	methylphenidate ext-rel (CONCERTA)#*, methylphenidate ext-rel#
SAVELLA^#	N	
SEASONIQUE# (3 copayments)	NC	Amethia (3 copayments), Camrese (3 copayments)
SEREVENT DISKUS#	P	
SEROQUEL XR	P	quetiapine*
SIMCOR	N	simvastatin# and niacin
SINGULAIR^#	NC	montelukast
SPIRIVA#	P	
STRATTERA#	P	
SUBOXONE SL FILM^#/ SL TABS^#	N	
SUPRAX	P	
SYMBICORT#	P	
SYNTHROID	N	levothyroxine
TACLONEX	N	

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TAMIFLU#	N
TAZORAC	N tretinoin
TEKTURNA^#	N benazepril, enalapril, lisinopril, quinapril, trandolapril
TEKTURNA HCT^#	N benazepril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, quinapril/HCTZ, trandolapril/HCTZ
TESTIM#	N ANDRODERM#, ANDROGEL#
TOBRADEX OINTMENT	N
TOPAMAX^	N topiramate
TOPROL-XL	NC metoprolol succinate ext-rel
TOVIAZ	N DETROL LA, oxybutynin ext-rel, tolterodine, trospium, VESICARE
TRADJENTA#	P
TRANSDERM-SCOP	P
TRAVATAN Z	P
TRIBENZOR^#	N
TRICOR	NCE fenofibrate
TRILEPTAL^	N oxcarbazepine
TRILIPIX	NCE fenofibrate
TRUVADA	P
ULORIC	N
UROXATRAL	NC alfuzosin ext-rel, doxazosin, tamsulosin, terazosin
VAGIFEM	P
VENLAFAXINE ER^	N venlafaxine ext-rel^*
VENTOLIN HFA#	N PROAIR HFA#
VERAMYST#	N flunisolide#, fluticasone#, NASONEX#
VESICARE	P
VICTOZA^#	N BYETTA#
VIGAMOX	P
VIMPAT	N
VINATE GT	N generic prenatal vitamins
VIVELLE-DOT	P
VOLTAREN GEL#	P
VYTORIN#	N simvastatin# and ZETIA#
VYVANSE#	N methylphenidate ext-rel (CONCERTA)#*, mixed salts amphetamines ext-rel#*
WELCHOL	P
WELLBUTRIN XL	NC bupropion ext-rel
XALATAN#	NC latanoprost
XARELTO#	N warfarin
XIFAXAN	P
XOPENEX#/XOPENEX HFA#	N PROAIR HFA#
YAZ	NC Gianvi#
ZEGERID PWD PAK	NCE DEXILANT#, omeprazole#, pantoprazole#
ZETIA#	P
ZOMIG#	N MAXALT#, naratriptan#, RELPAX#, sumatriptan#
ZOVIRAX CREAM/ OINTMENT	P
ZYPREXA/ ZYPREXA ZYDIS^	NC olanzapine*, olanzapine odt^*

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SPECIALTY DRUG LIST

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The following is the **Specialty Drug List**, many of the drugs are oral tablets or self administered while some drugs (in **bold type**) are typically provided within a physician office setting with coverage under the medical benefit.

For members with a specialty benefit, coverage for drugs listed in bold type will not be provided under the medical benefit. Providers must obtain these products through a preferred specialty vendor. Medications noted with a ^ below may require prior authorization. Medications with a # may be subject to quantity limits. Please refer to www.bcbsri.com for more detailed program benefit information.

DRUG CATEGORY	SPECIALTY MEDICATION / HIGHEST TIER
ANTI-INFECTIVE	
Antivirals, Hepatitis C	Incivek (telaprevir)^#
	Infergen (interferon alfacon-1)
	Intron A (interferon alfa 2b)
	Pegasys (peginterferon alfa 2a)^
	PegIntron (peginterferon alfa 2b)^
	PegIntron Redipen (peginterferon alfa 2b)^
	Victrelis (boceprevir)^#

DRUG CATEGORY	SPECIALTY MEDICATION / HIGHEST TIER
HIV, AIDS	Fuzeon (enfuvirtide)#
DERMATOLOGY	
Psoriasis	Enbrel (etanercept)^# PREFERRED
	Humira (adalimumab)^# PREFERRED
	Remicade (infliximab)^
	Stelara (ustekinumab)^

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DRUG CATEGORY	SPECIALTY MEDICATION / HIGHEST TIER
ENDOCRINE	
Growth Hormone Products	Genotropin (somatropin)^#
	Humatrope (somatropin)^#
	Increlex (mecasermin)^#
	Norditropin (somatropin)^#
	Norditropin Nordiflex (somatropin)^#
	Nutropin (somatropin)^# PREFERRED
	Nutropin AQ (somatropin)^# PREFERRED
	Omnitrope (somatropin)^#
	Saizen (somatropin)^#
	Serostim (somatropin)^#
	Tev-tropin (somatropin)^#
	Zorbtive (somatropin)^#
Miscellaneous Endocrine Disorders	H.P. Acthar gel (corticotrophin)^
	Sandostatin LAR Depot (octreotide acetate)
	Somatuline Depot (lanreotide acetate)
	Somavert (pegvisomant)
	Supprelin LA (histrelin acetate)
Osteoporosis	**Boniva IV formulation only (ibandronate)^**
	Forteo (teriparatide)^#
	Prolia (denosumab)^
	Reclast (zoledronic acid)^
Phenylketonuria Treatment Agents	Kuvan (sapropterin)
GASTROENTEROLOGY	
Crohns, UC	Cimzia (certolizumab)^#
	Humira (adalimumab)^# PREFERRED
	Remicade (infliximab)^
	Tysabri (natalizumab)^
HEMATOLOGICAL	
Anemia	Aranesp (darbepoetin alfa)^
	Epogen (epoetin alfa)^
	Procrit (epoetin alfa)^ PREFERRED
Fibrinogen Deficiency	RiaSTAP (human fibrinogen concentrate)
Hemophilia	FEIBA
Hemophilia, Factor IX	Alphanine SD
	Bebulin
	Benefix
	Mononine
	Profilnine SD
Hemophilia, Factor VIIa	Novoseven RT
Hemophilia, Factor VIII	Advate
	Alphanate
	Helixate FS
	Hemofil M
	Humate-P
	Koate-DVI
	Kogenate FS
	Monoclate-P
	Recombinate

DRUG CATEGORY	SPECIALTY MEDICATION / HIGHEST TIER
Hemophilia, Factor VIII (cont.)	Refacto
	Xyntha
Hereditary Angioedema	Berinert (C1 esterase inhibitor)^#
	Cinryze (human C1 inhibitor)^#
	Firazyr (icatibant)^#
Immune Globulins	**Flebogamma^**
	Gamastan^
	Gammagard^
	Gamunex^ PREFERRED, **Gamunex-C^** PREFERRED
	Hizentra^
	Privigen^
Miscellaneous	**Mozobil (plerixafor)**
Thrombocytopenia	Neumega (oprelvekin)^
WBC Deficiencies	Leukine (sargramostim)
	Neulasta (pegfilgrastim)#
	Neupogen (filgrastim)
IMMUNOMODULATOR	
Cryopyrin-Associated Periodic Syndromes	Arcalyst (rilonacept)
	Ilaris (canakinumab)
Lupus Erythematosus	**Benlysta (belimumab)^**
Rheumatoid Arthritis	**Actemra (tocilizumab)^#**
	Cimzia (certolizumab)^#
	Enbrel (etanercept)^# PREFERRED
	Humira (adalimumab)^# PREFERRED
	Kineret (anakinra)^
	Orencia (abatacept)^#
	Remicade (infliximab)^
	Rituxan (rituximab)^
	Simponi (golimumab)^
IMMUNOSUPPRESSIVE	
Transplant Drugs	Nulojix (belatacept)
INFERTILITY	
Follitropins	Follistim AQ (follitropin beta) PREFERRED
	Gonal-F (follitropin alfa)
GnRH Antagonists	Cetrotide (cetrorelix acetate)
	Ganirelix acetate
HCG	chorionic gonadotropin (generic)
	Novarel (chorionic gonadotropins)
	Ovidrel (choriogonadotropin alfa)
	Pregnyl (chorionic gonadotropins)
	Profasi (chorionic gonadotropin)
LHRH	Lutrepulse (gonadorelin acetate)
Menotropins	Menopur (gonadotropins/ menotropins)
	Repronex (gonadotropins/ menotropins)
Urofollitropins	Bravelle (urofollitropin)
MISCELLANEOUS	
Anticonvulsants	Sabril (vigabatrin)^
Chronic Gout	**Krystexxa (pegloticase)^**

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Enzyme Replacements	**Aldurazyme (laronidase)**
	Carbaglu (carglumic acid)^
	Cerezyme (imiglucerase)
	Elaprase (idursulfase)
	Fabrazyme (agalsidase beta)
	Lumizyme (alglucosidase alfa)^
	Myozyme (alglucosidase alfa)^
	Naglazyme (galsulfase)
	Vpriv (velaglucerase)^
	Zavesca (miglustat)^
Iron Overload	Exjade (deferasirox)^
	Ferriprox (deferiprone)^
Macular Degeneration	**Eylea (aflibercept)^#**
	Lucentis (ranibizumab)^
	Macugen (pegaptanib)^
NEUROMUSCULAR	
Huntington's Multiple Sclerosis	Xenazine (tetrabenazine)^
	Ampyra (dalfampridine)^
	Avonex (interferon beta 1a)
	Betaseron (interferon beta 1b)
	Copaxone (glatiramer)
	Extavia (interferon beta 1b)
	Gilenya (fingolimod)^
	Rebif (interferon beta 1a)
	Tysabri (natalizumab)^
Muscle Disorder	**Botox (botulinum toxin type A)^**
	Dysport (botulinum toxin type A)^
	Myobloc (botulinum toxin type B)^
	Xeomin (botulinum toxin type A)^
ONCOLOGY/HEMATOLOGY	
Hematology	**NPlate (romiplostim)^**
	Promacta (eltrombopag olamine)^
Oral Agents	Afinitor (everolimus)^
	Caprelsa (vandetanib)^#
	Erivedge (vismodegib)^#
	Gleevec (imatinib)^
	Inlyta (axitinib)^#
	Jakafi (ruxolitinib)^#
	Nexavar (sorafenib)^
	Revlimid (lenalidomide)^#
	Sprycel (dasatinib)^
	Sutent (sunitinib)^
	Tarceva (erlotinib)^
	Targretin caps (bexarotene)^
	Tasigna (nilotinib)^
	Temodar (temozolomide)^
	Thalomid (thalidomide)^
	Tykerb (lapatinib)^
	Votrient (pazopanib)^
	Xalkori (crizotinib)^#
	Xeloda (capecitabine)^

DRUG CATEGORY	SPECIALTY MEDICATION / HIGHEST TIER
Oral Agents (cont.)	Zelboraf (vemurafenib)^#
	Zolinza (vorinostat)^
	Zytiga (abiraterone)^#
Topical Agents	Targretin gel (bexarotene)^
Injectable Agents	**Eligard (leuprolide acetate)** PREFERRED
	Firmagon (degarelix)
	Lupron Depot (leuprolide acetate)
	Plenaxis (abarelix)
	Sylatron (peginterferon alfa-2b)^
	Trelstar Depot (triptorelin pamoate)
	Trelstar LA (triptorelin pamoate)
	Vantas (histrelin acetate)
	Xgeva (denosumab)^
	Zoladex (goserelin acetate)
PULMONARY	
Asthma	**Xolair (omalizumab)^**
Cystic Fibrosis	Cayston (aztreonam inhaled)
	Kalydeco (ivacaftor)^#
	Pulmozyme (dornase alfa inhaled)
	TOBI (tobramycin inhaled)
Pulmonary Hypertension	Adcirca (tadalafil)^#
	Flolan (epoprostenol)^
	Letairis (ambrisentan)^#
	Remodulin (treprostinil)^
	Revatio (sildenafil)^#
	Tracleer (bosentan)^#
	Tyvaso (treprostinil)^
	Ventavis (iloprost inhaled)^
Respiratory Enzymes	**Aralast (alpha1 proteinase inhibitor)**
	Glassia (alpha1 proteinase inhibitor)
	Prolastin (alpha1 proteinase inhibitor)
	Zemaira (alpha1 proteinase inhibitor)
RSV	**Synagis (palivizumab)^**

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We reserve the right to make changes to this list. Upon availability of generic equivalents, Brand drug coverage status may change without written notice. Please refer to our website @ www.bcbsri.com for the most current information. Questions? Please call the Customer Service number on the back of your ID card.

5348-1-DL-PREM-1012

Preferred Specialty Vendors

VILLAGE FERTILITY PHARMACY
Toll Free 1-877-334-1610

CAREMARK CONNECT
Toll free 1-866-278-6634
website www.CAREMARK.com

Resource Information for Physicians/Providers

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
Local (401) 459-1000 • Toll free 1-800-637-3718
website www.BCBSRI.com

PATIENT HEALTH EDUCATION PROGRAMS
Local (401) 459-5625

PHYSICIAN AND PROVIDER SERVICE
Local (401) 274-4848
Toll Free 1-800-230-9050

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