

BCBSRI PRESCRIPTION DRUG FORMULARY

Overview of November 2010 Changes

As part of BCBSRI's ongoing efforts to improve the affordability of healthcare and slow the rate of escalating costs, we are changing our prescription drug formulary to encourage the use of clinically appropriate but lower-cost generic or over-the-counter drugs. **The new formulary—called “Premier”—is effective November 1, 2010, and will affect many of our commercial members.**

What are the principal changes in the drug formulary?

- Most commercial members will transition to the Premier formulary effective November 1. Please note that the new formulary does not apply to every BCBSRI member. It doesn't involve Medicare Part D or members with pharmacy benefits from other companies. In addition, some self-insured members may choose another plan.
- Prior authorizations will be removed in drug classes that now have exclusions.
- Exclusions and tier changes will not have an exceptions process for coverage.
- High-cost generic drugs are now Tier 2.
 - Selected generics that were high-cost will move to Tier 2, which is not subject to prior authorization or exceptions process. This list does not identify all affected drugs:

▪ Benz Perox/Erythromycin (Benzamycin®)	▪ Budesonide Respules (Pulmicort®)
▪ Clindamycin/Benz Perox (Benzacilin®)	▪ Dextroamphetamine XR (Adderall XR®)
▪ Famcyclovir (Famvir®)	▪ Fentanyl (Duragesic®)
▪ Fexofenadine (Allegra®)	▪ Fexofenadine – D (Allegra-D®)
▪ Isotretinoin (Accutane®)	▪ Tamsulosin (Flomax®)
▪ Topiramate (Topamax®)	▪ Valcyclovir (Valtrex®)
- Exclusions (not subject to prior authorization or exceptions process)
 - Brand-name drugs with a generic equivalent, with an exception for anticonvulsants, thyroid, oral transplant, and stimulants for ADHD
 - All brand-name nonsedating antihistamines
 - All brand-name fibric acid derivatives
 - All brand-name sedative/hypnotics, except Rozerem
 - Restasis
 - Treximet
 - All proton pump inhibitors except omeprazole (20mg) and Dexilant
 - All brand-name topical and oral products indicated to treat acne
 - All brand-name tetracycline products
- Prior authorization
 - Many removed
 - Abilify for new users (those not taking the drug for the past 60 days)—You must identify the diagnosis; if you diagnose depression, three antidepressants must have failed.
 - Provigil—Must satisfy a trial and failure of Nuvigil
 - Brand-name anticonvulsants for new users—You must identify the diagnosis; epilepsy is covered.
- Drugs moving from Tier 2 to Tier 3 (This list does not identify all affected drugs)
 - Ortho-Evra, Yaz, Ortho Tri-Cyclen Lo, Nuvaring
 - Pataday, Patanol
 - Abilify
 - Provigil

Why is BCBSRI making these changes?

Prescription drugs account for more than 19 percent of our members' claims. In addition to the escalating cost, prescription drug use is increasing, rising by approximately 10 to 12 percent for both 2008 and 2009—and projected to rise again at that level this year. Using clinically appropriate alternative drugs, including generic and over-the-counter medications, will help lower the cost of care without reducing its quality or minimizing therapeutic options.

How will BCBSRI notify members?

Members whose pharmacy benefits are affected received detailed letters explaining the type of change—tier change, exclusion, prior authorization required—that will apply to their medications.

Beginning in mid-October, we will announce the Premier formulary to all members with the pharmacy benefit.

What will be required of my patients who are BCBSRI members?

Filling or refilling prescriptions should be seamless for BCBSRI members. The pharmacy will submit a claim when the member presents their prescription. If the prescribed drug isn't covered, the pharmacy will receive a system-generated message recommending an alternative. The pharmacist will then contact the provider to discuss alternatives.

How do I access the new formulary?

You can access all of our prescription drug lists at BCBSRI.com.

What do I do if there is no generic equivalent, or a member can't take an alternative drug?

You should still prescribe the brand-name medication if, in your medical judgment, the most appropriate treatment includes the use of an excluded product; however, the member will pay 100 percent of the cost out of pocket.

Are there nonformulary exceptions?

No, there are no nonformulary exceptions or approval processes for excluded drugs. Tiers had no exceptions processes prior to these changes.

If I prescribe a brand-name medication only, will the member automatically receive a generic equivalent?

By regulation, the pharmacy must dispense a generic medication if it is available, unless you indicate that a brand-name medication is necessary or the patient requests it. The pharmacy will notify you that the brand prescribed is not covered and provide information about possible alternatives that you can discuss with your patient.

Are there any quantity limit exceptions?

Quantity limit exceptions will depend on which formulary the member has.

Are there changes in prior authorization forms?

There are no changes in the forms themselves, but there is a significant reduction in the number of prior authorizations required.

Will the first prescription or refill be allowed as a grace period for patients who became BCBSRI members very recently and didn't receive the targeted notice about changes in their pharmacy coverage?

No. The pharmacy will notify you that the brand prescribed is not covered and provide information about possible alternatives that you can discuss with your patient. Although these very recent BCBSRI members will not receive the detailed letter described above, they will receive our general communication scheduled for mid-October.

Will member out-of-pocket drug expenses count toward the patient's deductible or out-of-pocket limits?

Costs incurred by patients for excluded products may not be included to satisfy deductibles, as outlined in Subscriber Agreements and by IRS guidelines that regulate HSA, HRA or similar programs.

BCBSRI has indicated that messaging about excluded drugs has been created for pharmacists in their prescription systems. Can BCBSRI ensure that drug chains turn on this messaging function for pharmacists?

We will request the cooperation and assistance of the major drugstore representatives through our PBM Network Administration; however, BCBSRI cannot guarantee that all drugstores will honor our request.

Did BCBSRI consider savings associated with mail-order drugs while developing the new formulary?

We recognize that there are potential savings associated with the use of mail-order drugs; however, this initiative does not propose achieving cost savings specifically from mail-order drugs. While savings from mail-order drugs would be possible if benefits included mail-order as a preferred distribution channel, plan design changes of that nature are not available at this time.

May physicians provide peer-review literature for consideration by BCBSRI to change the status of a specific drug?

We encourage physicians to submit literature that supports the use of a particular drug or therapy at any time for consideration during the formulary review process. Please send these materials to **Dan Curran** at daniel.curran@bcbsri.org.

What can physicians do to educate patients on how lower-cost drugs help to reduce their expenses?

Providers can point out that patients pay for rising prescription drug costs through higher premiums, copayments, or out-of-pocket expenditures. Using generic or over-the-counter drugs is a safe and effective way to help hold down those costs. For example, Simvastatin is a generic medication for treating high cholesterol. It works exactly the same as Zocor®, the brand-name drug, but costs over \$100 less. This price difference is why generic-drug copayments are much lower than copayments for brand-name drugs.

A generic drug is essentially the same as its brand-name equivalent. It has the same active ingredients, is equally effective, and is FDA-approved. This means it has passed the same rigorous testing as brand-name drugs to ensure it's safe and effective.

Who do I call with additional questions?

Please contact our Physician and Provider Service Center: (401) 274-4848 or 1-800-230-9050.

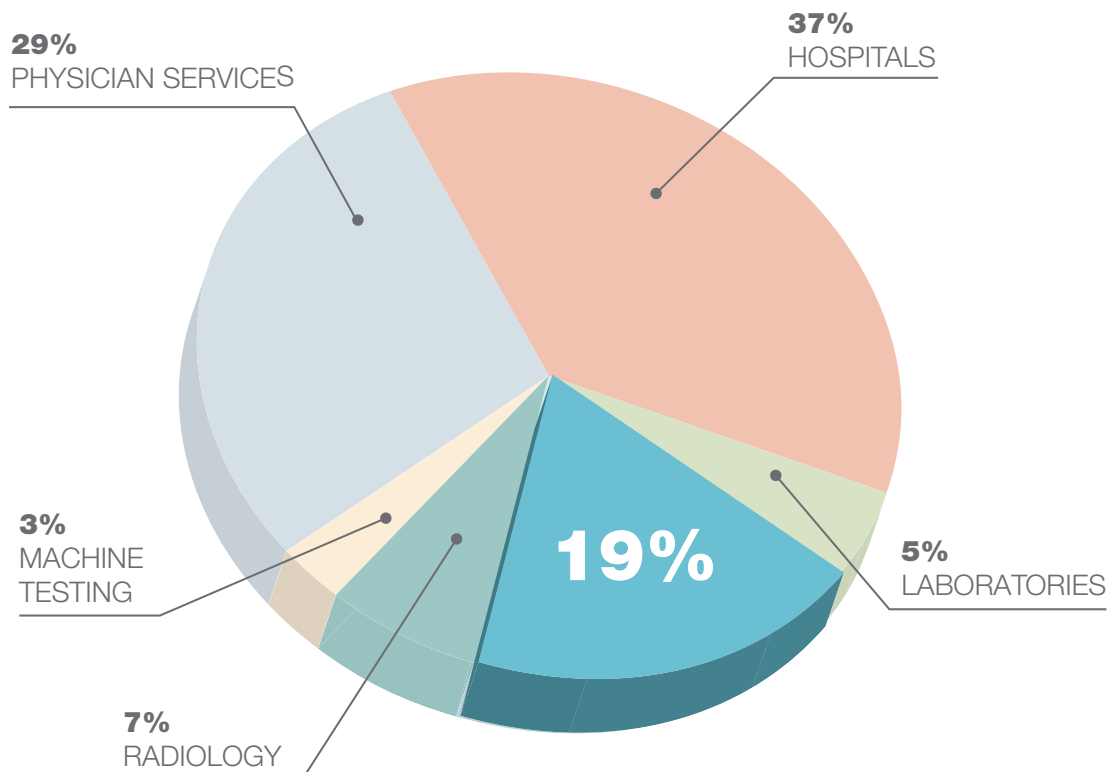
Escalating prescription drug costs and use pose an ongoing challenge to providing affordable healthcare.

As part of BCBSRI's ongoing efforts to provide our members with access to high-quality and affordable care, we are taking steps to tackle prescription drug costs as a primary driver of healthcare costs and health insurance premiums. Prescription drugs account for more than 19 percent of our members' claims¹. In addition to the escalating cost, prescription drug use by members is increasing, rising by approximately 10 to 12 percent for both 2008 and 2009 and projected to rise again at that level for 2010. Increasing the use of alternative drugs, including generic and over-the-counter medications, is a safe and effective way to help lower the cost of care without reducing its quality or minimizing therapeutic options. Generic drugs have the same active ingredient, strength, dosage, and effectiveness requirements as more expensive brand-name drugs, but cost an average of 80 to 85 percent² less.

¹BCBSA Healthcare Trends in America 2010

²US Food and Drug Administration, Facts and Myths about Generic Drugs

Healthcare costs Pharmacy



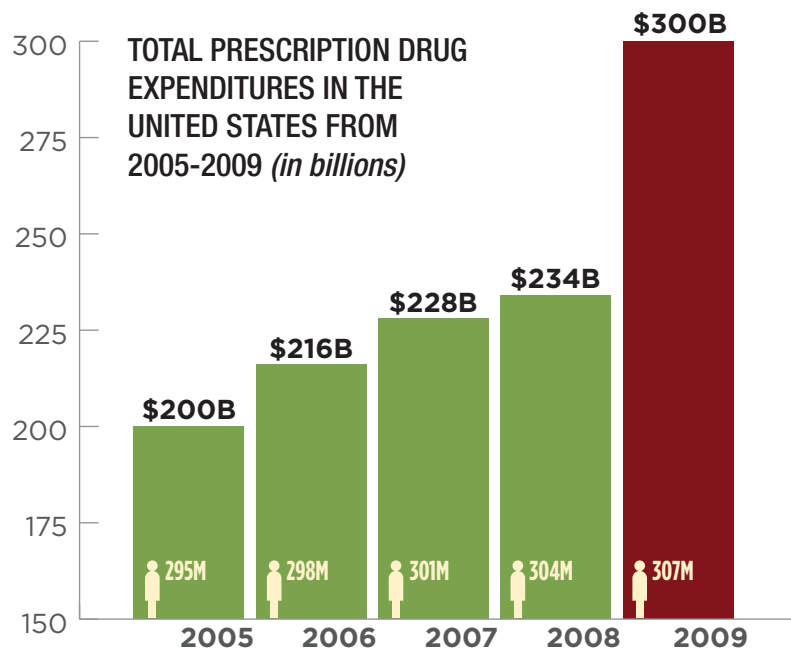
As more people turn to prescription drugs to help manage their health, the cost implications are profound.

From 1999 to 2009, prescription drug purchases in the U.S. rose 39 percent, while the population increased only 9 percent. Experts believe this trend will continue as an aging population turns to the latest drugs to help fight disease and manage chronic conditions.

An Alarming Trend

From 2005 to 2009, the population of the United States increased by four percent, whereas the total expenditure for prescription drugs went up by 50 percent.

Sources: Kaiser Family Foundation, IMS Health and U.S. Census Bureau, Population Division



Retail pharmacies in Rhode Island filled millions of prescriptions in 2009, at a total cost of well over \$800 million. In a state with just over one million people, those are astonishing figures—but not completely surprising. Everyone needs a prescription drug at some point in life. Meanwhile, new drugs enter the market every year, with pharmaceutical companies spending billions of dollars to develop and promote them. These forces have driven demand for prescription drugs in Rhode Island and throughout the country over the past decade.

As part of BCBSRI's ongoing efforts to provide our members with access to high-quality and affordable care, we are taking steps to tackle the primary drivers of healthcare costs and health insurance premiums—including prescription drugs, which account for more than 19 percent of our members' claims. In addition to the escalating cost, prescription drug use by members is increasing, rising by approximately 10 to 12 percent for both 2008 and 2009 and projected to rise again at that level for 2010.

Using clinically appropriate alternative drugs, including generic and over-the-counter medications, will help lower the cost of healthcare without reducing its quality or minimizing therapeutic options. Generic drugs have the same active ingredient, strength, dosage and effectiveness requirements as more expensive brand-name drugs, but cost an average of 80 to 85 percent less.

2010 Formulary Changes

Effective 11/1/2010

Premier Formulary

The following brand-name drugs with generic equivalents are no longer covered effective November 1, 2010. If your patient is a BCBSRI member and is taking one of these drugs, please talk with her or him about a generic equivalent to reduce out-of-pocket costs.

ACCUHIST DM	ANAMANTLE HC	BSS PLUS	COLISTIN	DESOXYN	ELOXATIN
ACCUNEB NEB	ANAPROX	BUPRENEX	COLY-MYCIN M	DESQUAM-X	EMLA
ACCUPRIL	ANAPROX DS	BUSPAR	COLYTE	DEXPAK	ENDAL CD
ACCURETIC	ANASPAZ	CAFCIT	CONDYLOX	DEXTRAN 70	EPIQUIN
ACEON	ANECTINE	CAFERGOT	COPEGUS	DIABETA	ESTRACE
ACLARO	ANTIVERT	CALAN	CORDARONE	DIAMOX SEQUEL	ESTROSTEP FE
ACLOVATE	ANTIZOL	CALAN SR	CORGARD	DIATX ZN	ETHRANE
ACTIGALL	ARALEN	CALCIFOLIC-D	CORLOPAM	DIDREX	ETHYOL
ACTIQ	ARAVA	CALCIJEX	CORTANE-B	DIDRONEL	EVOCLIN
ACTIVELLA	AREZIA	CAMPTOSAR	CORTEF	DIFFERIN	EXELON
ACULAR	ARIMIDEX	CARAFATE	CORTENEMA	DIFLUCAN	FAMVIR
ACULAR LS	ASTELIN	CARBATUSS	CORTISPORIN	DIGEX NF	FELDENE
ADALAT CC	ATIVAN	CARBA-XP	CORTROSYN	DILACOR XR	FIBRICOR
ADENOCARD	ATROVENT	CARBOCAINE	CORVERT	DILAUDID	FIORICET
ADIPEX-P	ATUSS DS SUS	CARDENE	CORVITE	DILAUDID-HP	FIORICET/COD
ADOXA	AUGMENTIN	CARDIZEM	CORZIDE	DILEX-G	FIORINAL
ADRENALIN	AXID	CARDIZEM CD	COSMEGEN	DIPRIVAN	FLAGYL
AEROHIST	AYGESTIN	CARDIZEM LA	COSOPT	DIPROLENE	FLEXERIL
AGRYLIN	AZACTAM	CARDURA	COUMADIN	DIPROLENE AF	FLEXTRA DS
ALA SCALP	AZULFIDINE	CARMOL	COZAAR	DITROPAN XL	FLOMAX
ALACOL DM	BACITRACIN	CARNITOR	CUTIVATE	DIURIL IV	FLONASE
ALAHIST DM	BACTRIM	CAROMEGA	CYCLESSA	DOLOPHINE	FLUDARA
ALCAINE	BACTRIM DS	CASODEX	CYCLOGYL	DONATUSSIN	FLUDARABINE
ALDACTAZIDE	BACTROBAN	CATAFLAM	CYSTEINE HCL	DONNATAL	FLUMADINE
ALDACTONE	BALTUSSIN	CATAPRES	CYTARABINE	DOPRAM	FLUORACAINE
ALDARA	BENTYL	CATAPRES-TTS	CYTOTEC	DOVONEX	FLUORESCITE
ALDEX D	BENZAC AC	CEFTIN	CYTOVENE	DRISDOL	FLURESS
ALDEX DM	BENZAC W	CELESTONE	D.H.E. 45	DRYSOL	FML LIQUIFLM
ALFENTA	BENZACLIN	CELEXA	DALLERGY	DUONEB	FOLGARD
ALKERAN	BENZAMYCIN GEL	CELLUGEL	DANTRIUM	DURABAC	FOLTIX
ALLEGRA 60MG	BENZIQLS	CEREFOLIN	DARVOCET	DURACLON	FORANE
ALLEGRA-D 12H	BETAGAN	CERUBIDINE	DARVOCET-N	DURAFLU	FORTAZ
ALLERX DF	BETAPACE	CILOXAN	DARVON	DURAGESIC	FOSAMAX
ALLERX-D	BETAPACE AF	CIPRO	DAYPRO	DYAZIDE	FUDR
ALOPRIM	BIAFINE	CLAFORAN	DDAVP	DYNACIN	GASTROGRAFIN
ALPHAGAN P	BIAXIN	CLARIFOAM	DELATESTRYL	EC-NAPROSYN	GEL-KAM
ALTACE	BIAXIN XL	CLEOCIN	DELESTROGEN	ED A-HIST	GENELAN
AMARYL	BLEPH-10	CLEOCIN-T	DEMADEX	EFFEXOR	GENELAN NF
AMBIEN	BONTRIL	CLIMARA	DEMEROL	EFFEXOR XR	GENTEX 30
AMERGE	BRETHINE	CLINORIL	DEPO-MEDROL	EFUDEX	GLUCOPHAGE
AMICAR	BREVIBLOC	CLOMID	DEPO-PROVERA	ELDEPRYL	GLUCOTROL
AMIDATE	BREVICON	CLOZARIL	DEPO-TESTOST	ELDOPAQUE	GLUCOTROL XL
AMIKIN	BREVOXYL	COGENTIN	DERMATOP	ELDOQUIN	GLUCOVANCE
ANAFRANIL	BRONTEX	COLAZAL	DESFERAL	ELLENC	GLYNASE
ANALPRAM	BROVEX	COLESTID	DESOGEN-28	ELOCON	GOLYTELY

GRANULEX	LO/OVRAL-28	MODICON	OTICIN HC	PROSCAR	SONATA
HALCION	LOCOID	MONODOX	OVACE PLUS	PROSTIGMIN	SPECTRACEF
HEMOCYTE PLS	LODRANE	MONOKET	OVACE WASH	PROSTIN VR	SPORANOX
HEPARIN	LOESTRIN	MS CONTIN	OVCON-35	PROTONIX	SPS
HESPAN	LOESTRIN FE	MYAMBUTOL	OVIDE	PROVERA	STADOL
HIPREX	LOFIBRA	MYDFRIN	OXANDRIN	PROZAC	STAFLEX
HISTEX	LOMOTIL	MYDRIACYL	PACERONE	PROZAC WEEKLY	STAHIST
HYDREA	LOPID	MYOCHRYSSINE	PALGIC	PULMICORT	STROVITE
HYDRO 35	LOPRESSOR	MYSOLINE	PAMELOR	PURINETHOL	SUBUTEX
HYDRO 40	LOPRESSOR HCT	NALEX-A	PAMINE	PYRIDIUM	SULAR
HYLIRA	LOPROX	NAPROSYN	PAMINE FORTE	QUESTRAN	SUMAXIN
HYZAAR	LORAZEPAM	NARIZ	PANLOR SS	RA SOL	SUTTAR-2
ICAR-C PLUS	LORCET	NASOHIST DM	PARAFON FORT	RAPIFLUX	SUTTAR-SF
IDAMYCIN	LORCET PLUS	NATURE-THROID	PARCOPA	RAZADYNE	SYMAX
IFEX	LORTAB	NAVANE	PARLODEL	RAZADYNE ER	TALADINE
IFOSFAMIDE	LOTENSIN	NAVELBINE	PARNATE	REBETOL	TAMBOCOR
IMDUR	LOTENSIN HCT	NEO DM	PAXIL	REGLAN	TANDEM F
IMITREX	LOTREL	NEOBENZ MICR	PEPCID	REMERON	TANDEM PLUS
IMURAN	LOTRISONE	NEOSPORIN	PERANEX HC	REQUIP	TAPAZOLE
INDERAL LA	LOVENOX	NEO-SYNEPHRINE	PERCOJET	RESPA-BR	TARKA
INDOCIN	LOXITANE	NEPHROCAPS	PERCODAN	RESPAHIST-II	TEMOVATE
INSPRA	LUFYLLIN-GG	NEPHRO-VITE	PERIDEX	RESTORIL	TEMOVATE E
INTRALIPID	LUMINAL	NEPTAZANE	PERIOSTAT	RETIN-A	TENEX
IOPIDINE	LURIDE	NESACAINE	PERSANTINE	RETROVIR	TENORETIC
ISMO	LUSTRA	NIMOTOP	PFIZERPEN-G	REVIA	TENORMIN
ISO ATROPINE	LUSTRA-AF	NIPENT	PHENA-S	RIFADIN	TERAZOL 3
ISO HOMATROP	LUSTRA-ULTRA	NIRAVAM	PHENERGAN	RIFAMATE	TERAZOL 7
ISOPTIN SR	LYMPHAZURIN	NITRO-DUR	PHENYDEX	RISPERDAL	TESSALON
ISOPTO CARP	MACROBID	NITROGLYCERIN	PHOSLO	RISPERDAL M	THERA-FLUR-N
ISORDIL	MACRODANTIN	NIZORAL	PHRENILIN	ROBAXIN	TIAZAC
J-MAX	MARCAINE	NORCO	PLAN B	ROBINUL	TIGAN
J-TAN D	MARCAINE/EPI	NORDETTE	PLAQUENIL	ROBINUL FORTE	TIMOPTIC
KAYEXALATE	MARINOL	NORFLEX	PLEGISOL	ROCALTROL	TIMOPTIC-XE
KEFLEX	MAVIK	NORINYL	PLETAL	ROSANIL	TOBRADEX
KENALOG-10	MAXIDONE	NORPACE	PLEXION	ROSULA	TOBREX
KENALOG-40	MAXIPHEN DM	NORPRAMIN	POLY HIST	ROWASA	TOFRANIL
KERALAC	MAXIPIPE	NOR-QD	POLY HIST DM	ROXICODONE	TOFRANIL-PM
KERALYT	MAXITROL	NORVASC	POLY HIST PD	RYDEX	TOPICORT
KERLONE	MAXZIDE	NOTUSS-AC	POLYCITRA-K	RYNA-12	TOPICORT LP
KEROL	MEBARAL	NOTUSS-DC	POLYTRIM	RYNATAN	TOPROL XL
KEROL AD	MEDROL	NOVANTRONE	POLY-TUSSIN	RYTHMOL	TRANDATE
KETALAR	MEGACE	NUCORT	POLY-TUSSIN DM	SALAGEN	TRANXENE
KLARON	MERREM	NULYTELY	POLY-TUSSIN DHC	SALEX	TRIAZ
KLONOPIN	MESNEX	NUMOISYN	PONTOCAINE	SALVAX	TRI-NORINYL
K-LOR	MESTINON	NUOX	POTABA	SCOPACE	TRIOSTAT
K-PHOS	METAGLIP	NUZON	PRAMOTIC	SEASONALE	TRITUSS
KYTRIL	METANX	NYSTATIN	PRAVACHOL	SECTRAL	TROPHAMINE
LAC-HYDRIN	METHERGINE	OCUFEN	PRECOSE	SEDAPAP	TRUSOPT
LAGESIC	METROCREAM	OCUFLOX	PRED FORTE	SELSEB	TUSNEL PEDI
LAMISIL	METROGEL	OLUX	PRELONE	SELSUN	TUSSI-12
LANOXIN	METROLOTION	OMNII	PREVACID	SENETONIC	TUSSI-PRES
LASIX	MEVACOR	OMNIPRED	PREVIDENT	SEPTRA	TUSSO-C
LEUSTATIN	MIACALCIN	OPTIPRANOLOL	PRIOSEC	SEPTRA DS	TYLENOL/COD
LEVBID	MICROZIDE	OPTIVAR	PRINIVIL	SERADEX	TYLOX
LEVOPHED	MIDAMOR	ORAPRED	PRINZIDE	SEROMYCIN	ULTANE
LEVSIN	MINIPRESS	ORTHO MICRONOR	PROAMATINE	SILVADENE	ULTRACET
LIDAMANTLE	MINOCIN	ORTHO TRI-CYCLEN	PROCARDIA	SINEMET	ULTRALYTIC
LIPOSYN II	MIRAPEX	ORTHO-CEPT	PROCARDIA XL	SINEMET CR	ULTRAM
LIPOSYN III	MIRCETTE	ORTHO-CYCLEN	PRO-CLEAR	SKELAXIN	ULTRAM ER
LITHOBID	MOBIC	ORTHO-NOVUM	PROCTOCORT	SOMA	ULTRAVATE

UMECTA	VALIUM	VICODIN ES	WELLBUTRIN	ZANTAC	ZOCOR
UNASYN	VALTrex	VICOPROFEN	WELLBUTRIN XL	ZAROXOLYN	ZODERM
UNIRETIC	VASERETIC	VIDEX EC	WESTCORT	Z-COF DM	ZOFRAN
UNIVASC	VASOTEC	VISTARIL	WESTHROID	ZEBETA	ZOFRAN ODT
URAMAXIN	VAZOBID	VITAFOL	XANAX	ZEMURON	ZOLOFT
URECHOLINE	VAZOL	VITAROCA	XANAX XR	ZERIT	ZONALON
UREX	VAZOL-D	VIVACTIL	XENADERM	ZESTORETIC	ZOTEX
UROCIT-K	VAZOTAN	VOLTAREN	XOPENEX	ZESTRIL	ZOTEX PED
UROQID	VERELAN	VOLTAREN-XR	XYLOCAINE	ZIAC	ZOVIRAX
URSO	VERELAN PM	VOSOL	YASMIN	ZINACEF	ZYBAN
URSO FORTE	VIBRAMYCIN	VOSOL HC	YAZ	ZINECARD	ZYLOPRIM
UTA	VICODIN	VOSPIRE ER	ZANAFLEX	ZITHROMAX	

Premier Formulary

The following brand-name and selected generic drugs are no longer covered effective November 1, 2010.

ACANYA	AVAR LS	CLARITIN	LIPOFEN	PRECEDEX	TRIGLIDE
ACIPHEX	AVAR-E LS	CLARITIN RDT	LUNESTA	PREVACID	TRILIPIX
ACZONE	AVIDOXY DK	CLINAC	MINOCIN	PRILOSEC	VANOXIDE HC
ADOXA	AZELEX	CLINDAGEL	MONODOX	PROTONIX	VIBRAMYCIN
AKNE-MYCIN	BENCORT	CLINDAREACH	NEXIUM	RA SOL	XYZAL
ALLEGRA SUSP 30MG/5ML	BENZAFLIN	DIFFERIN	NICOMIDE-T	RESTASIS	ZACARE
ALLEGRA ODT 30MG	BENZAMYCIN	DORAL	NORITATE	RETIN-A MICRO	ZEGERID
ALLEGRA-D 24H	BENZASHAVE 5	DORYX	NUTRIDOX	SOLODYN	ZIANA
ALODOX	BENZEFOAM	DUAC CS	OMEPRABICAR	SOMNOTE	ZODERM
AMBIEN CR	BENZIQ	EDLUAR	OMEPRAZOLE 10MG	SULFOAM	ZYRTEC
ANTARA	CHLORAL HYDRATE	EPIDUO	OMEPRAZOLE 40MG	TRETIN-X	
ATRALIN	CLARINEX	FENOGLIDE	ORACEA	TREXIMET	
AVAR	CLARINEX RDT	INOVA	PACNEX MX	TRIAZ	
	CLARINEX-D	LANSOPRAZOLE	PANTOPRAZOLE	TRICOR	

2010 Formulary Changes

Effective 11/1/2010

Generic Drugs Moving to Tier 2

The following drugs will require a second-tier copayment

ADAPALENE	FENTANYL TD
ALPROSTADIL	FEXOFENADINE
AMPHETAMINE-DEXTROAMPHETAMINE SR	FEXOFENADINE-PSEUDOEPHEDRINE TAB SR
BENZOYL PEROXIDE	GABAPENTIN
BENZOYL PEROXIDE-ERYTHROMYCIN	ISOTRETINOIN
BENZOYL PEROXIDE-SULFUR	MYCOPHENOLATE
BENZOYL PEROXIDE-UREA	PANTOPRAZOLE†
BUDESONIDE	SULFACETAMIDE SODIUM TOPICAL
CLINDAMYCIN PHOSPHATE FOAM	TACROLIMUS
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE	TAMSULOSIN
DESMOPRESSIN ACETATE	TOPIRAMATE
ERYTHROMYCIN TOPICAL PADS	URSODIOL
FAMCICLOVIR	VALACYCLOVIR
FENTANYL CITRATE	VENLAFAXINE HCL ER

Brand-Name Drugs (Non-preferred or Tier 3)

The following brand-name drugs have been changed to non-preferred status, requiring the highest copayment.

ABILIFY	CEREFOLIN†	FLOMAX†	NUVARING	PULMICORT†
ALAMAST	CLEOCIN†	KERALYT†	OPTIVAR†	SANDIMMUNE
ALDARA†	DELESTROGEN†	KLOR-CON-25	ORTHO EVRA	SEASONIQUE
ALOCRIL	DEPO PROVERA†	LOESTRIN 24 FE†	ORTHO TRI-CYCLEN LO	SKELAXIN†
ALOMIDE	DEXPAK†	LOSEASONIQUE	OVCON 50	SULAR†
ARIMIDEX†	DILANTIN	LYBREL	PATADAY	SYNTHROID
ASTELIN†	DILANTIN - 125	MIRAPEX†	PATANOL	ULTRALYTIC 2
AUGMENTIN†	ELESTAT	NATAZIA	PEPCID†	YAZ†
BEPREVE	EMADINE	NECON 10/11	PHENYTEK	ZADITOR
BIAFINE†	EXELON†	NEORAL	PROGRAF	
CELLCEPT	FEMCON FE	NUMOISYN†	PROVIGIL	

Preauthorization Required

The following additional drugs require prior authorization for members with the Managed Pharmacy benefit.

ABILIFY*
DEPAKENE*
DEPAKOTE*
DEPAKOTE ER*
KEPPRA*
LAMICTAL*
PROVIGIL
TOPAMAX*

†excluded in Premier Formulary

*new starts to therapy only

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PRR-7820 • 9/10

Top 100 Drugs by Cost

Drug Name	Excluded	Alternative drugs <i>These are suggested alternatives only. Please consult with your physician.</i>
LIPITOR		
SINGULAIR		
ADVAIR DISKU		
NEXIUM	Y	omeprazole (1), DEXILANT (2) <i>Covered therapeutic alternative</i> Prevacid24(\$20), PrilosecOTC(\$18), Zegerid (\$20) <i>OTC alternative</i>
CRESTOR		
AMPHETAMINE		
PANTOPRAZOLE	Y	omeprazole (1), DEXILANT (2) <i>Covered therapeutic alternative</i> Prevacid24(\$20), PrilosecOTC(\$18), Zegerid (\$20) <i>OTC alternative</i>
OMEPRAZOLE		
COPAXONE		
OXYCONTIN		
ABILIFY		
ENBREL SURECLIK		
EFFEXOR XR	Y	venlafaxine ext-release (2) <i>Covered generic equivalent</i>
REMICADE		
HUMIRA PEN		
PLAVIX		
SUBOXONE		
LEXAPRO		
VALACYCLOVIR		
CYMBALTA		
BETASERON		
SEROQUEL		
ACTOS		
ENBREL		
FLUTICASONE		
CONCERTA		
LANTUS		
AZITHROMYCIN		
SIMVASTATIN		
PROVIGIL		
ZOLPIDEM		
AVONEX PREFL		
LOVENOX		

Drug Name	Excluded	Alternative drugs <i>These are suggested alternatives only. Please consult with your physician.</i>
ONETOUGH		
GLEEVEC		
LEVAQUIN		
DIOVAN		
AMOX/K CLAV		
REBIF		
FLOMAX	Y	tamsulosin (2) <i>Covered generic equivalent</i>
ATRIPLA		
ZETIA		
HUMIRA		
ARIMIDEX	Y	anastrozole (1) <i>Covered generic equivalent</i>
BUPROPION HCL		
FLOVENT HFA		
ACIPHEX	Y	omeprazole (1), DEXILANT (2) <i>Covered therapeutic alternative</i> Prevacid24(\$20), PrilosecOTC(\$18), Zegerid (\$20) <i>OTC alternative</i>
OCELLA		
VENLAFAXINE ER		
PROAIR HFA		
DIOVAN HCT		
AMLODIPINE		
TOPIRAMATE		
CELEBREX		
LAMOTRIGINE		
SYNAGIS		
ASACOL		
SPIRIVA		
NUTROPIN AQ		
CHANTIX		
NASONEX		
NOVOLOG		
VYVANSE		
VALTREX	Y	valacyclovir (2) <i>Covered generic equivalent</i>
METOPROLOL		
SUMATRIPTAN		
FOLLISTIM AQ		

Drug Name	Excluded	Alternative drugs <i>These are suggested alternatives only. Please consult with your physician.</i>
NIASPAN		
ANDROGEL		
LIALDA		
JANUVIA		
HUMALOG		
ONDANSETRON		
LISINOPRIL		
SOLODYN	Y	minocycline (1) <i>Covered therapeutic alternative</i>
YAZ	Y	Gianvi (1) <i>Covered generic equivalent</i>
FENOFIBRATE		
SYMBICORT		
ALENDRONATE		
REVLIMID		
SYNTHROID		
SERTRALINE		
FEXOFENADINE		
AMBIEN CR	Y	zolpidem (1) <i>Covered generic equivalent</i>
HYDROCO/APAP		
LAMICTAL		
STRATTERA		
LUNESTA	Y	zolpidem (1) <i>Covered generic equivalent</i>
GAMMAGARD		
CEFDINIR		
ZYPREXA		
BYETTA		
ZEGERID	Y	omeprazole (1), DEXILANT (2) <i>Covered therapeutic alternative</i> Prevacid24(\$20), PrilosecOTC(\$18), Zegerid (\$20) <i>OTC alternative</i>
XYNTHA		
CLARAVIS		
FOCALIN XR		

() = copay tier or average cost

By 2013, Americans could
be spending almost
1/3 of all personal health costs
on prescriptions alone.¹

Working together, we can change that.

Our new approach
to prescription coverage
can help keep your
out-of-pocket costs lower.



The Real Cost of Prescriptions

While the increasing variety and use of prescription drugs can improve your quality of life, it's also a leading contributor to rising healthcare costs.

In fact, two-thirds of total healthcare spending is devoted to hospital care, clinical services, and prescription drugs. And though you may only see your copayment, costly prescriptions ultimately affect your premium and out-of-pocket costs.

What We're Doing About It

At Blue Cross & Blue Shield of Rhode Island, we're making changes to help reduce healthcare costs while making quality care more accessible.

First, we're refocusing our prescription coverage on value, not brand names or bottom lines. Our team of clinicians, pharmacists, and analysts are looking at clinical outcomes, lower-cost alternatives, and overall effectiveness with the goal of making the highest value prescriptions the most accessible.

Second, we're putting more information in our members' hands—so you and your doctor can make the best decisions for your health needs.

Please stay tuned as we continue working to make quality healthcare more accessible and affordable for you.



What You Can Do to Help

Choosing the right prescriptions can help keep your out-of-pocket costs lower.

OTC & Non-prescription Many medications—such as those for allergies—that once required a prescription are now available over-the-counter (OTC). OTC medications must meet the same FDA requirements for safety and effectiveness as the prescription versions.

Generic Medicines All generic medications must pass the same FDA approval process and have the same active ingredients, strength, and form as their brand-name versions—offering the same medication without the research, development, and marketing costs associated with the brand name.

Therapeutic Class All drugs fall within a family, or therapeutic class, based on the conditions they treat. If your brand-name prescription doesn't have a generic version, you may be able to take the generic equivalent of a different brand-name medication within the same therapeutic class.

Talk to your doctor to explore these options and find the most effective solution for your situation.

October 2010

NAME
ADDRESS
CITY, STATE ZIP**Important Information About
Your Prescription Drug Coverage**

Dear [Name],

Prescription drug coverage is an important part of your health plan—prescription drugs are used to treat everything from allergies to heart disease, and they can really improve quality of life. However, they are also a key contributor to healthcare costs.

As your health insurer, we are looking at every way possible to lower your out-of-pocket costs and make healthcare more affordable for you, especially in these tight economic times. We are making changes to our prescription drug coverage as part of that effort.

Prescription drug formulary changes are made with clinical input from our committee of local, independent physicians and pharmacists. Safety, effectiveness, *and* cost are all considered before any change is made. Generic drugs and lower-cost brand name drugs are subject to the same FDA safety and effectiveness requirements as more expensive drugs. Lower cost does not mean lower quality.

As of <DATE>, <DRUG> will no longer be covered by your prescription drug plan. We encourage you to talk to your doctor or pharmacist about an alternative treatment. Switching to an alternative medication is a decision between you and your doctor. Drugs that are excluded from coverage are not eligible for an exception process for coverage and your doctor cannot call for an authorization.

If you take more than one prescription drug, you may receive more than one version of this letter. Please read the letters carefully, since the coverage changes may be different for each drug. For more information, please call our Customer Service Department at (401) 459-5000 or 1-800-639-2227 (outside Rhode Island only), or visit **BCBSRI.com**.

Sincerely,

Peter Hollmann, M.D.
Associate Chief Medical Officer of Provider Relations

October 2010

NAME
ADDRESS
CITY, STATE ZIP**Important Information About
Your Prescription Drug
Copayments**

Dear [Name],

Prescription drug coverage is an important part of your health plan—prescription drugs are used to treat everything from allergies to heart disease, and they can really improve quality of life. However, they are also a key contributor to healthcare costs.

As your health insurer, we are looking at every way possible to lower your out-of-pocket costs and make healthcare more affordable for you, especially in these tight economic times. We are making changes to our prescription drug coverage as part of that effort.

Prescription drug formulary changes are made with clinical input from our committee of local, independent physicians and pharmacists. Safety, effectiveness, *and* cost are all considered before any change is made. As a result of recent changes, the generic medication you are currently taking is unusually expensive and therefore is being placed at a tier 2 co-pay level. Another alternative may be available in some cases.

Ultimately, by making these prescription drug coverage changes, we are trying to limit your out-of-pocket costs and make healthcare more affordable for you.

To keep your out-of-pocket costs lower, we encourage you to talk to your doctor or pharmacist about lower-cost alternative drugs. Switching to an alternative medication is optional, and that decision is between you and your doctor. **However, please note that if you continue to use <DRUG> after <DATE>, you will have a higher copay (tier 2 copay).**

If you take more than one prescription drug, you may receive more than one version of this letter. Please read the letters carefully, since the coverage changes may be different for each drug. For more information, please call our Customer Service Department at (401) 459-5000 or 1-800-639-2227 (outside Rhode Island only), or visit **BCBSRI.com**.

Sincerely,

Peter Hollmann, M.D.
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