

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 Optum, 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.
- Optum 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	CONZIP CAP	METHYLERGON	SOOLANTRA
ACANYA GEL	CUPRAMINE	MIDAZOLAM INJ	SPECTRACEF
ACIPHEX SPRINKLE	DEXILANT	MIGRANAL	SPRIX SPRAY
ACLARO EMULSION	DIASTAT ACUDIAL	MINOCIN KIT	STAGESIC
ACTICLATE TAB	DICLEGIS	MIRVASO GEL	SULF/SUNSCRN KIT
ACZONE	DICLOFENAC GEL 3%	MORGIDOX KIT	SULFOAM SHAMP
AFREZZA POWD	DIFFERIN LOT	MYALEPT INJ	SUMAXIN CP KIT
AKNE-MYCIN OINT	DORAL TAB	NAPRELAN TAB 375mg CR	TIMOPTIC OCUDOSE
ALODOX KIT	DORYX TAB	NAPROXEN SOD TAB CR	TRETIN-X CREAM
AMICAR SYRUP	DUEXIS TAB	NATROBA SUSP	TRIGLIDE TAB
AMICAR TAB	EASYGEL	NEXIUM GRANULES	TUSSICAPS
AMINOCAPROIC SYR	EDLUAR SUB	NICAZELDOXY KIT	ULTRAVATE X KIT
AMINOCAPROIC TAB	EPIDUO GEL	Non-LIFESCAN related Test Prod.	URAMAXIN GT KIT
AMRIX CAP	ERTACZO	NORITATE CREAM	UREA CREAM
APIDRA INJ	ESOMEPRAZOLE MAG CAP	NOVOLOG	UTOPIC CREAM
APLENZIN	EVEKEO	NUCORT LOT	VANOXIDE-HC LOT
AUVI-Q INJ	FENOFIBRATE CAP	NUOX GEL	VELTIN GEL
AVIDOXY DK KIT	FENOFIBRIC TAB	NUTRIDOX KIT	VIMOVO TAB
AZELEX CREAM	FENOGLIDE TAB	OCUDOX KIT	VOPAC CREAM
BELSOMRA	FIBRICOR TAB	OMEPRAZOLE/BICARB CAP	VOPAC GB CREAM
BENZAMYCIN GEL PAK	FLUOROPLEX CREAM	ONEXTON GEL	XARTEMIS XR
BENZIQ GEL	FLUOROURACIL CREAM	ONMEL	XENADERM OINT
BENZIQ LS GEL	FORFIVO XL	ORACEA CAP	XERESE
BP FOAMING LIQ WASH 10%	GLYCATO TAB	OVACE PLUS LOTION	XOLOX TAB
BPO GEL 4%	GRALISE	OXYTROL	ZACARE KIT
BRINTELLIX TAB	HETLIOZ	PROTONIX PAK	ZEGERID POWD
BRISDELLE CAP	HORIZANT	RASUVO INJ	ZIANA GEL
BUTRANS DISC	HYLIRA LOTION	RAYOS TAB	ZINC SULFATE CAP
CAMBIA POWD	INCIVEK	RESPA-BR TAB	ZIPSOR CAP
CARAC CREAM	INOVA KIT	RESTASIS EMULSION	ZOHYDRO ER CAP
CARDIZEM LA	INTERMEZZO SUB	RETIN-A MICRO GEL	ZOLPIMIST SPRAY
CARISOPRADOL/ASA TAB	ISORDIL TITRADOSE	RIAX AERO	ZORVOLEX CAP
CARISOPRODOL TAB	ISTALOL	ROSADAN KIT	ZOVIRAX
CARISOPRODOL TAB ASA/COD	JUBLIA SOL	SALKERA AERO	ZUBSOLV SUB
CLARINEX SYRUP	KERYDIN SOL	SALVAX AERO	ZYDONE
CLARINEX-D	LIPOFEN CAP	SECONAL	
CLINDACIN KIT ETZ or PAC	LIQUICET	SILENOR TAB	
CLINDAGEL GEL	MEPHYTON	SOD SUL/SULF KIT	
CLONIDINE TAB ER	MESTINON	SOLODYN TAB	