

Blue Cross & Blue Shield of Rhode Island Pharmacy Program April 1, 2014 Formulary Changes

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is making updates to the Pharmacy Program which applies to all **commercial** BCBSRI products, including the Standard Pharmacy Benefit and Exchange Health Benefit (EHB) plan, a 5-Tier design. These changes do not apply to BlueCHiP for Medicare. All Pharmacy Program changes are the result of a comprehensive review of relevant clinical information by the BCBSRI Pharmacy and Therapeutics Committee.

Generic Drugs Moving to Tier 1 (Standard 4-Tier) and to Tier 2 (EHB 5-Tier)

The following generic drugs have been moved to a lower tier effective April 1, 2014.

Zolmitriptan 2.5 and 5 mg oral tablets

Generic Drugs Moving to Tier 3 for EHB 5-Tier formulary only (No change to Standard 4-Tier)

The following generic drugs have been moved to a higher tier effective April 1, 2014.

Adapalene	Fentanyl Citrate Lollipop	Minocycline Tab SR
Amlodipine/atorvastatin	Fentanyl TD Patch	Modafinil Tab
Amphet-Dextroamphet SR 24HR	Gatifloxacin Opth Sol	Morphine Sulfate Cap SR
Benzoyl Peroxide (all forms)	Imiquimod Cream 5%	Niacin ER
Benzoyl Peroxide (all combos)	Isotretinoin Cap (all forms)	Rizatriptan Benzoate ODT
Budesonide Inhalation	Lidocaine Patch 5%	Sulfacetamide Sodium (in all forms)
Clinamycin-Benzoyl Peroxide Gel	Methylphenidate HCL Cap CR	Tretinoin Microsphere Gel
Dextroampheta Sulfate SR 24HR	Methylphenidate HCL Cap SR	Zolmitriptan ODT
Doxycycline Hyclate DR	Methylphenidate HCL Tab ER	Zolpidem Tartrate Tab CR
Enoxaparin Sodium Inj.	Methylphenidate HCL Tab SA OSM	

Brand Name Drugs Moved to a Preferred Tier (Tier 2 Standard 4-Tier or Tier 3 EHB 5-Tier)

The following brand name drugs have been changed to a preferred status, effective April 1, 2014.

Benicar®

Benicar HCT®

Ventolin®

Brand Name Drugs Moved to a Non-Preferred Tier (Tier 3 Standard 4-Tier or Tier 4 EHB 5-Tier)

The following brand name drugs have been changed to a non-preferred status, effective April 1, 2014.

Advair®

Flovent®

Pulmicort Inhaler®

Brand Name Drugs (excluded from coverage - no medical necessity exceptions)

For the Standard and EHB Formularies, the following brand-name drugs have available generic equivalents therefore the brand name will be **excluded** from coverage effective April 1, 2014:

Aciphex®	Flagyl ®Cap 375 mg	Trizivir®
Atacand®	Lidoderm®	Twynsta®
Cymbalta®	Micardis®	Vanos® cream
Delatestryl®	Minocin ®75 mg	Verelan PM ER®
Depo Testosterone®	Myfortic®	Verelan SR®
Detrol LA®	Niaspan ®ER	Vfend® suspension
Diovan HCT ®160-25	Nitrolingual Spray®	Zemplar ®
Epivir HBV®	Retin A Micro®	Zutropro® liquid
Extina®	TOBI®	Zymaxid®

For the Traditional Formulary, these products will be covered with a non-preferred or Tier 3 copay.

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

For the Standard and EHB Formularies, the following brand-name drugs are **excluded** from coverage effective April 1, 2014, but will have Medical exception criteria available.

Absorica®	Auvi-Q®	Onmel®	Seconal®
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Standard Pharmacy Benefit Update

The following additional changes apply to the standard pharmacy plan design, effective April 1, 2014.

Preauthorization Changes

As a reminder, physicians need to complete a Prior Authorization Form for any prescriptions on the BCBSRI Prior Authorization List. The following is a list of additional drugs which require prior authorization effective April 1, 2014.

Alsuma®	Fazaclo ODT®^	Seroquel XR®^
Axert®	Frova®	Sumavel®
Breo Ellipta®	Invega®^	Tevetan HCT®
Edarbi®	Latuda®^	Versacloz®^
Edarbichlor®	Proventil®	Xopenex HFA®
Fanapt®^	Saphris®^	

^ New starts only

Quantity Limits

The following drugs will be subject to Quantity Limits consistent with FDA approved dosing effective on **June 1, 2014**. Limits will be based upon a maximum daily dose of 24 mg per day, as well as requiring use of the most efficient dose strength. Providers may request patient lists to assist in transition. Details on limits are included in this month's Provider Update.

Buprenorphine/naloxone Tabs	Suboxone Film®
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All medical criteria guidelines for Prior Authorization forms and guidelines are available at www.BCBSRI.com in the Provider section.

Specialty Pharmacy Benefit Update

The following updates apply to prescription benefit policies with a Specialty Pharmacy benefit, effective April 1, 2014.

New Prior Authorization Requirement

TOBI Podhaler®

Bethkis®

All medical criteria guidelines for Specialty Pharmacy forms and guidelines are available at www.BCBSRI.com in the Provider section.

Standard Plan Exclusions – Update

The following products are considered to be most appropriately covered under a BCBSRI medical policy only effective April 1, 2014. These products will not be covered at a retail pharmacy.

Fentanyl Citrate Inj 0.05 MG/ML Alprostadil Inj 500 MCG/ML