

Blue Cross & Blue Shield
of Rhode Island

Preferred Drug List

Effective April 1 2016 – October 1 2016

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, Cresemba^, 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, Evotaz, Intenence, Isentress, Lexiva, Norvir, Prezista, Respirator, Reyataz, Selzentry, Sustiva, Truvada, Tybost, Viracept, Viramune, Viramune XR, Viread	Atripla, Complera, Epzicom, Prezcobix, Tivicay, Videx Sol, Vitekta, Ziagen Sol
Cephalosporins, 1st Generation	cefadroxil, cephalexin		
Cephalosporins, 2nd Generation #	cefaclor/ER, cefprozil, cefuroxime		
Cephalosporins, 3rd Generation	cefdinir, cefixime100mg/5-200mg/5, cefpodoxime	Suprax Cap, Tab, Chew Tab, 500mg/5 Susp	Cedax
Erythromycins/Macrolides #	azithromycin, clarithromycin/ER, erythromycin/stearate, EES		Difidic^
Fluoroquinolones #	ciprofloxacin/ER, levofloxacin, ofloxacin		Factive, Noroxin, Proquin XR
Hepatitis B, Oral Agents	lamivudine	Hepsra	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), minocycline ER	
CARDIOVASCULAR			
ACE Inhibitors	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril		
ACE/CCB Combinations	amlodipine, benazepril		
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/amlodipine	valsartan/HCTZ, Benicar HCT	Azor, Edarbyclor^, 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, fluvastatin XL, lovastatin, pravastatin, simvastatin	Crestor	Altoprev, Livalo
HMG-CoA Reductase Inhibitor Combinations #		amlodipine/atorvastatin	Advicor, Simcor, Vytorin
Niacins	niacin	niacin CR	
Omega-3 Fatty Acids	Omega-3 fatty acid		
Renin Inhibitor/Combinations #			Amturnide, Tekamlo, Tektura^, Tektura HCT^
Vasodilators, Coronary #	isosorbide dinitrate/mononitrate, nitroglycerin oral spray, nitroglycerin transdermal	Dilatrate-SR, Nitro-BID, Nitrostat	
Miscellaneous Agents			Corlanor^, Entresto^
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	Aptom, Carbatrol, Depakote/Depakote ER, Dilantin, Felbatol, Keppra/Keppra XR, Lamictal, Lyrica^, Onfi^, Phenytek, Tegretol-XR, Topamax, Trileptal,
Antidementia	donepezil, galantamine, memantine, rivastigmine caps and patches	Namenda XR	Aricept 23 mg, Namzaric^
Anti-Depressants #	bupropion/ER, citalopram, escitalopram fluoxetine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine ER caps/tabs (generic)	duloxetine^	Pristiq^, Venlafaxine ER tabs, Viibryd^

- Quantity Limits for some plans ^ - Requires authorization for use * - Requires authorization for under 40 age only ^ Excluded for Individual Market Plans

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-Depressant/Anti-Psychotic Combinations	olanzapine/fluoxetine		
Antiparkinsonian Agents	carbidopa/levodopa, carbidopa/levodopa/entacapone, pramipexole, ropinirole/ER, selegiline	Apokyn	Azilect, Neupro Patch
Antipsychotics ^ New Starts only	aripiprazole^, clozapine, olanzapine/odt, quetiapine, risperidone, ziprasidone	Seroquel XR^	Fanapt^, Fazaclo ODT^, Invega Sustenna^, Invega Trinza^, Saphris^, Versacloz^, Vraylar^
Benzodiazepines #	alprazolam/ER, lorazepam, oxazepam		Doral
Miscellaneous #			Savella^
Narcolepsy/Cataplexy #		modafinil^, Nuvigil^	
Opioid Dependence Treatment #	buprenorphine SL Tab ^#	Suboxone SL Film ^#	
Sedative/Hypnotics/Melatonin Receptor Agonists #	zaleplon, zolpidem	zolpidem CR	Belsomra^, Rozerem
Selective Serotonin Agonists #	almotriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	rizatriptan ODT, Relpax, zolmitriptan ODT	Alsuma Frova^, Sumavel^, Treximet^
Smoking Cessation	bupropion ER, nicotine patch/gum/lozenge (OTC)	Chantix, Nicotrol inhaler	
Stimulants/ADHD #	Immediate release only dexmethylphenidate, dextroamphetamine, methylphenidate	Adderall XR, Concerta, dextroamphetamine ER, Vyvanse	amphetamine/dextroamphetamine mixed salts/ER^ Adderall, Daytrana, Focalin XR, Metadate CD, methylphenidate ER ^
Non-Stimulants/ADHD #		Strattera	
COUGH, COLD, ALLERGY			
Antihistamines #	levocetirizine tab/soln		Dymista Spray
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	fluorouracil cream 0.5%		Picato
Anti-Fungals #	ciclopirox cream/susp, econazole cream, ketoconazole cream, naftifine cream	Exelderm cream/soln, Lamisil Spray, Oxistat	Luzu Cream, Mentax
Anti-Infectives	bacitracin		Altabax
Anti-Psoriatic, Oral #	methoxsalen cap	8-MOP,	Soriatane
Anti-Psoriatic, Topical #	calcipotriene cream/soln		Taclonex Susp
Anti-Psoriatic/Eczema #	clobetasol, fluocinonide, hydrocortisone, salicylic acid, tacrolimus oint	Elidel	Salex
Keratolytics/Immunomodulators #	podoflox soln		
Miscellaneous Skin and Mucous Membrane		Denavir	Zyclara, Zyclara Pump
Topical Steroids #	alclometasone, amcinonide, betamethasone, clobetasol, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, hydrocortisone valerate, mometasone, prednicarbate cream/ointment, triamcinolone cr/spray		Capex, Cloderm, Cloderm Pump, Cordran, Desonate, Locoid lotion, Pandel,
DIABETES			
Amylin Analogs #			SymlinPen
Alpha-Glucosidase Inhibitors	acarbose	Glyset	
Biguanides	metformin/ER		Riomet
Biguanide Combinations	metformin/glipizide, metformin/glyburide		
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors #		Januvia, Tradjenta	Onglyza^, Nesina^
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations #		Janumet, Janumet XR, Jentadueto	Juvicync, Kombiglyze XR^, Kazano^, Oseni^
Incretin Mimetic Agents # ^ New Starts		Byetta, Tanzeum	Bydureon^, Trulicity^, Victoza^
Insulin		Humalog, Humalog Mix, Humulin 70/30, Humulin N/L/R, Lantus (all products), Levemir (all products)	
Meglitinides	nateglinide	Prandin	
Meglitinide/Biguanide Combinations #			Prandimet
Sodium Glucose CoTransporter 2 (SGLT2) Inhib.		Farxiga^	Invokamet^, Invokana^, Jardiance^, Xigduo XR
SGTLT2/DPP-4 Combination			Glyxambi^
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,	Transderm-Scop	Anzemet, Cesamet, Emend, Sancuso

- Quantity Limits for some plans ^ - Requires authorization for use * - Requires authorization for under 40 age only ^ Excluded for Individual Market Plans

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
Bile Salts	prochlorperazine		
Bowel Prep for Procedures	ursodiol		Prepopik Prep, Suprep Prep
Electrolyte Depleters	calcium acetate, sodium polystyrene sulfonate	Fosrenol, Renagel, Renvela	
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, Viberzi^
Laxatives		MoviPrep	
Pancreatic Enzymes		Creon, Pancrease, Ultresa, Viokace, Zenpep	
Proton Pump Inhibitors #	omeprazole, pantoprazole, lansoprazole		
Miscellaneous			Sucraid^
GENITOURINARY			
Anti-Infectives	metronidazole, miconazole, nystatin, terconazole		
Benign Prostatic Hyperplasia (BPH)	alfuzosin ER, doxazosin, dutasteride, finasteride, tamsulosin, terazosin		
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, Savaysa^
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 risedronate tabs/ext release^		Fosamax Plus D^
Contraceptives Monophasic #	Amethia (3 copayments apply), Aprि, Balziva, Camrese (3 copayments apply), Gianvi, Kariva, Levora, Low-Ogestrel, Necon, Ocella, Sprintec, Zenchent, Zeosa, Zovia 1/35		
Contraceptives Transdermal #	norelgestromin / ethinyl estradiol Transdermal System		
Contraceptives Triphasic #	Necon 7/7/7, Trinessa, Tri-Sprintec, Trivora		
Contraceptives Vaginal #	Nuvaring		
Epinephrine		Epipen, Epipen JR	
Estrogens & Estrogen/Progesterone Combinations Oral #	estradiol, estradiol/norethindrone, estropipate, ethinyl estradiol/norethindrone acetate	Cenestin, Enjuvia, Femtrace, Menest, Prefest, Premarin, Premphase, Prempro	
Estrogens, Topical #	estradiol	Climara Pro, Combipatch,	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-Thyroid, Synthroid
MUSCULOSKELETAL			
COX 2s/NSAIDs #	celecoxib^, diclofenac gel ME, etodolac, ibuprofen, indomethacin, me洛xicam, nabumetone, naproxen, piroxicam, sulindac		Arthrotec, , Flector^, Pennsaid^
DMARDs	hydroxychloroquine, leflunomide, 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, Zydome
Topical Analgesics		lidocaine patch, Voltaren Gel	Synera
OPHTHALMICS			
Allergy #	azelastine, cromolyn, epinastine, ketotifen, olopatadine		Alocrin, Alomide, Emadine, Lastacaft, Pataday,

- Quantity Limits for some plans ^ - Requires authorization for use * - Requires authorization for under 40 age only ^ Excluded for Individual Market Plans

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
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		
Anti-Inflammatory #	dexamethasone, diclofenac, fluorometholone, flurbiprofen, ketorolac, prednisolone	Alrex, FML Forte soln, FML S.O.P. oint, Lotemax, Maxidex, Nevanac, Pred Mid	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
Sympathomimetics	brimonidine		Alphagan P 0.1%
OTIC			
Anti-Infective/Anti-Inflammatory Combinations	ofloxacin, neomycin/polymyxin B/hydrocortisone	Ciprodex	Cipro HC
RESPIRATORY			
Anticholinergics #	ipratropium soln	Atrovent HFA, Incruse Ellipta, Spiriva Handihaler, Spiriva Respimat	Tudorza
Beta-Agonists, Short Acting #		Proair HFA, Proair Respiclick, Ventolin HFA	Maxair, Proventil HFA^, Xopenex HFA^
Beta-Agonists, Long Acting #		Foradil, Serevent Diskus	Arcapta Neohaler, Brovana,
Beta-Agonist/Anticholinergic Combinations #	albuterol/ipratropium	Combivent, Combivent Respimat	Anoro Ellipta, Stiolto
Inhalation Assist Devices #		Aerochamber, Easivent, Optichamber	
Inhaled Steroids #		budesonide soln, Asmanex, Asmanex HFA, QVAR	Arnuity Ellipta^, Flovent^, Flovent Diskus^, Pulmicort Flexhaler^, Striverdi Respimat^
Inhaled Steroid/Beta-Agonist Combinations #		Dulera, Symbicort	Advair HFA^, Advair Diskus^, Breo Ellipta^
Nasal Antihistamines #	azelastine, olopatadine		Astupro, Zetonna
Nasal Steroids #	flunisolide, fluticasone, triamcinolone acetonide nasal	budesonide nasal, Nasonex,	Beconase AQ, Omnaris, Onasol, 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



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			
	Daklinza (daclatasvir)^ Harvoni (sofosbuvir-ledipasvir) ^ Infergen (interferon alfacon-1) Intron A (interferon alfa 2b) Pegasys (peginterferon alfa 2a) PegIntron (peginterferon alfa 2b)^ PegIntron Redipen (peginterferon alfa 2b)^ Sovaldi (sofosbuvir) Technivie (ombitasvir,paritaprevir,ritonavir) ^{ME} Vicrelis (boceprevir)^# Viekira (ombitasvir,paritaprevir,ritonavir,dasabuvir) ^{ME} Fuzeon (enfuvirtide)		Alphanine SD Bebulin, Bebulin VH Benefix Mononine Profinine SD Rixubis
HIV, AIDS		Hemophilia, Factor VIIa	Novoseven RT
DERMATOLOGY		Hemophilia, Factor VIII	Advate Alphanate Cofiract Eloctate ^ Helixate FS Hemofil M Humate-P Koate-DVI Kogenate FS Monoclate-P Recombinate Tretten (Castridecog Coagulation Factor XIII A recombinant) Wilate (VWF/Factor VIII)
Growth Hormone Products	Enbrel (etanercept)^# PREFERRED self administered Humira (adalimumab)^# PREFERRED self administered Remicade (infliximab)^ PREFERRED provider administered Stelara (ustekinumab)^ # Non-Preferred	Hereditary Angioedema	Xyntha Berinert (C1 esterase inhibitor)^# Cinryze (human C1 inhibitor)^# Firazyr (icatibant)^# Ruconest (C1 esterase inhibitor)^#
ENDOCRINE		Immune Globulins	Actimmune ^ Bivigam ^ Non-Preferred Carimmune^ Non-Preferred Flebogamma^ Non-Preferred Gamastan^ Gammagard^, Gammagard SD ^ Non-Preferred Gammaked ^ Gammplex ^ Gamunex^ PREFERRED, Gamunex-C^ PREFERRED Hizentra^ Non-Preferred Hyqvia ^ Octagam^ Privigen^ Non-Preferred Vivaglobin^
Miscellaneous	Korlym (mifepristone)^ Natpara (parathyroid hormone)^ Procysbi (cysteamine bitartrate)^ Ravicti (glycerol phenylbutyrate)^ Strensiis (asfotase alfa)^ Supprelin LA (histrelin acetate) Thiola (tiopronin)^ Sandostatin LAR Depot (octreotide acetate)	Miscellaneous	WinRho SDF (Rho D immune globulin) Juxtapid (lomitapide)^# Kynamro (mipomersen)^#
Acromegly	Signifor LAR (pasireotide)^ Somatuline Depot (lanreotide acetate)	Thrombocytopenia	Neumega (oprelvekin)^ Granix (tbo-filgrastim) PREFERRED Leukine (sargramostim) Neulasta (pegfilgrastim) ^ Neupogen (filgrastim)^
Osteoporosis	Somavert (pegvisomant) Forteo (teriparatide)^ Prolia (denosumab)^	WBC Deficiencies	
Phenylketonuria Treatment Agents	Kuvan (sapropterin)^	IMMUNOMODULATOR	
GASTROENTEROLOGY		Cryopyrin-Associated Periodic Syndromes	Arcalyst (rilonacept) Ilaris (canakinumab)
Crohns, UC	Cimzia (certolizumab)^# Entyvio (vedolizumab)^# Humira (adalimumab)^# PREFERRED self administered Remicade (infliximab)^ PREFERRED provider administered Tysabri (natalizumab)^	Lupus Erythematosus	Benlysta (belimumab)^
Short Bowel	Gattex (teduglutide)^	Rheumatoid Arthritis/Psoriatic Arthritis	Actemra (tocilizumab)^# Non-Preferred Actemra SC (tocilizumab)^# Cimzia (certolizumab)^# Cosentyx (Secukinumab)^# Enbrel (etanercept)^# PREFERRED self administered Humira (adalimumab)^# PREFERRED self administered Kineret (anakinra)^ Orencia (abatacept)^ Non-Preferred Orencia SC (abatacept)^ Non-Preferred Otezla (apremilast)^# Remicade (infliximab)^ PREFERRED provider administered
HEMATOLOGICAL			
Anemia	Aranesp (darbepoetin alfa)^ Epogen (epoetin alfa)^ Mircera (methoxy peg-epoetin beta) ^{ME} Procrit (epoetin alfa)^ PREFERRED		
Fibrinogen Deficiency	RiastAP (human fibrinogen concentrate)		
Hemophilia	FEIBA		
Hemophilia, Factor IX	Alprolix^		

- Quantity Limits ^ - Requires authorization for use. ^{ME} - Available by Medical Exception only. PREFERRED - These medications are preferred within their class. Non-Preferred - higher specialty co-pay tier for select plans. 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



DRUG CATEGORY	SPECIALTY MEDICATION/HIGHEST TIER	DRUG CATEGORY	SPECIALTY MEDICATION/HIGHEST TIER
	Rituxan (rituximab)^# Simponi (golimumab)^# Simponi Aria (golimumab)^# Xeljanz (tofacitinib)^#	ONCOLOGY/HEMATOLOGY	NPlate (romiplostim)^# Promacta (eltrombopag olamine)^#
IMMUNOSUPPRESSIVE		Hematology	Afinitor (everolimus)^# Bosulif (bosutinib)^# capecitabine ^# Caprelsa (vandetanib)^# Cometriq (cabozantinib)^# Cotellic (cobimetinib)^# Erivedge (vismodegib)^# Farydak (panobinostat)^# Gilotrif (afatinib)^# Gleevec (imatinib)^# Ibrance (palbociclib)^# Iclusig (ponatinib)^# Imbruvica (ibrutinib)^# Inlyta (axitinib)^# Iressa (gefitinib)^# Jakafi (ruxolitinib)^# Lenvima (lenvatinib)^# Lonsurf (trifluridine and tipiracil)^# Lynparza (olaparib)^# Mekinist (trametinib)^# Nexavar (sorafenib)^# Odomzo (sonidegib)^# Oferta (fludarabine)^# Pomalyst (pomalidomide)^# Revlimid (lenalidomide)^#^# Sprycel (dasatinib)^# Stivarga (regorafenib)^# Sutent (sunitinib)^# Tafinlar (dabrafenib)^# Tagrisso (osimertinib)^# Tarseva (erlotinib) ^# Targretin caps (bexarotene)^# Tasigna (nilotinib)^# temozolamide^# Thalomid (thalidomide)^# Tykerb (lapatinib)^# Votrient (pazopanib)^# Xalkori (crizotinib)^#^# Xtandi (enzalutamide)^#^# Valchlor (methchlorethamine gel)^# Zelboraf (vemurafenib)^#^# Zolanza (vorinostat)^# Zydelig (idelalisib)^# Zykadia (ceritinib)^#^# Zytiga (abiraterone)^#^# Targretin gel (bexarotene)^#
Transplant Drugs	Nulojix (belatacept)	Oral Agents	
INFERTILITY			
Follitropins	Follistim AQ (follitropin beta) PREFERRED Gonal-F (follitropin alfa)^#		
GnRH Antagonists	Cetrotide (cetrorelix acetate) Ganirelix acetate		
HCG	chorionic gonadotropin (generic) Novarel (chorionic gonadotropins) Ovidrel (choriogonadotropin alfa) Pregnyl (chorionic gonadotropins)		
Menotropins	Menopur (gonadotropins/menotropins) Repronex (gonadotropins/menotropins)		
Urofollitropins	Bravelle (urofollitropin)^#		
MISCELLANEOUS			
Neurologicals	Keveyis (dichlorphenamide)^# Neudexta (dextromethorphan/quinidine)^# Sabril (vigabatrin)^# Xyrem (sodium oxybate)^#		
Chronic Gout	Krystexxa (pegloticase)^#		
Enzyme Replacements	Aldurazyme (laronidase) ^# Carbaglu (carnitumic acid)^# Cerdela (eliquistat)^# Cerezyme (imiglucerase) ^# Cholbam (cholic acid)^# Elaprase (idursulfase)^# Eleyso (paliglucerase alfa)^# Fabrazyme (agalsidase beta) Lumizyme (alglucosidase alfa)^# Myozyme (alglucosidase alfa)^# Naglazyme (galactose-1-phosphate uridyl transferase)^# Vimizim (elosulfureptide)^# Vpriv (velaglucerase)^# Zavesca (miglustat)^#		
Iron Overload	Exjade (deferasirox)^# Ferriprox (deferoxamine)^# Jadenu (deferasirox)^#		
Macular Degeneration	Eylea (afibercept)^# Lucentis (ranibizumab)^#^# Macugen (pegaptanib)^#		
NEUROMUSCULAR			
Huntington's	tetrabenazine^#	Topical Agents	
Multiple Sclerosis	Acthar HP Gel (repository corticotropin) ME Ampyra (dalfampridine)^# Aubagio (teriflunomide)^# Non-Preferred Avonex (interferon beta 1a) Betaseron (interferon beta 1b) Copaxone (glatiramer) and 40mg ME Extavia (interferon beta 1b) ^# Non-Preferred Gilenya (fingolimod)^# Non-Preferred Glatopa (glatiramer) Plegiddy (peginterferon beta 1a)ME Rebif (interferon beta 1a) ^# Non-Preferred Tecfidera (dimethyl fumarate)^# Tysabri (natalizumab)^#		
Muscular Disorder	Botox (botulinum toxin type A)^# Dysport (botulinum toxin type A)^# Myobloc (botulinum toxin type B)^# Xeomin (botulinum toxin type A)^#		
Miscellaneous	Northera (droxidopa)^# Syprine (trientine)^#		

- Quantity Limits ^ - Requires authorization for use. ME - Available by Medical Exception only. PREFERRED - These medications are preferred within their class. Non-Preferred - higher specialty co-pay tier for select plans. 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



DRUG CATEGORY	SPECIALTY MEDICATION/HIGHEST TIER
Injectable Agents	Eligard (leuprolide acetate) ^{A PREFERRED} Firmagon (degarelix) Lupaneta (leuprolide depot + norethindrone) Lupron Depot (leuprolide acetate 7.5, 22.5, 30, 45mg) ^A Sylatron (peginterferon alfa-2b) ^A Trelstar Depot (triptorelin pamoate) Trelstar LA (triptorelin pamoate) Vantas (histrelin acetate) Xgeva (denosumab) ^A Zoladex (goserelin acetate)
PULMONARY	
Asthma	Xolair (omalizumab) ^A
Cystic Fibrosis	Belkhis (tobramycin inhaled) ^A Cayston (aztreonam inhaled) Kalydeco (ivacaftor) ^{A#} Kitabis Pak (tobramycin inhaled) ^A Orkambi (lumacaftor and ivacaftor) ^A Pulmozyme (dornase alfa inhaled) tobramycin inhaled ^A
Pulmonary Hypertension	epoprostenol ^A Adcirca (tadalafil) ^{A#} Adempas (riociguat) ^A Letairis (ambrisentan) ^{A#} Opsumit (macitentan) ^{ME} Orenitram (treprostil) ^A Remodulin (treprostinil) ^A Sildenafil ^{A#} Tracleer (bosentan) ^{A#} Tyvaso (treprostilin) ^A Veletri (epoprostenol) ^A Ventavis (iloprost inhaled) ^A
Idiopathic Pulmonary Fibrosis (IPF)	Esbriet (pirfenidone) ^A Ofev (nintedanib) ^A

DRUG CATEGORY	SPECIALTY MEDICATION/HIGHEST TIER
Respiratory Enzymes	Aralast, Aralast NP(alpha1 proteinase inhibitor) ^{A NonPreferred} Glassia (alpha1 proteinase inhibitor) ^{A Non Preferred} Prolastin (alpha1 proteinase inhibitor) ^A Zemaira (alpha1 proteinase inhibitor) ^ Non Preferred
RSV	Synagis (palivizumab) ^{A #}
Miscellaneous	Cystaran (cysteamine ophthalmic solution) ^# Myalept (metreleptin) ^{ME} Nucala (mepolizumab)Inj. ^ Nuedexta (dextrometh/quinidine sulf) ^A Vivitrol (naltrexone XR)
PCSK-9	Praluent ^A Repatha ^A

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.BCBSRI.com

PATIENT HEALTH EDUCATION PROGRAMS:

Local (401) 459-5625

PHYSICIAN AND PROVIDER SERVICE

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

RX-40608 4/16 v1