

Formulary Exception Process



Blue Cross & Blue Shield of Rhode Island developed the formulary to encourage the use of medically accepted, cost-effective drugs. Some drugs are excluded from the formulary because alternatives are available. Alternatives may be generic equivalents, alternative prescription drugs, or over-the-counter drugs that offer the same effectiveness and safety as the excluded drug.

On April 1, 2011, a medical exception process became available for the rare cases when a member is taking an excluded drug and his or her doctor determines that other drugs are not effective. This medical exception process will ensure that members have access to the medications that meet their unique needs, while still helping to make healthcare coverage more affordable for all of our members.

Medical Exception Process

- The healthcare provider must apply for an exception on the patient's behalf.
- The provider must fill out the appropriate medical exception form for the drug prescribed and submit it to Optum, our pharmacy benefits manager.
 - The provider may download the form from **bcbsri.com**.
 - The provider/member may initiate a request for medical exception on **bcbsri.com**.
 - Alternatively, the member may request the appropriate form from Customer Service and bring it to his or her provider to fill out.
- The provider must give a medical reason for the member to stay on an excluded drug.
- Optum will review the exception application according to normal utilization review guidelines and protocols.

The formal exception process began on April 1, 2011. Exceptions may be approved retroactively for members who have been taking excluded drugs.

Formulary Excluded Drugs

Eligible for the Medical Exception Process

The medical exception process is available for the following excluded drugs:

ABSORICA	DEXILANT	NAPROXEN SOD TAB	ULTRAVATE X KIT
ACANYA GEL	DICLEGIS	NAPROXEN SOD TAB CR	URAMAXIN GT KIT
ACIPHEX SPRINKLE	DICLOFENAC GEL 3%	NATROBA SUSP	UREA CREAM
ACLARO EMULSION	DIFFERIN LOT	NICAZELDOXY KIT	UTOPIC CREAM
ACTICLATE TAB	DORAL TAB	NORITATE CREAM	VANOXIDE-HC LOTION
ACZONE GEL	DORYX TAB	NOVOLOG INJ	VELTIN GEL
AFREZZA POW	DUEXIS TAB	NUCORT LOT	VIMOVO GEL
AKNE-MYCIN OINT	EASYGEL	NUOX GEL	VOPAC CREAM
ALODOX KIT	EDLUAR SUB	NUTRIDOX KIT	VOPAC GB CREAM
AMICAR SYRUP	EPIDUO GEL	OCUDOX KIT	XARTEMIS XR
AMICAR TAB	ESMEPRAZOLE MAG CAP	OMEPRAZOLE/BICARB CAP	XOLOX TAB
AMRIX CAP	FENOFIBRATE CAP	ONEXTON GEL	ZACARE KIT
ANTARA CAP	FENOFIBRIC TAB	ORACEA CAP	ZEGERID POWDER
APIDRA INJ	FENOGLIDE TAB	OVACE PLUS LOTION	ZIANA GEL
AUVI-Q INJ	FIBRICOR TAB	PROTONIX PAK	ZINC SULFATE CAP
AVIDOXY DK KIT	FLUOROPLEX CREAM	RASUVO INJ	ZIPSOR CAP
AZELEX CREAM	FLUORAOURACIL CREAM	RAYOS TAB	ZOHYDRO ER CAP
BELSOMRA	GLUMETZA	RESPA-BR TA B	ZOLPIMIST SPRAY
BENZAMYCIN GEL PAK	GLYCATO TAB	RESTASIS EMULSION	ZORVOLEX
BENZI Q GEL	GRALISE	RETIN-A MICRO GEL	ZUBSOLV SUB
BENZI Q LS GEL	HETLIOZ	RIAX AERO	ZYDONE
BP FOAMING LIQ WASH 10%	HORIZANT	ROSADAN KIT	
BPO GEL 4%	HYLIRA LOTION	SALKERA AERO	
BRINTELLIX TAB	INCIVEK	SALVAX AERO	
BRISDELLE CAP	INOVA KIT	SECONAL	
BUTRANS DISC	INTERMEZZO SUBLINGUAL	SILENOR TAB	
CAMBIA POWD	JUBLIA	SOD SUL/SULF KIT	
CARAC CREAM	KAPVAY	SOLODYN TAB	
CARISOPRADOL/ASA TAB	KERYDIN SOL	SOMA TAB	
CARISOPRODOL TAB	LIPOFEN CAP	SPECTRACEF	
CARISOPRODOL TAB ASA/COD	LIQUICET	SPRIX SPRAY	
CLARINEX SYRUP	MAGNACET	STAGESIC	
CLARINEX-D	METHYLERGON	SULF/SUNSCREEN KIT	
CLINDACIN KIT ETZ	MIDAZOLAM INJ	SULFOAM SHAMPOO	
CLINDACIIN KIT PAC	MINOCIN KIT	SUMAXIN CP KIT	
CLINDAGEL GEL	MIRVASO GEL	SURMONTIL	
CLONIDINE TAB ER	MORGIDOX KIT	TRETIN-X CREAM	
CONZIP CAP	NAPRELAN TAB CR	TRIGLIDE TAB	