

BCBSRI Pharmacy Program October 1, 2019 Formulary Changes

The information below is effective as of October 1, 2019 and applies to all commercial BCBSRI products, including all Large Group, Small Group and Exchange (Individual) markets. These changes do not apply to the Blue CHiP for Medicare programs. Any changes to this list are the result of a comprehensive review of relevant clinical information by the BCBSRI Pharmacy and Therapeutics Committee.

Large Group and Small Group Markets Formulary

Brand Name Drugs available with generic equivalents (Excluded from coverage)

For application across all commercial formularies the following Brand-name drugs are now **available with generic equivalents**, as a result the Brand name will be **excluded** from coverage effective October 1, 2019. The generic equivalent will continue to be covered.

COPAXONE	LOTEMAX	SENSIPAR
CUPRIMINE	LYRICA	SUBOXONE
ERYPED 400	MESTINON	SUPRAX
EXJADE	PRIMAQUINE PHOSPHATE	TARCEVA
FARESTON	RANEXA	TEKTURNA
FIRAZYR	REMODULIN	TRACLEER
FLUOXETINE HYDROCHLORIDE	RENAGEL	ULORIC
GANIRELIX ACETATE	REVATIO	VESICARE
LETAIRIS		

For the Traditional Formulary, these brand products will continue to be covered with non-preferred or specialty co-pay.

Brand Name and generic Drugs with available alternatives (Excluded from coverage)

The following Brand-name and generic drugs with preferred alternatives will be **excluded** from coverage effective October 1, 2019. Request for coverage will require documented medical necessity.

AKYNZEO CAP	HYDROCO/APAP TAB 7.5-300MG	VENLAFAXINE TAB ER
CINRYZE SOL*	MULPLETA TAB 3MG*	VICODIN ES TAB 7.5-300
EDARBI TAB	PENNSAID SOL	VICODIN HP TAB 10-300MG
EDARBYCLOR TAB	RANITIDINE CAP	VICODIN TAB 5-300MG
FLECTOR DISC	RASUVO INJ	VIZIMPRO TAB*
HYDROCO/APAP TAB 10-300MG	TESTOSTERONE GEL 1%(25MG and 50MG)	VOGELXO GEL 1% all forms
HYDROCO/APAP TAB 5-300MG	TESTOSTERONE GEL PUMP	YONSA TAB 125MG*

*Specialty drug

For the Traditional Formulary, these brand products will continue to be covered with non-preferred or specialty co-pay.

Drugs that will be designated for coverage under Medical

The following drugs will be covered under the medical benefit effective October 1, 2019

BIVIGAM	GAMMAGARD	OCTAGAM
CARIMUNE NANOFILTERED	GAMMAKED	PRIVIGEN
ENTYVIO	GAMMAPLEX	REMICADE
FLEBOGAMMA DIF	GAMUNEX-C	RENFLEXIS
GAMASTAN	INFLECTRA	WINRHO SDF

Tier changes –

The following generic and Specialty drugs have been moved to a **higher** co-pay tier effective October 1, 2019.

ABACAVIR	CAPTOPRIL	DESONIDE
ABACAVIR SULFATE/LAMIVUDINE	CARBAMAZEPINE ER	DESOXIMETASONE
ACAMPROSATE CALCIUM DR	CARBIDOPA	DEXMETHYLPHENIDATE HCL ER
ACETAMINOPHEN/CODEINE	CARTIA XT	DICLOFENAC SODIUM
ACETAZOLAMIDE	CEFACLOR	DICLOFENAC SODIUM ER
ACETIC ACID	CEFDINIR	DICLOFENAC SODIUM/MISOPROSTOL
ACYCLOVIR	CEFIXIME	DILTIAZEM CD
ADEFOVIR DIPIVOXIL	CEFPODOXIME PROXETIL	DILTIAZEM HCL CD
ALBUTEROL SULFATE	CEFPROZIL	DILTIAZEM HCL ER
ALCLOMETASONE DIPROPIONATE	CEPHALEXIN	DILT-XR
ALMOTRIPTAN MALATE	CEVIMELINE HCL	DISOPYRAMIDE PHOSPHATE
ALPRAZOLAM ODT	CHLORPROMAZINE HCL	DIVALPROEX SODIUM
AMABELZ	CHOLESTYRAMINE	DIVALPROEX SODIUM DR
AMIODARONE HYDROCHLORIDE	CHOLESTYRAMINE LIGHT	DIVALPROEX SODIUM ER
AMITRIPTYLINE HCL	CICLOPIROX	DONEPEZIL HCL
AMLODIPINE BESYLATE/VALSARTAN	CLARITHROMYCIN ER	DOXYCYCLINE
AMLODIPINE/VALSARTAN/HCTZ	CLINDACIN ETZ PLEDGETS	DOXYCYCLINE HYCLATE
AMOXICILLIN/CLAVULANATE POTASSIUM	CLINDACIN-P	DOXYCYCLINE HYCLATE DR
AMOXICILLIN/CLAVULANATE POTASSIUM ER	CLINDAMYCIN PALMITATE HCL	DOXYCYCLINE MONOHYDRATE
ANAGRELIDE HYDROCHLORIDE	CLINDAMYCIN PHOSPHATE	DRONABINOL
ARIPIRAZOLE	CLOBETASOL PROPIONATE	DROSPIRENONE/ETHINYL EST/LEVOMEFOLATE CA
ATOVAQUONE/PROGUANIL HCL	CLOBETASOL PROPIONATE E	DUTASTERIDE/TAMSULOSIN HCL
AUGMENTED BETAMETHASONE DIPRO	CLOMIPRAMINE HCL	EFAVIRENZ
AVITA	CLONIDINE HCL	ENTACAPONE
AZITHROMYCIN	CLORAZEPATE DIPOTASSIUM	EPINEPHRINE
BALSALAZIDE DISODIUM	CLOTRIMAZOLE	ERYTHROMYCIN
BALZIVA	CLOTRIMAZOLE/BETAMETHASONE DIPROP	ESGIC
BENZONATATE	CLOZAPINE	ESTARYLLA
BRIELLYN	COLESTIPOL HCL	ESTAZOLAM
BRIMONIDINE TARTRATE	COLOCORT	ESTRADIOL
BROMOCRIPTINE MESYLATE	CROMOLYN SODIUM	ESTRADIOL VALERATE
BUDESONIDE NASAL SPRAY	CYCLOBENZAPRINE HYDROCHLORIDE	ESTRADIOL/NORETHINDRONE ACETATE
BUPRENORPHINE HCL	CYCLOSPORINE	ETHOSUXIMIDE
BUPRENORPHINE HCL/NALOXONE HCL	CYCLOSPORINE MODIFIED	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL
BUTALBITAL/ACETAMINOPHEN/CAF	DANAZOL	EXEMESTANE
BUTALBITAL/ACETAMINOPHEN/CAF/COD	DARIFENACIN HYDROBROMIDE ER	FELBAMATE
CALCIPOTRIENE	DAURISMO*	FEMYNOR
CALCITRIOL	DEMECLOXYCLINE HCL	FENOFIBRATE
CANDESARTAN CILEXETIL/HCL	DESIPRAMINE HCL	FENOPROFEN CALCIUM
CAPACET	DESMOPRESSIN ACETATE	FENTANYL

FLAC	INDAPAMIDE	MINOCYCLINE HCL
FLUCONAZOLE	KELNOR 1/50	MINOXIDIL
FLUCYTOSINE	KETOROLAC TROMETHAMINE	MONO-LINYAH
FLUOCINOLONE ACETONIDE	KIONEX	MONONESSA
FLUOROURACIL	KLOFENSAID II	MONTELUKAST SODIUM
FLUOXETINE HYDROCHLORIDE	KLOR-CON	MORPHINE SULFATE
FLUPHENAZINE HCL	KLOR-CON 8	MORPHINE SULFATE ER
FLURBIPROFEN	LAMIVUDINE	MUPIROCIN
FLUTICASONE PROPIONATE	LAMIVUDINE/ZIDOVUDINE	MYCOPHENOLATE MOFETIL
FLUVASTATIN	LAMOTRIGINE ODT	MYCOPHENOLIC ACID DR
FLUVASTATIN SODIUM ER	LANSOPRAZOLE	NABUMETONE
FLUVOXAMINE MALEATE	LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	NADOLOL
FLUVOXAMINE MALEATE ER	LEFLUNOMIDE	NAFTIFINE HCL
FONDAPARINUX SODIUM	LEUCOVORIN CALCIUM	NAPROXEN
FOSINOPRIL SODIUM	LEUPROLIDE ACETATE	NAPROXEN DR
FROVATRIPTAN SUCCINATE	LEVALBUTEROL	NAPROXEN SODIUM
GABAPENTIN	LEVOCARNITINE	NIACIN ER
GALANTAMINE HYDROBROMIDE	LEVOFLOXACIN	NIFEDIPINE
GALANTAMINE HYDROBROMIDE ER	LEVOTHYROXINE/LIOTHYRONINE	NISOLDIPINE ER
GENGRAF	LIDOCAINE HCL	NITROFURANTOIN
GILDAGIA	LIOTHYRONINE SODIUM	NITROFURANTOIN MACROCRYSTALS
GRISEOFULVIN MICROSIZED	LOPREEZA	NITROGLYCERIN
GUANFACINE ER	MALATHION	NITROGLYCERIN LINGUAL
GUANFACINE HYDROCHLORIDE	MATZIM LA	NIZATIDINE
HALOBETASOL PROPIONATE	MEFENAMIC ACID	NORGESTIMATE/ETHINYL ESTRADIOL
HALOPERIDOL	MEGESTROL ACETATE	NP THYROID 120
HALOPERIDOL DECANOATE	MEMANTINE HCL TITRATION PAK	OCTREOTIDE ACETATE
HEATHER	MEPROBAMATE	OFLOXACIN
HEPARIN SODIUM	METHAZOLAMIDE	OLANZAPINE/FLUOXETINE
HEPARIN SODIUM DCU	METHERGINE	OLOPATADINE HCL
HETLIOZ*	METHOTREXATE SODIUM	ONDANSETRON HCL
HYDROCODONE BITARTRATE/ACETAMINOPHEN	METHYLDOPA	OXCARBAZEPINE
HYDROCODONE/IBUPROFEN	METHYLERGONOVINE MALEATE	OXYBUTYNIN CHLORIDE
HYDROCORTISONE	METHYLPHENIDATE HYDROCHLORIDE	OXYCODONE HCL
HYDROCORTISONE ACETATE/PRAMOXINE	METOLAZONE	OXYMORPHONE HYDROCHLORIDE
HYDROCORTISONE VALERATE	METRONIDAZOLE	PACERONE
HYDROMORPHONE HCL	MIDODRINE HCL	PALIPERIDONE ER
HYDROMORPHONE HCL ER	MIGLITOL	PARICALCITOL
IMIPRAMINE HCL	MILI	PAROXETINE HCL ER
IMIPRAMINE PAMOATE	MIMVEY	PHENADOZ



PHENERGAN	ROPINIROLE ER	TRI FEMYNOR
PHENOBARBITAL	ROPINIROLE HCL	TRIAMCINOLONE ACETONIDE
PHENYTOIN SODIUM EXTENDED	ROSADAN	TRIDERM
PHILITH	SCOPOLAMINE	TRI-ESTARYLLA
PIOGLITAZONE HCL	SELEGILINE HCL	TRIFLURIDINE
PIOGLITAZONE HCL/METFORMIN HCL	SEVELAMER CARBONATE	TRIHEXYPHENIDYL HCL
POTASSIUM CHLORIDE	SIROLIMUS	TRI-LINYAH
POTASSIUM CHLORIDE ER	SODIUM CHLORIDE	TRI-MILI
POTASSIUM CHLORIDE SR	SODIUM POLYSTYRENE SULFONATE	TRINESSA
POTASSIUM CITRATE ER	SOLOXIDE	TRI-PREVFEM
PRAMIPEXOLE DIHYDROCHLORIDE	SPIRONOLACTONE	TRI-SPRINTEC
PRAZIQUANTEL	SPRINTEC 28	TRI-VYLIBRA
PREDNISOLONE SODIUM PHOSPHATE	SPS	TROPICAMIDE
PREVALITE	SUCRALFATE	TROSPIMUM CHLORIDE ER
PREVFEM	SUMATRIPTAN	URSODIOL
PRIMIDONE	TACROLIMUS	VALGANCICLOVIR
PROFENO	TAZTIA XT	VALGANCICLOVIR HYDROCHLORDE
PROMETHAZINE HCL	TELMISARTAN/AMLODIPINE	VALPROIC ACID
PROMETHEGAN	TEMAZEPAM	VALSARTAN/HYDROCHLOROTHIAZIDE
PROPAFENONE HCL	TENOFOVIR DISOPROXIL FUMARATE	VANCOMYCIN HCL
PROPAFENONE HCL ER	TESTOSTERONE	VENLAFAXINE HCL ER
PROPRANOLOL HCL	TESTOSTERONE PUMP	VICODIN
PYRAZINAMIDE	TETRACYCLINE HYDROCHLORIDE	VICODIN ES
QUETIAPINE FUMARATE ER	THEOPHYLLINE	VICODIN HP
QUINIDINE GLUCONATE CR	THIOTHIXENE	VIENVA
QUINIDINE GLUCONATE ER	TIAGABINE HYDROCHLORIDE	VORICONAZOLE
QUININE SULFATE	TIBSOVO*	VYFEMLA
RAJANI	TIZANIDINE HCL	VYLIBRA
RANITIDINE HYDROCHLORIDE	TOBRAMYCIN/DEXAMETHASONE	XOSPATA*
RIFAMPIN	TOLTERODINE TARTRATE	XYLON
RILUZOLE	TOLTERODINE TARTRATE ER	ZALEPLON
RISEDRONATE SODIUM DR	TOPIRAMATE	ZEBUTAL
RISPERIDONE M-TAB	TRAMADOL HCL ER	ZENCHENT
RISPERIDONE ODT	TRANDOLAPRIL	ZOLPIDEM TARTRATE
RITONAVIR	TRANDOLAPRIL/VERAPAMIL HCL ER	ZONISAMIDE
RIVASTIGMINE TARTRATE	TRANLYCYPROMINE SULFATE	ZOVIA 1/50E
RIVASTIGMINE TRANSDERMAL SYSTEM	TRETINOIN	

*Brand Specialty drug

Individual Market (Direct Pay/Direct Pay Exchange) Formulary

Brand Name Drugs (Excluded from coverage)

The following Brand-name drugs are now **available with generic equivalents**, as a result the Brand name will be **excluded** from coverage effective October 1, 2019. The generic equivalent will continue to be covered.

CANASA	PRIMAQUINE PHOSPHATE	SABRIL
FARESTON	RANEXA	SUBOXONE
GANIRELIX ACETATE	RENAGEL	

Drugs (Excluded from coverage)

The following drugs are **available with alternatives** as a result, they will be **excluded** from coverage effective October 1, 2019.

AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	MYNATAL ADVANCE	MYNATAL-Z
CHLORZOAZONE	MYNATAL PLUS	RASUVO
FENOFIBRATE	MYNATAL ULTRACAPLET	VENLAFAXINE HCL ER

Tier Changes

The following **Brand** drugs have been moved to a **higher** co-pay tier effective October 1, 2019.

NEOMYCIN/POLYMYXIN/GRAMICIDIN	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE
PIMOZIDE	ZARXIO

Prior Authorization

The following drugs will now require prior authorization for coverage effective October 1, 2019.

FIBRYGA	LIDOCAINE HCL	RIASTAP
GLYDO	LIDOCAINE HCL JELLY	SYMDEKO

Quantity Limits

The following products will be subject to quantity limits on dispensing per prescription effective October 1, 2019.

BEPREVE	LASTACFT	TACROLIMUS
EMADINE	MECLOFENAMATE SODIUM	TOLMETIN SODIUM
KETOPROFEN	OTREXUP	VELTIN