

BCBSRI Pharmacy Program April 1, 2015 Formulary Changes

The information below is effective as of April 1, 2015 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.

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 April 1, 2015, but will have medical exception criteria available.

AMRIX	CAMBIA	FENOFIBRATE
JUBLIA	NAPRELAN CR	RAYOS
SODIUM SULYMD/SULFA	VIMOVO	ZIPSOR

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**, in response the brand name will be **excluded** from coverage effective April 1, 2015.

ACCOLATE	DESOGEN-28	LOCOID LIPO CREAM	PREVENTEND 5000 PLS
ACEON	DIOVAN HCT	LOPRESSOR	PROTOPIC OINT
ACTONEL	DISALCID	LOTENSIN HCT	PULMICORT SUSP
ASTEPRO SPRAY	ELOCON CRE	LOVENOX INJ	PYRIDIUM
ATACAND	EPIVIR SOL	LUVOX CR	QUALAQUIN
ATACAND HCT	ERYGEL GEL 2%	LUXIQ AERO	RETIN-A CREAM
ATIVAN	ESGIC TAB	LYSTEDA	RETIN-A GEL
AVINZA	EVOCLIN AERO	MALARONE	SOLARAZE GEL 3%
BACTRIM	EXACTUSS LIQ	MIRCETTE-28	STROMECTOL
BACTRIM DS	EXALGO	MYCOBUTIN	TACLONEX OINT
BARACLUDE	EXFORGE	NEPTAZANE	TIAZAC
BUPHENYL POW	EXFORGE HCT	NEXIUM	TOBI NEB
BUPRENEX INJ	FEMCON FE	OLUX AERO	TRANXENE T
CADUET	FIORICET CAP	OLUX-E AERO	UROCIT-K 15
CARDIZEM 30MG	FIORICET w Cod CAP	ORAPRED ODT	UROXATRAL
CARDIZEM LA	GARAMYCIN OPTH SOL	OVACE PLUS SHA	VANCOCIN HCL
CELEBREX	GILTUSS LIQ	OVACE WASH	VIVELLE-DOT
CIPRO SUSP	GLUCOTROL XL	OVIDE LOT	XYZAL SOL
CLOBEX SPRAY	HALCION	OXSORALEN-UL	XYZAL TAB
COLYTE SOL PACKS	HECTOROL	PATANASE SPRAY	ZITHROMAX INJ
COMPAZINE	HECTOROL INJ	PENLAC SOL	ZOVIRAX
COSOPT OPTH SOL 2-0.5%	HYCET SOL	PENNSAID SOL	ZYVOX SOL
CYCLESSA	KADIAN ER	PEPCID	
DEMADEX	KAYEXALATE POW	PERIDEX SOL	
DERMATOP CRE	LITHOBID CR	PLAQUENIL TAB	

For the Traditional Formulary, these products will continue to be covered with a non-preferred co-pay.

Brand Name Drugs Moved to a Non-Preferred Tier – all Commercial Benefit Plans

The following brand name drugs have been changed to a non-preferred status, effective April 1, 2015.

BIONECT (all products) CELLCEPT SUSP RAPAMUNE VALCYTE

Specialty Pharmacy Benefit Update

The following updates apply to all prescription benefit policies with a Specialty Pharmacy benefit, effective on April 1, 2015. The following products are added to Specialty benefit requirements with Prior Authorization required.

THIOLA ACTIMMUNE

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 have not been identified as a covered service in the subscriber agreement language and therefore do not qualify for coverage under the Standard Prescription Drug benefit guidelines. Effective April 1, 2015, these products will no longer be covered under the pharmacy benefit at a retail pharmacy.

ACTIVE FE	FE C PLUS	MAGNEBIND	RENATABS TAB
ADIPEX-P	FERIVA	MAXARON FORTE	RENAX
ADRENAL C	FERRALET 90	METAFOLBIC	SE-TAN PLUS
ADVANCED AM/PM	FERRAPLUS 90	METANX CAP	STROVITE
AIRAVITE	FERREX 150 FORTE	METHYLFOL/ME TAB -CBL/NAC	STROVITE ONE
ALBAFORT INJ	FERREX 28	METHYLFOL/ME TAB -CBL/P5P	SUPERVITE LIQ
ANIMI-3	FERROCITE PLUS	MULTIGEN	SUPERVITE EC TAB
APTRIM	FERRO-PLEX	MULTIGEN FOLIC	SUPPORT 500
AXONA POW	FERROTRIN	MULTIGEN PLUS	SUPPORT LIQ
B6 FOLIC ACID	FOLASTIN	NEPHROCAPS	SYNATEK
BIFERARX	FOLBEE PLUS	NEPHRON FA	TARON FORTE
BP VIT 3	FOLGARD OS	NEURIN-SL	TL GARD RX
CALCIFOL WAF	FOLIVANE-F	NICOMIDE	TL-FOL 500
CALCIUM-FA WAF PLUS D	FOLIVANE-PLS	NIRON KOMPLE	TL-HEM 150
CARDIOTEK-RX TAB	FOLTRATE	NOVAFERRUM	TRIGELS F FORTE
CARDIOVID PLUS	FOLTRIN	NUTRIVIT LIQ	TRIPHROCAPS
CENFOL	FOLTX	POLYSACCHARI CAP IRON	UDAMIN
CENTRATEX	FORTAVIT	PREFLIN	UDAMIN SP
CESINEX	FOSTEUM	PRE-FOLIC	UROSEX
COD LIVER OIL	FUSION PLUS	PROBARIMIN	VAYACOG
CORVITA	HEMATOGEN	PROFERRIN FORTE	VAYARIN
DERMANIC	HEMATOGEN FA	PROMAR	VAYAROL
DIALYVITE	HEMOCYTE-F	PROTECTBONE WAF	VITAL-D RX
DIVISTA	IS 24/6 MIS	PROTECTIRON	VITAMAX PEDI
ED CYTE F	LUNGLAID EMU	PROTEOLIN	VITA-RESPA
FA-B6-B12	MACUTEK	RENATABS	

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 April 1, 2015. These products will no longer be covered under the pharmacy benefit at a retail pharmacy.

MIRENA IUD