

## BCBSRI Pharmacy Program April 1, 2016 Formulary Changes

The information below is effective as of April 1, 2016 and applies to **all** commercial BCBSRI products, including the Large Group 4 Tier and 5Tier formulary and the Small Group 5 Tier formulary. These changes do not apply to the Individual Market programs or to 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.

### Generic Drugs – Tier changes

The following generic drugs have been moved to a **higher** tier.

AMPHETAMINE-DEXTROAMPHETAMINE SR

METHYLPHENIDATE HCL SA OSM

### Brand Drugs – Tier changes

The following Brand name drugs have been moved to a **lower** tier

ADDERALL XR

CONCERTA

The following Brand name drugs have been moved to a **higher** tier

XIFAXAN

ZEMAIRA

### Brand Name and select Generic Drugs – Prior Authorization now required

AMPHETAMINE-DEXTROAMPHETAMINE SR

QUILLIVANT SUS 25MG/5ML

METHYLPHENID SOL 5MG/5ML

SYPRINE CAP 250MG

METHYLPHENIDATE HCL SA OSM

XIFAXAN

### Brand Name Drugs (excluded from coverage - with medical necessity review supported)

For the Large Group 4 Tier and 5 Tier formulary and the Small Group 5 Tier formulary. The following Brand-name drugs and select generic drugs are **excluded** from coverage effective April 1, 2016, but will have medical exception criteria available.

ACANYA

EVEKEO

ONEXTON

APLENZIN

FORFIVO XL

TIMOPTIC OCUDOSE

CARAC

ISORDIL TITRADOSE

TUSSICAPS

CARDIZEM LA

ISTALOL

XERESE

CUPRIMINE

JUBLIA

ZOVIRAX

DIASTAT ACUDIAL

MEPHYTON

ERTACZO

MIGRANAL

***Brand Name Drugs (excluded from coverage - no medical necessity review supported)***

For the Large Group 4 Tier and 5 Tier formulary and the Small Group 5 Tier formulary the following Brand-name drugs are now **available with generic equivalents**, as a result the Brand name will be **excluded** from coverage effective April 1, 2016.

<b>ATIVAN</b>	<b>LEXAPRO</b>	<b>PROVIGIL</b>
<b>AVODART</b>	<b>LOTRONEX</b>	<b>PULMICORT</b>
<b>BENZACLIN WITH PUMP</b>	<b>MEGACE ES</b>	<b>TENORMIN</b>
<b>BONIVA</b>	<b>MESTINON</b>	<b>TERAZOL 3</b>
<b>DIBENZYLINE</b>	<b>NAMENDA</b>	<b>ULTRASAL-ER</b>
<b>EXELON</b>	<b>NORVASC</b>	<b>VALCYTE</b>
<b>GLUMETZA</b>	<b>ORAP</b>	<b>VYTONE</b>
<b>INVEGA</b>	<b>ORTHO TRI-CYCLEN LO</b>	<b>XENAZINE</b>
<b>JALYN</b>	<b>OXSORALEN ULTRA</b>	<b>ZONEGRAN</b>
<b>KAPVAY</b>	<b>PATANOL</b>	<b>ZYVOX</b>
<b>LESCOL XL</b>	<b>PROTONIX</b>	

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