

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