

## BCBSRI Pharmacy Program April 1, 2017 Formulary Changes

The information below is effective as of April 1, 2017 and applies to all commercial BCBSRI products, including all Large Group, Small Group and Exchange (Individual) markets. These changes do not apply to the BlueCHiP for Medicare programs. 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)*

For application across all commercial formularies the following Brand-name drugs are now **available with generic equivalents**, as a result the Brand name will be **excluded** from coverage effective April 1, 2017. The generic equivalent will continue to be covered.

AZILECT	EDECIN	PLAN B ONE-STEP
AZOR	EMEND	QUALAQUIN
BENICAR	EPIPEN 2-PAK	SEROQUEL XR
BENICAR HCT	EPIPEN-JR 2-PAK	SYNALAR
BEYAZ	EPZICOM	TAMIFLU
CAFERGOT	ERYPED 200	TETRACYCLINE HCL
CODEINE SULFATE	IMITREX	TIKOSYN
CORDRAN	LITHIUM CARBONATE	TRIBENZOR
CRESTOR	NITROSTAT	VAGIFEM
D-VI-SOL	NORPRAMIN	VENLAFAXINE HCL ER 37.5MG, 75MG, 150MG
E.E.S. GRANULES	NUVIGIL	

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

### Generic Drugs – Tier changes

The following drugs have been moved to a **higher** tier.

ACETAZOLAMIDE	DIAZEPAM	NECON 1/50-28
ACETIC ACID/ALUMINUM ACET	DIFLORASONE DIACETATE	NEFAZODONE HCL
AGGRENOX	DIHYDROERGOTAMINE MESYLAT	NEOMYCIN/POLYMYXIN/HYDROC
ALENDRONATE SODIUM	DIPHENOXYLATE/ATROPINE	NIACOR
AMCINONIDE	DOXEPIN HCL	NISOLDIPINE
AMOXICILLIN	E.E.S. 400	NISOLDIPINE ER
AMOXICILLIN/CLAVULANATE P	EPINEPHRINE	NITROGLYCERIN LINGUAL
APEXICON E	EPROSARTAN MESYLATE	NIZATIDINE
ASACOL HD	ERYTHROMYCIN BASE	NORTRIPTYLINE HCL
ASPIRIN/DIPYRIDAMOLE	ERYTHROMYCIN EES	OGESTREL
ATROPINE SULFATE	ESTROPIPATE	ONETOUCH LANCETS
AURYXIA	FENOFIBRATE	OXYCODONE HCL ER
AZITHROMYCIN	FERROUS SULFATE	OXYMORPHONE
AZURETTE	FLUOXETINE HCL	PHENDIMETRAZINE TARTRATE
BACITRACIN	FLURAZEPAM HCL	PHENOBARBITAL
BENZONATATE	FORTICAL	POTASSIUM CHLORIDE ER

CALCITRIOL	GENTAMICIN SULFATE	PREDNISOLONE SODIUM PHOSP
CAPTOPRIL/HCT	HYDROCORTISONE ACETATE/PR	PREDNISONE
CARBIDOPA/LEVODOPA/ENTACA	HYDROXYZINE PAMOATE	PROPANTHELIN BROMIDE
CEPHALEXIN	ISOSORBIDE DINITRATE ER	PROPRANOLOL HCL
CHLORDIAZEPOXIDE/AMITRIPT	KETOPROFEN ER	ROSUVASTATIN CALCIUM
CHLOROQUINE PHOSPHATE	LEUCOVORIN CALCIUM	SPINOSAD
CHLOROTHIAZIDE	LEVABUTEROL TARTRATE HFA	SUMATRIPTAN SUCCINATE
CIPROFLOXACIN	LIDOCAINE	TAYTULLA
CLEMASTINE FUMARATE	LINDANE	TESTOSTERONE
CLOCORTOLONE PIVALATE	LITHIUM	TESTOSTERONE PUMP
COLCHICINE	MEPERIDINE HCL	TIMOLOL MALEATE
CORTISONE ACETATE	MESALAMINE DR	TRAMADOL HCL ER
CROMOLYN SODIUM	METHENAMINE MANDELATE	TRAVOPROST
CYCLOPHOSPHAMIDE	METHOTREXATE SODIUM	TRIAMTERENE/HCT
CYCLOSPORINE MODIFIED	METHYLCLOTHIAZIDE	TRIANEX
DESOXIMETASONE	METOPROLOL TARTRATE	TRIAZOLAM
DESVENLAFAXINE ER	MORPHINE SULFATE	VENLAFAXINE HCL ER 225MG
DEXAMETHASONE	MORPHINE SULFATE ER	XULANE
DEXAMETHASONE SOD PHOS	NATURE-THROID	

**Brand Drugs – Tier changes**

The following Brand name drugs have been moved to a **higher** tier.

AZURETTE	NAPROXEN	TEGRETOL-XR
LAMICTAL ODT	TAYTULLA	TRIANEX
METHYLPHENIDATE HCL ER		