

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

### *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.