

BlueCHiP for Medicare 2015 Formulary Changes

The information below is effective as of January 1, 2015 and applies to **all** BlueCHiP for Medicare products. Any changes to this list are the result of a comprehensive review of relevant clinical information. This list is **not all inclusive** but is a sample of changes. Please refer to the 2015 formulary for more information.

Generic Drugs Moving to Tier 2

The following generic drugs have been moved to a higher tier. These are considered high-risk medications for people over age 65 in the Star measures and Beers criteria.

TCA	Antihistamines	Benzodiazepines	Skeletal Muscle	Barbiturates
<ul style="list-style-type: none"> • amitriptyline • clomipramine • imipramine • trimipramine 	<ul style="list-style-type: none"> • brompheniramine • carbinoxamine • chlorpheniramine • clemastine 	<ul style="list-style-type: none"> • alprazolam (all) • chlordiazepoxide • clonazepam • clorazepate 	<ul style="list-style-type: none"> • carisoprodol • chlorzoxazone • cyclobenzaprine • metaxalone • methocarbamol • orphenadrine 	<ul style="list-style-type: none"> • amobarbital • butabarbital • butalbital • pentobarbital • phenobarbital • secobarbital
CNS	<ul style="list-style-type: none"> • cyproheptadine • dexchlorpheniramine • diphenhydramine 	<ul style="list-style-type: none"> • diazepam • estazolam • flurazepam 	Sedative Hypnotics	<ul style="list-style-type: none"> • zolpidem, ER • zaleplon • eszopiclone
Endocrine	<ul style="list-style-type: none"> • doxylamine • hydroxyzine • promethazine • triprolidine 	<ul style="list-style-type: none"> • lorazepam • oxazepam • temazepam • triazolam 	Sulfonylureas	<ul style="list-style-type: none"> • glyburide • chlorpropamide

Brand Name Drugs Moved to a Tier 2 (Preferred Brand)

The following brand name drugs have been changed to a preferred status.

Lilly Insulins®

One Touch Diabetic Products®

Dexilant®

Brand Name Drugs Moved to a Non-Preferred Tier 3

The following brand name drugs have been changed to a non-preferred status.

Novo Insulins®

Actiq®

Welchol®

Migergot

lamivudine

nevirapine SR

Pradaxa®

Metrogel®

Namenda®

Onglyza®

Seroquel XR®

Ranexa®

Pristiq®

Exelon®

Brand Name Drugs (excluded from coverage)

The following brand name drugs have available generic equivalents. As a result, the brand name will be **excluded** from coverage.

Aciphex®

Cymbalta®

Lovaza®

Protonix ®

Avelox®

Differin®

Nexium®

Vicodin, ES, HP®

Avita cream®

Digox®

Prilosec®

Vivelle DOT®

Campral ®

Lamictal XR®

Prevacid®

Specialty Pharmacy Benefit Update

The following brand name drugs have been changed to a specialty status.

Adcirca®	Sancuso®	Tacrolimus®	Xifaxan®
Baraclude®	Stelara®	Trelstar LA, Dep®	
Ribapak®	Subsys®	Xeljanz®	

All medical criteria guidelines for Specialty Pharmacy forms and guidelines are available in the Provider section of BCBSRI.com.

If you have any questions regarding these changes, please contact our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.