

BCBSRI Pharmacy Program October 1, 2015 Formulary Changes

The information below is effective as of October 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.

Generic Drugs – Tier changes

The following generic drugs have been moved to a lower tier.

ARIPRAZOLE	CELECOXIB
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The following generic drugs have been moved to a higher tier.

BETAMETHASONE VAL AEROSOL	CLOBETASOL AEROSOL	PIOGLITIZONE/GLIMEPRAZIDE
BUPRENORPHINE/NALOXONE SUB	CLOBETASOL SHAMPOO	PRAMIPEXOLE TAB ER
CALCIPOTRIENE OINTMENT	CROMOLYN SODIUM CONC	PREDNISOLONE TAB ODT
CALCIPOTRIENE CREAM	HC BUTYRATE CREAM	SOD SUL/SULF CREAM
CALCIPOTRIENE/BETAMETHA OINT	METAXALONE	SOD SUL/SULF LIQUID
CLOBETASOL LOTION	OPIUM TINCTURE	TRETINOIN GEL

Brand Drugs – Tier changes

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

AMITIZA	EPZICOM
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Brand Name Drugs (excluded from coverage - with medical necessity available)

For the Standard and EHB Formularies, the following Brand-name drugs and select generic drugs are **excluded** from coverage effective October 1, 2015, but will have medical exception criteria available.

CARAC	DEXILANT	FLUROPLEX 1%
CLINDACIN KIT ETZ	diclofenac 3% gel	GLUMETZA
CLINDAGEL Gel	fluorouracil 0.5%	ONEXTON Gel

For EHB Plans only

Brand Name Drugs (excluded from coverage - with medical necessity available)

The following Brand-name drugs are **excluded** from coverage effective October 1, 2015, but will have medical exception criteria available.

GLYXAMBI	INVOKANA	INVOKAMET
JARDIANCE		

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 October 1, 2015.

ABILIFY	DDAVP SPRAY	METZOLV ODT
ACTONEL	DDAVP TAB	MIRAPEX ER
ANALPRAM E KIT	ESTROSTEP FE TAB	NAFTIN
ATELVIA	FEMHRT TAB 0.5-2.5	NAMENDA
AXERT	GENERESS FE	NAPRELAN CR
CAFICIT INJ 60MG/3ML	KENALOG AER	REVATIO INJ
COPAXONE 20MG INJ	LOESTRIN	ROBAXIN INJ 100MG/ML
DDAVP INJ	LOESTRIN FE	SUPRAX
DDAVP SOL	MESTINON	TARKA CR

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