

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 Catamaran, 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.
- Catamaran 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	FENOFIBRATE	ORAXYL
ACANYA	FENOGLIDE	PROTONIX PAK
ACIPHEX SPRINKLE	FIBRICOR	RAYOS
ACTHAR HP GEL	GLYCATE	RESTASIS
ACZONE	GRALISE	RIAX AERO
AKNE-MYCIN	HETLIOZ	ROSDAN
ALODOX	HORIZANT	SECONAL
AMRIX	INOVA	SILENOR
ANTARA	INTERMEZZO	SODIUM SULYMD/SULFA
APIDRA	INTUNIV	SOLODYN
ATRALIN	ITRACONAZOLE CAP/POW	SPORANOX SOL
AUVI-Q	JUBLIA	SPRIX
AVIDOXY DK	KERALAC	SSS 10-4 AERO
AZELEX	KERYDIN	SULFOAM
BENZAMYCIN GEL	LANSOPRAZOLE	SUMAXIN CP
BENZIQ GEL	SOLUTAB/ ODT	TRETIN-X
BENZIQ LS GEL	LIPOFEN	TRIGLIDE
BRINTELLIX TAB	MINOCIN KIT	ULTRAVATE X
BRISDELLE CAP	MORGIDOX KIT	URAMAXIN GT
BUTRANS	MYALEPT	UTOPIC
CAMBRIA	NAPRELAN CR	VANOXIDE-HC
CLARINEX SYP	NAPRODERM	VELTIN
CLARINEX-D	NEXIUM (Rx version)	VIMOVO
CLINDACIN	NICAZELDOXY KIT	ZACARE
CLINDAGEL	NORITATE	ZEGERID POW
CONZIP	NOVOLOG (all products)	ZIANA
DICLEGIS	NUOX	ZIPSOR
DIFFERIN LOT	NUTRIDOX	ZOLPIMIST
DORAL	OCUDOX	ZORVOLEX
DORYX	OLYSIO	ZUBSOLV
DUEXIS	OMEPRABICARB	
EDLUAR	ONMEL	
EPIDUO	ORACEA	

