

BCBSRI Pharmacy Program October 1, 2014 Formulary Changes

The information below is effective as of October 1, 2014 and applies to **all** commercial BCBSRI products, including the Managed Pharmacy Benefit and Essential Health Benefit (EHB) plan designs. These changes do not apply to BlueCHiP for Medicare. 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 Moving to Tier 1 for EHB 5-Tier formulary only

The following generic drugs have been moved to a lower tier.

Methylphenidate Tab

Generic Drugs Moving to Tier 2 for EHB 5-Tier formulary only (not an inclusive list)

The following drugs are moving to a higher tier.

Acetazolamide Cap ER	Etodolac	Metformin ER	Risperidone
Alendronate	Famciclovir	Methotrexate Tab	Ropinirole
Alprazolam	Fenofibrate	Metoprolol ER	Sumatriptan
Amphetamine	Fluconazole	Metronidazole	Tacrolimus
Atorvastatin	Fluoxetine	Moexipril	Temazepam
Buprenorphine/Naloxone	Flutamide	Montelukast	Testosterone Inj
Carbamazepine ER	Fluticasone	Morphine Sulfate	Thioridazine
Carbamazepine	Gabapentin	Necon 1/35	Topiramate
Ciprofloxacin ER	Gengraf	Olanzapine	Tretinoin
Clindamycin	Glipizide	Orphenadrine	Triamterene/Hctz
Clobetasol	Hydrocodone/Apap	Oxybutynin	Tri-Previfem
Clonazepam ODT	Ibandronate	Oxycodone	Tri-Sprintec
Cyclobenzaprine	Indomethacin ER	Oxymorphone ER	Trivora
Danazol	Ipratropium	Paroxetine ER	Urea
Desipramine	Irbesartan	Pioglitazone	Ursodiol
Desvenlafaxine ER	Junel	Piroxicam	Valacyclovir
Diclofenac	Labetalol	Propranolol	Valsartan/Hctz
Diltiazem	Lamotrigine	Ramipril	Venlafaxine
Divalproex ER	Lansoprazole	Ranitidine	
Estradiol	Lithium Carbonate	Ribavirin	

Brand Name Drugs (excluded from coverage - with medical necessity available)

For the Standard and EHB Formularies, the following brand-name drugs are **excluded** from coverage effective October 1, 2014, but will have medical exception criteria available.

All Glucose Meters and Test Strips, other than Lifescan products, are **excluded** (not an inclusive list)

Accu-Check	Freestyle	Relion
Bayer Contour	Nexgen	Surecheck
Duo-Care	Optium	TrueTrack
Easy Touch	Precision	Ultima

The listed products contain Acetaminophen in doses above recommended amounts and are **excluded**.

Cocet Tab 650-30mg	Magnacet Tab 5-400mg	Zydone Tab 10-400mg
Cocet Plus Tab 650-60mg	Magnacet Tab 7.5-4--mg	Zydone Tab 5-400mg
Liquicet Sol 10-500mg	Propoxyphene/Apap 100-650mg	Zydone Tab 7.5-400mg
Magnacet Tab 10-400mg	Xolox Tab 10-500mg	

The following products are **excluded** due to concerns of adverse effects and patient safety concerns.

Carisoprodol	Carisoprodol/Aspirin	Carisoprodol/Aspirin/Codeine
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Brand Name Drugs (excluded from coverage - no medical necessity) For the Standard and EHB Formularies, the following brand-name drugs are now available with generic equivalents. The brand name drugs will be **excluded** from coverage effective October 1, 2014.

Avelox	Donnatol Tab	Ortho Evra
Avinza	Lodosyn	Prodrin
Caduet	Lovaza	Rhinocort AQ
Differin Gel 0.3%	Lunesta	Virammune XR
Diovan	Mepron Susp	Xeloda
Donnatol Elixir	Micardis HCT	

For the Traditional Formulary, these products will be covered with a non-preferred or tier 3 co-pay.

Managed Pharmacy Benefit Update

The following additional changes apply to all managed pharmacy plan designs, effective October 1, 2014.

Preauthorization Changes

As a reminder, physicians need to complete a Prior Authorization Form for any prescriptions on the BCBSRI Prior Authorization List. The following is a list of additional drugs which require prior authorization effective for October 1, 2014.

Advair	Gonal F	MS Contin [^]
Advair Diskus	Hydromorphone ER [^]	Nucynta ER [^]
Avinza [^]	Kadian [^]	Opana ER [^]
Fentanyl patch [^]	Methadone conc. [^]	OxyContin [^]
Flovent	Methadone oral susp [^]	Oxymorphone SR [^]
Flovent Diskus	Methadone tabs [^]	Pulmicort

[^] New starts only

Quantity Limits

The following drugs will be subject to Quantity Limits consistent with FDA approved dosing effective on October 1, 2014. Opiate product limits are based upon morphine daily equivalence and incorporate requirements to use the most efficient available dose strength. *For Providers:* Details on limits are included in the September Provider Update.

Adrenaclick	Epi-Pen JR	Naloxone 1 mg/ml
Auvi-Q	Kadian	Opana ER
Avinza	Methadone	Oxycodone IR
Epinephrine Inj	Naloxone 0.4 mg/ml	OxyContin
Epi-pen 2-Pak		

All medical criteria guidelines for Prior Authorization and Quantity Limit exception are available at www.bcbsri.com in the Provider section.

Specialty Pharmacy Benefit Update

The following updates apply to all prescription benefit policies with a Specialty Pharmacy benefit, effective on October 1, 2014.

Added to Specialty benefit requirements

Vivitrol Inj

All medical criteria guidelines and authorization forms for Specialty Pharmacy are available at www.bcbsri.com in the Provider section.

Standard Plan Exclusions – Update to all Commercial Benefit Plan Designs

The following products are considered to be most appropriately covered under a BCBSRI medical policy only effective October 1, 2014. These products will no longer be covered under the pharmacy benefit at a retail pharmacy.

Boniva Inj 3MG/3ML	Infumorph Inj	Talwin Inj
Demerol Inj	Opana Inj	Ultiva Inj
Depodur Inj	Reclast IV 5 mg/100 ml	

The following products are now available without a prescription (OTC) and will no longer be covered under the pharmacy benefit at a retail pharmacy.

Nasacort Spray	Nexium 20 mg	Oxytrol
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The following category of products do not meet criteria for coverage under the pharmacy benefit as they are not FDA approved or do not carry an Rx Legend status. These products are often included in pharmacy prepared compounded prescriptions (as listed by Medispans classification).

Bulk Chemicals	Bulk Powders
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