

Blue Cross & Blue Shield of Rhode Island

Preferred Drug List

Effective October 1 2014 – April 1 2015

Commercial Formulary Guide



500 Exchange Street • Providence, RI 02903-2699 • www.BCBSRI.com

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association



Preferred Drug List



DRUG CATEGORY	TIER 1	TIER 2	TIER 3
ANTI-INFECTIVE			
Anti-Fungals	ciclopirox 8% soln, fluconazole, flucytosine, griseofulvin micro, itraconazole^, ketoconazole, nystatin, terbinafine, voriconazole		Ancobon, Ertaczo, Grifulvin V 500 mg, Gris-Peg, Noxafil
Anti-Malarials	atovaquone/proguanil, chloroquine, hydroxychloroquine	Daraprim, Primaquine	
Antivirals, Cytomegalovirus Agents #	ganciclovir		
Antivirals, Herpes Agents #	acyclovir, famciclovir, valacyclovir		
Antivirals, HIV/AIDS	abacavir, didanosine, lamivudine, lamivudine-zidovudine, nevirapine, stavudine, zodovudine	Crixavan, Endurant, Emtriva, Intenence, Isentress, Lexiva, Norvir, Prezista, Respirator, Reyataz, Selzentry, Sustiva, Truvada, Viracept, Viramune, Viramune XR, Viread	Atripla, Complera, Tivicay, Videx Sol, Ziagen Sol
Cephalosporins, 1st Generation	cefadroxil, cephalexin		
Cephalosporins, 2nd Generation #	cefaclor/ER, cefprozil, cefuroxime		
Cephalosporins, 3rd Generation	cefdinir, cefpodoxime	Suprax	Cedax
Erythromycins/Macrolides #	azithromycin, clarithromycin/ER, erythromycin/stearate, EES		Difidic^
Fluoroquinolones #	ciprofloxacin/ER, levofloxacin, ofloxacin		Factive, Noroxin, Proquin XR
Hepatitis B, Oral Agents	lamivudine	Hepsera	Baraclude, Tyzeka
Hepatitis C Agents		ribapak, ribavirin	
Influenza Agents #	amantadine, rimantadine		Relenza, Tamiflu
Miscellaneous	vancomycin	Xifaxan	
Penicillins #	amoxicillin, amoxicillin/clavulanate, penicillin VK		Moxatag
Tetracyclines	demeclocycline, doxycycline hydiate/monohydrate, minocycline, tetracycline	doxycycline hydiate delayed-release (Doryx), minocycline ER	
CARDIOVASCULAR			
ACE Inhibitors	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril		
ACE/CCB Combinations	amlodipine, benazepril		Tarka
ACE/HCTZ Combinations	benazepril/HCTZ, captopril/HCTZ, enalapril/HCTZ, fosinopril/HCTZ, lisinopril/HCTZ, moexipril/HCTZ, quinapril/HCTZ		
Aldosterone Blockers	epiplerenone, spironolactone		
Angiotensin II Receptor Blockers #	eprosartan, irbesartan, losartan	valsartan, Benicar,	Edarbi^, Teveten^
Angiotensin II Receptor Blocker Combinations #	candesartan, irbesartan/HCTZ, losartan/HCTZ, telmisartan/amldipine	Benicar HCT	Azor, Edarbyclor^, Exforge, Teveten HCT^, Tribenzor,
Beta-Blockers/Combinations	atenolol, betaxolol, bisoprolol, carvedilol, metoprolol/ER, propranolol/ER, timolol		Bystolic, Coreg CR, Dutoprol, Levatol
Bile Salt Sequestrants	cholestyramine	Welchol	
Calcium Channel Blockers - Dihydropyridines	amlodipine, felodipine ER, nicardipine, nifedipine ER, nisoldipine		Dynacirc CR
Calcium Channel Blockers - Diltiazems	diltiazem ER		
Calcium Channel Blockers - Diphenylalkylamines	verapamil, verapamil ER		
Cholesterol Absorption Inhibitors #		Zetia	
Fibrates	fenofibrate, gemfibrozil		
HMG-CoA Reductase Inhibitors #	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin	Crestor	Altopen, Lescol XL, Livalo
HMG-CoA Reductase Inhibitor Combinations #		amlodipine/atorvastatin	Advicor, Simcor, Vytorin
Niacins	niacin	niacin CR	
Omega-3 Fatty Acids #			
Renin Inhibitor/Combinations #			Amturnide, Tekamlo, Tektuna^, Tektuna HCT^
Vasodilators, Coronary #	isosorbide dinitrate/mononitrate, nitroglycerin oral spray, nitroglycerin transdermal	Dilatrate-SR, Nitro-BID, Nitrostat	
CENTRAL NERVOUS SYSTEM			
Alcohol Deterrents #		Campral	
Anticonvulsants	carbamazepine/ER, clonazepam, divalproex sodium ER, felbamate, gabapentin, lamotrigine, levetiracetam/ER, oxcarbazepine, phenytoin, topiramate, zonisamide	Lamictal ODT, Lamictal XR	Carbatrol, Depakote/Depakote ER, Dilantin, Felbatol, Keppra/Keppra XR, Lamictal, Lyrica^, Onfi^, Phenytek, Tegretol-XR, Topamax, Trileptal, Zonegran
Antidementia	donepezil, galantamine, rivastigmine	Exelon patch, Namenda, Namenda XR	Aricept 23 mg
Anti-Depressants #	bupropion/ER, citalopram, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine ER caps/tabs (generic)	duloxetine^	Pristiq^, Venlafaxine ER tabs, Viibryd^
Anti-Depressant/Anti-Psychotic Combinations	olanzapine/fluoxetine		
Antiparkinsonian Agents	carbidopa/levodopa,	Apokyn	Azilect

- Quantity Limits for some plans

^ - Requires authorization for use * - Requires authorization for under 40 age only

This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. We reserve the right to make changes to this list. Upon availability of generic equivalents, Brand drug coverage status may change without written notice.



Preferred Drug List



DRUG CATEGORY	TIER 1	TIER 2	TIER 3
	carbidopa/levodopa/entacapone, pramipexole, ropinirole/ER, selegiline		
Antipsychotics ^ New Starts only	clozapine, olanzapine/odt, quetiapine, risperidone, ziprasidone	Seroquel XR^	Abilify^, Fanapt^, Fazaclo ODT^, Invega^, Saphris^, Versacloz^
Benzodiazepines #	alprazolam/ER, lorazepam, oxazepam		Doral
CENTRAL NERVOUS SYSTEM (continued)			
Miscellaneous #			Savella^
Narcolepsy/Cataplexy #		modafinil^, Nuvigil^	
Opioid Dependence Treatment #	buprenorphine SL Tab ^#		Suboxone SL film^#
Sedative/Hypnotics/Melatonin Receptor Agonists #	zaleplon, zolpidem	zolpidem ER	Rozerem
Selective Serotonin Agonists #	naratriptan, rizatriptan, sumatriptan, zolmitriptan	rizatriptan ODT, Relpax, zolmitriptan ODT	Alsuma^, Axert^, Frova^, Sumavel^, Treximet^
Smoking Cessation	bupropion ER, nicotine patch/gum/lozenge (OTC)	Chantix, Nicotrol inhaler	
Stimulants/ADHD #	dextroamphetamine/dextroamphetamine mixed salts/ER, methylphenidate ER (Concerta), Vyvanse	methylphenidate ER (Concerta), Vyvanse	Adderall, Adderall XR, Concerta, Daytrana, Focalin XR, Metadate CD,
Non-Stimulants/ADHD #		Strattera	
COUGH, COLD, ALLERGY			
Antihistamines #	levocetirizine tab/soln		
DERMATOLOGICAL			
Acne/Rosacea Products, Anti-Infective #	metronidazole cream/lotion/gel		Finacea gel
Acne Products, Combination Products #		adapalene, benzoyl peroxide/clindamycin, benzoyl peroxide/erythromycin, sulfacetamide sodium (all forms)	
Acne Products/Retinoids #	tretinoin		Tazorac
Actinic Keratosis		Carac	Picato
Anti-Fungals #	ciclopirox cream/susp, econazole cream, ketoconazole cream	Exiderm cream/soln, Lamisil Spray, Naftin, Oxistat	Mentax
Anti-Infectives	bacitracin		Altabax
Anti-Psoriatic, Oral #		8-MOP, Oxsoralen Ultra	Soriatane
Anti-Psoriatic, Topical #	calcipotriene cream/soln		
Anti-Psoriatic/Eczema #	clobetasol, fluocinonide, hydrocortisone, salicylic acid	Elidel, Protopic	Salex
Keratolytics/Immunomodulators #	podoflox soln		
Miscellaneous Skin and Mucous Membrane		Denavir	
Topical Steroids #	alclometasone, amcinonide, betamethasone, clobetasol, desonide, desoximetasone, diflorasone, flucinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, hydrocortisone valerate, mometasone, prednicarbate cream/ointment, triamcinolone		Capex, Cloderm, Cordran, Desonate, Kenalog spray, Locoid lotion/lipo cream, Luxiq, Pandel,
DIABETES			
Amylin Analogs #			SymlinPen
Alpha-Glucosidase Inhibitors	acarbose	Glyset	
Biguanides	metformin/ER		Glumetza, Riomet
Biguanide Combinations	metformin/glipizide, metformin/glyburide		
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors #		Januvia, Tradjenta	Onglyza^
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations #		Janumet, Janumet XR, Jentadueto	Juvisync, Kombiglyze XR^, Kazano^, Nesina^, Oseni^
Incretin Mimetic Agents # (GLP-1)		Byetta	Bydureon, Victoza^
Insulin		Humalog, Humalog Mix, Humulin 70/30, Humulin N/L/R, Lantus, Levemir (all products)	
Meglitinides	nateglinide	Prandin	
Meglitinide/Biguanide Combinations #			Prandimet
Sodium Glucose CoTransporter 2 (SGLT2) Inhib.			Farxiga^, Invokana^, Invokamet^, Jardiance^
Sulfonylureas	glimepiride, glipizide/ER, glyburide, glyburide micronized		
Supplies - Syringes/Needles #		BD Insulin syringes and needles	
Supplies - Test Strips/Monitors #	LifeScan products: OneTouch Ultra, OneTouch UltraMini, OneTouch UltraSmart, OneTouch Verio IQ, Verio Sync		
Thiazolidinedione (TZDs) #	pioglitazone		
Thiazolidinedione (TZD) Combinations #	pioglitazone/metformin	Duetact	
GASTROINTESTINAL			
Anti-Emetics #	granisetron, metoclopramide, ondansetron, prochlorperazine	Transderm-Scop	Anzemet, Cesamet, Emend, Sancuso
Bile Salts	ursodiol		
Electrolyte Depleters	calcium acetate, sodium polystyrene sulfonate	Fosrenol, Renagel, Renvela	

- Quantity Limits for some plans

^ - Requires authorization for use

* - Requires authorization for under 40 age only

This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. We reserve the right to make changes to this list. Upon availability of generic equivalents, Brand drug coverage status may change without written notice.



Preferred Drug List



DRUG CATEGORY	TIER 1	TIER 2	TIER 3
H-2 Antagonists	cimetidine, famotidine, nizatidine, ranitidine		
Hemorrhoidal Preparations		Proctofoam-HC	
Inflammatory Bowel Disease	balsalazide, hydrocortisone enema, mesalamine enema, sulfasalazine/EC	Apriso, Asacol HD, budesonide EC, Canasa, Lialda, Pentasa	Cortifoam, Dipentum
Irritable Bowel Syndrome		Amitiza	
GASTROINTESTINAL (continued)			
Laxatives		MoviPrep	
Pancreatic Enzymes		Creon, Pancreaze, Zenpep	
Proton Pump Inhibitors #	omeprazole, pantoprazole, lansoprazole	Dexilant	
GENITOURINARY			
Anti-Infectives	metronidazole, miconazole, nystatin, terconazole		
Benign Prostatic Hyperplasia (BPH)	alfuzosin ER, doxazosin, finasteride, tamsulosin, terazosin		Avodart
Urinary Antispasmodics	oxybutynin/ER, tolterodine, trospium	Vesicare	Enablex, Myrbetriq, Sanctura XR, Toviaz
HEMATOLOGICAL			
Anti-Platelet Agents #	clopidogrel, dipyridamole, ticlopidine	Aggrenox	Brilinta, Effient
Anticoagulants Oral #	warfarin	Xarelto	Eliquis, Pradaxa,
Anticoagulants, Injectable		enoxaparin	
Miscellaneous Hematologic Agents	cilostazol		
HORMONES			
Androgens #		Androgel*, Axiron*	Androderm^, Android^, Fortesta^, Striant^, Testim^, Testred^
Calcium Regulators #	alendronate, calcitonin-salmon nasal spray, ibandronate		Actonel^, Atelvia^, Fosamax Plus D^
Contraceptives Monophasic #	Amethria (3 copayments apply), Aprि, Balziva, Camrese (3 copayments apply), Gianvi, Kariva, Levora, Low-Ogestrel, Necon, Ocella, Sprintec, Zenchent, Zeosa, Zovia 1/35		Lo Loestrin FE, Loestrin 24 FE,
Contraceptives Transdermal #	Norelgestromin / Ethynodiol Estradiol Transdermal System		
Contraceptives Triphasic #	Necon 7/7/7, Trinessa, Tri-Sprintec, Trivora		Ortho Tri-Cyclen Lo
Contraceptives Vaginal #			Nuvaring
Epinephrine		Epipen, Epipen JR	
Estrogens & Estrogen/Progesterone Combinations Oral #	estradiol, estradiol/norethindrone, estropipate, ethynodiol estradiol/norethindrone acetate	Cenestin, Enjuvia, FemHRT 0.5/2.5 mcg, Femtrace, Menest, Prefest, Premarin, Premphase, Prempro	
Estrogens, Topical #	estradiol	Climara Pro, CombiPatch, Vivelle-DOT	Elestrin, Estrasorb, Estrogel (2 copayments), Menostar
Estrogens, Vaginal #		Estring, Premarin cream, Vagifem supp	Femring
Progesterins, Oral	progesterone micronized		
Selective Estrogen Receptor Modulators #	raloxifene		
Thyroid	Levothyroid, levothyroxine, Levoxyl		Armour Thyroid, Nature-Throid, Synthroid
MUSCULOSKELETAL			
COX 2s/NSAIDs #	diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam, sulindac	Voltaren Gel	Arthrotec, Celebrex^, Flector^, Pennsaid^
DMARDs	hydroxychloroquine, lefunomide, methotrexate		
Gout		Colcrys	
Muscle Relaxants	chlorzoxazone, cyclobenzaprine, cyclobenzaprine ER metaxalone, methocarbamol, orphenadrine, tizanidine		Fexmid
Opioid Analgesics #	hydrocodone/acetaminophen, hydromorphone ER^, ibuprofen/oxycodone^, methadone conc., sol^, tabs^, morphine sulfate/ER^, oxycodone^, oxycodone/acetaminophen^, oxymorphone ER ^, tramadol/ER	fentanyl citrate^, fentanyl transdermal^	Abstral^, Fentora^, Kadian ^, Lazanda^, MS Contin^, Nucynta ER, Onsolis^, Opana ER^, Oxycontin^, Subsys^, Synalgos-DC, Zydone
Topical Analgesics		lidocaine patch ^	Synera
OPHTHALMICS			
Allergy #	azelastine, cromolyn, epinastine, ketotifen		Alorcil, Alomide, Emadine, Lastacaft, Pataday, Patanol
Antibiotics #	bacitracin oint, ciprofloxacin soln, erythromycin oint, gentamicin oint/soln, neomycin/polymyxin B/bacitracin oint, neomycin/polymyxin B/gramicidin soln, ofloxacin soln, polymyxin B/bacitracin oint, polymyxin B/trimethoprim soln, tobramycin soln	Blephamide, Ciloxan oint, Tobrex oint	Azasite
Anti-Infective, Fluoroquinolones	ciprofloxacin, levofloxacin, ofloxacin	gatifloxacin, Vigamox	Zylet
Anti-Infective/Anti-Inflammatory Combinations #	tobramycin/dexamethasone susp		

- Quantity Limits for some plans

^ - Requires authorization for use * - Requires authorization for under 40 age only

This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. We reserve the right to make changes to this list. Upon availability of generic equivalents, Brand drug coverage status may change without written notice.



Preferred Drug List



DRUG CATEGORY	TIER 1	TIER 2	TIER 3
Anti-Inflammatory #	dexamethasone, diclofenac, fluorometholone, flurbiprofen, ketorolac, prednisolone	Alrex, FML Forte soln, FML S.O.P. oint, Lotemax, Maxidex, Pred Mild	Bromday, Flarex, FML soln, Vexol
Anti-Viral #	trifluridine		
Beta-Blockers (BB) #	betaxolol, carteolol, levobunolol, timolol	Betimol, Betoptic S	
Carbonic Anhydrase Inhibitors (CAI) & CAI-BB Combinations #	acetazolamide, dorzolamide, timolol/dorzolamide	Azopt	
Miotics	pilocarpine		
Prostaglandins #	latanoprost	Travatan Z	Lumigan, Zioptan
OPHTHALMICS (continued)			
Sympathomimetics	brimonidine		Alphagan P 0.1%
OTIC			
Anti-Infective/Anti-Inflammatory Combinations	ofloxacin, neomycin/polymixin B/hydrocortisone	Ciprodex	Cipro HC
RESPIRATORY			
Anticholinergics #	ipratropium soln	Atrovent HFA, Spiriva	Trudorza
Beta-Agonists, Short Acting #		Proair HFA, Ventolin HFA	Maxair, Preventil HFA^, Xopenex HFA^
Beta-Agonists, Long Acting #		Foradil, Serevent Diskus	Arcapta Neohaler, Brovana
Beta-Agonist/Anticholinergic Combinations #	albuterol/ipratropium	Combivent, Combivent Respirmat	
Inhalation Assist Devices #		Aerochamber, Easivent, Optichamber	
Inhaled Steroids #		budesonide soln, Asmanex, QVAR	Flovent^, Flovent Diskus^, Pulmicort Flexhaler^
Inhaled Steroid/Beta-Agonist Combinations #		Dulera, Symbicort	Advair^, Advair Diskus^, Anoro Ellipta, Breo Ellipta^
Nasal Antihistamines #	azelastine		Astepro, Patanase
Nasal Steroids #	flunisolide, fluticasone, triamcinolone acetonide nasal	budesonide nasal, Nasonex,	Beconase AQ, Omnaris, Qnasl, Veramyst
Phosphodiesterase Inhibitors, Oral #			Daliresp^
Selective Leukotriene Receptor Antagonists #	montelukast, zafirlukast		
Xanthines	aminophylline, theophylline/ER	Lufyllin, Theo-24	
VITAMINS			
Miscellaneous		Deplin	Nascobal
Prenatal Vitamins	generics (e.g., Prenatabs)		Brand name products

- Quantity Limits for some plans

^ - Requires authorization for use * - Requires authorization for under 40 age only

This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. We reserve the right to make changes to this list. Upon availability of generic equivalents, Brand drug coverage status may change without written notice.



Specialty Drug List



The following is the **Specialty Drug List**, many of the drugs are oral tablets or self administered while some drugs (in **bold type**) are typically provided within a physician office setting with coverage under the medical benefit.

For members with a specialty benefit, **coverage for drugs listed in bold type will not be provided under the medical benefit**. Providers must obtain these products through a preferred specialty vendor. Medications noted with a ^ below may require prior authorization. Medications with a # may be subject to quantity limits. Please refer to www.bcbsri.com for more detailed program benefit information.

DRUG CATEGORY	SPECIALTY MEDICATION/HIGHEST TIER	DRUG CATEGORY	SPECIALTY MEDICATION/HIGHEST TIER
ANTI-INFECTIVE			Rixubis
Antivirals, Hepatitis C	Infergen (interferon alfacon-1) Intron A (interferon alfa 2b) Olysio (simprevir) ^ Pegasys (peginterferon alfa 2a)^# Peglntron (peginterferon alfa 2b)^# Peglntron Redipen (peginterferon alfa 2b)^# Sovaldi (sofosbuvir)^# Vicrelis (boceprevir)^# Fuzeon (enfuvirtide)	Hemophilia, Factor VIIa	Novoseven RT
HIV, AIDS		Hemophilia, Factor VIII	Advate Alphanate Cortifactor Eloctate Helixate FS Hemofil M Humate-P Koate-DVI Kogenate FS Monoclate-P Recombinate
DERMATOLOGY			Tretten (Catidecacog Coagulation Factor XIII A recombinant) Wilate (VWF/FactorVIII)
Psoriasis	Enbrel (etanercept)^# PREFERRED self administered Humira (adalimumab)^# PREFERRED self administered Remicade (infliximab) ^ PREFERRED provider administered Stelara (ustekinumab)^ PREFERRED provider administered	Xyntha	
ENDOCRINE		Hereditary Angioedema	Berinert (C1 esterase inhibitor)^# Cinryze (human C1 inhibitor)^# Firazyr (icatibant) ^#
Growth Hormone Products	Genotropin (somatropin)^# Humatrope (somatropin)^# Increlex (mecasermin)^# Norditropin (somatropin)^# Norditropin Nordiflex (somatropin)^# Nutropin (somatropin)^# PREFERRED Nutropin AQ (somatropin)^# PREFERRED Omnitrope (somatropin)^# Saizen (somatropin)^# Serostim (somatropin)^# Signifor (pasireotide)^# Tev-tropin (somatropin)^# Zorbtive (somatropin)^#	Immune Globulins	Bivigam ^ Carimmune^ Flebogamma^ Gamastan^ Gammagard ^ Gammaked ^ Gamunex ^ PREFERRED, Gamunex-C ^ PREFERRED Hizentra^ Octagam^ Privigen^ Vivaglobin^
Miscellaneous Endocrine Disorders	H.P. Acthar gel (corticotrophin)^# (excluded w/Exception) Korlym (mifepristone)^# Procybsi (cysteamine bitartrate)^# Ravicti (glycerol phenylbutyrate)^# Sandostatin LAR Depot (octreotide acetate) Somatuline Depot (lanreotide acetate) Somavert (pegvisomant) Supprelin LA (histrelin acetate)^#	Miscellaneous	Juxtapid (lomitapide)^# Kynamro (mipomersen)^# Mozobil (plerixafor) Northera (droxidopa)
Osteoporosis	Forteo (teriparatide)^# Prolia (denosumab) ^	Thrombocytopenia	Neumega (oprelvekin)^#
Phenylketonuria Treatment Agents	Kuvan (sapropterin)	WBC Deficiencies	Granix (tbo-filgrastim) PREFERRED Leukine (sargramostim) Neulasta (pegfilgrastim)^# Neupogen (filgrastim)^#
GASTROENTEROLOGY		IMMUNOMODULATOR	
Crohns, UC	Cimzia (certolizumab)^# Entyvio (vedolizumab) ^# Humira (adalimumab)^# PREFERRED self administered Remicade (infliximab) ^ PREFERRED provider administered Tysabri (natalizumab)^#	Cryopyrin-Associated Periodic Syndromes	Arcalyst (rilonacept) Ilaris (canakinumab) Benlysta (belimumab) ^
Short Bowel	Gattex (teduglutide)^#	Lupus Erythematosus	Actemra (tocilizumab) ^# Actemra SC (tocilizumab)^# Cimzia (certolizumab)^# Enbrel (etanercept)^# PREFERRED self administered Humira (adalimumab)^# PREFERRED self administered Kineret (anakinra)^# Orencia (abatacept) ^# Orencia SC (abatacept)^# Remicade (infliximab) ^ PREFERRED provider administered Rituxan (rituximab) ^# Simponi (golimumab)^# Simponi Aria (golimumab) ^# Xeljanz (tofacitinib)^#
HEMATOLOGICAL		Rheumatoid Arthritis/Psoriatic Arthritis	
Anemia	Aranesp (darbepoetin alfa)^# EpoGen (epoetin alfa)^# Procrit (epoetin alfa)^# PREFERRED	IMMUNOSUPPRESSIVE	
Fibrinogen Deficiency	RiaSTAP (human fibrinogen concentrate)	Transplant Drugs	Nulojix (belatacept)
Hemophilia	FEIBA	INFERTILITY	
Hemophilia, Factor IX	Alphanine SD Alprolix Bebulin Benefix Mononine Profilnine SD	Follitropins	Follistim AQ (follitropin beta) PREFERRED Gonal-F (follitropin alfa) ^#
		GnRH Antagonists	Cetrotide (cetrorelix acetate)

- Quantity Limits for some plans

^ - Requires authorization for use.

This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. We reserve the right to make changes to this list. Upon availability of generic equivalents, Brand drug coverage status may change without written notice.

PREFERRED - These medications are preferred within their class.



Specialty Drug List



DRUG CATEGORY	SPECIALTY MEDICATION/HIGHEST TIER	DRUG CATEGORY	SPECIALTY MEDICATION/HIGHEST TIER
HCG	Ganirelix acetate chorionic gonadotropin (generic) Novarel (chorionic gonadotropins) Ovidrel (choriogonadotropin alfa) Pregnyl (chorionic gonadotropins)	LHRH	Lutrepulse (gonadorelin acetate) Luveris (lutropin alfa)
Menotropins	Menopur (gonadotropins/menotropins) Repronex (gonadotropins/menotropins)	Urofollitropins	Bravelle (urofollitropin)
MISCELLANEOUS			
Neurologicals	Neudexta (dextromethorphan/quinidine)^\# Sabril (vigabatrin)^\# Xyrem (sodium oxybate)^\#		Pomalyst (pomalidomide)^\# Revlimid (lenalidomide)^\# Sprycel (dasatinib)^\# Stivarga (regorafenib)^\# Sutent (sunitinib)^\# Tafinlar (dabrafenib)^\# Tarceva (erlotinib) ^ Targretin caps (bexarotene)^\# Tasigna (nilotinib)^\# Temodar (temozolamide)^\# Thalomid (thalidomide)^\# Tykerb (lapatinib)^\# Votrient (pazopanib)^\# Xalkori (crizotinib)^\#
Chronic Gout	Krystexxa (pegloticase)^\#		Xtandi (enzalutamide)^\# Valchlor (methchlorethamine gel) Zelboraf (vemurafenib)^\# Zolinza (vorinostat)^\# Zydelig (idelalisib)^\# Zykadia (ceritinib)^\# Zytiga (abiraterone)^\# Targretin gel (bexarotene)^\#
Enzyme Replacements	Aldurazyme (laronidase) ^ Carbaglu (carnitine acid)^\# Cerezyme (imiglucerase) ^ Elaprase (idursulfase)^\# Elylyso (paliglucerase alfa)^\# Fabrazyme (agalsidase beta) Lumizyme (alglucosidase alfa)^\# Myozyme (alglucosidase alfa)^\# Naglazyme (galactosidase) Vimizim (elosulfase alfa)^\# Vpriv (velaglucerase)^\# Zavesca (miglustat)^\# Exjade (deferasirox)^\# Ferriprox (deferasirox)^\#	Injectable Agents	Eligard (leuprolide acetate) ^ PREFERRED Firmagon (degarelix) Lupana (leuprolide depot + norethindrone) Lupron Depot (leuprolide acetate)^\# Sylatron (peginterferon alfa-2b)^\# Trelstar Depot (triptorelin pamoate) Trelstar LA (triptorelin pamoate) Vantas (histrelin acetate) Xgeva (denosumab)^\# Zoladex (goserelin acetate)
Iron Overload		Topical Agents	
Macular Degeneration	Eylea (afibercept)^\# Lucentis (ranibizumab)^\# Macugen (pegaptanib)^\#	Injectable Agents	
NEUROMUSCULAR		PULMONARY	
Huntington's	Xenazine (tetrabenazine)^\#	Asthma	Xolair (omalizumab)^\#
Multiple Sclerosis	Ampyra (dalfampridine)^\# Aubagio (teriflunomide)^\# Avonex (interferon beta 1a) Betaseron (interferon beta 1b) Copaxone (glatiramer) Extavia (interferon beta 1b) ^ Gilenya (fingolimod)^\# Rebit (interferon beta 1a) ^ Tecfidera (dimethyl fumartae)^\# Tysabri (natalizumab)^\#	COPD	Orenitram (treprostadiil)^\#
Muscular Disorder	Botox (botulinum toxin type A)^\# Dysport (botulinum toxin type A)^\# Myobloc (botulinum toxin type B)^\# Xeomin (botulinum toxin type A)^\#	Cystic Fibrosis	Bethkis (tobramycin inhaled)^\# Cayston (aztreonam inhaled) Kalydeco (ivacaftor)^\# Pulmozyme (dornase alfa inhaled) tobramycin inhaled^\#
ONCOLOGY/HEMATOLOGY		Pulmonary Hypertension	epoprostenol^\# Adcirca (tadalafil)^\# Adempas (riociguat) ^ Letairis (ambrisentan)^\# Remodulin (treprostinal)^\# sildenafil^\# Tracleer (bosentan)^\# Tyvaso (treprostinal)^\# Veletri (epoprostol)^\# Ventavis (iloprost inhaled)^\#
Hematology	NPlate (romiplostim)^\# Promacta (eltrombopag olamine)^\#	Respiratory Enzymes	Aralast (alpha1 proteinase inhibitor) Glassia (alpha1 proteinase inhibitor) Prolastin (alpha1 proteinase inhibitor) Zemaira (alpha1 proteinase inhibitor)
Oral Agents	Afinitor (everolimus)^\# Bosulif (bosutinib)^\# capecitabine ^ Caprelsa (vandetanib)^\# Cometriq (cabozantinib)^\# Erivedge (vismodegib)^\# Gattex (teduglutide)^\# Gilotrif (afatinib)^\# Gleevec (imatinib)^\# Iclusig (ponatinib)^\# Imbruvica (ibrutinib)^\# Inlyta (axitinib)^\# Iressa (gefitinib) Jakafi (ruxolitinib)^\# Mekinist (trametinib)^\# Nexavar (sorafenib)^\# Oferta (fludarabine)^\#	RSV	Synagis (palivizumab)^\#
		Miscellaneous	Cystaren (cysteamine ophthalmic solution) ^ Vivitrol (naltrexone injection)

- Quantity Limits for some plans

^ - Requires authorization for use.

This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. We reserve the right to make changes to this list. Upon availability of generic equivalents, Brand drug coverage status may change without written notice.

PREFERRED - These medications are preferred within their class.



Specialty Drug List



Preferred Specialty Vendors

VILLAGE FERTILITY PHARMACY:

Toll Free 1-877-334-1610

WALGREENS SPECIALTY PHARMACY

Toll Free 1-877-646-4292

Resource Information for Physicians/Providers

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

Local (401) 459-1000 • Toll Free 1-800-637-3718

Website www.BCBRSRI.com

PATIENT HEALTH EDUCATION PROGRAMS:

Local (401) 459-5625

PHYSICIAN AND PROVIDER SERVICE

Local (401) 274-4848 • Toll Free 1-800-230-9050

5348-1-04/14 v1 10/14 RX-16009

- Quantity Limits for some plans

^ - Requires authorization for use.

PREFERRED - These medications are preferred within their class.

This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. We reserve the right to make changes to this list. Upon availability of generic equivalents, Brand drug coverage status may change without written notice.