

BCBSRI Pharmacy Program October 1, 2018 Formulary Changes

The information below is effective as of October 1, 2018 and applies to all commercial BCBSRI products, including all Large Group, Small Group and Individual markets. These changes do not apply to the Blue CHIP 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.

Large Group and Small Group Markets Formulary

Brand Name Drugs available with generic equivalents (Excluded from coverage)

The following Brand-name drugs are now **available with generic equivalents**, and as a result the Brand name will be **excluded** from coverage effective October 1, 2018. The generic equivalent will continue to be covered.

BILTRICIDE	NORVIR	SYPRINE
LOCOID	SAFYRAL	WELCHOL
NAMENDA XR	SUSTIVA	ZAVESCA

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

Brand Name and generic Drugs with available alternatives (Excluded from coverage)

The following Brand-name and generic drugs with preferred alternatives will be **excluded** from coverage effective October 1, 2018. Request for coverage will require documented medical necessity.

AMPHETAMINE/DEXTROAMPHETAMINE ER (Adderall XR)	METFORMIN ER (OSMOTIC)	SUMATRIPTAN/NAPROXEN SODIUM
JUBLIA	METHYLPHENIDATE ER (Concerta)	TARGADOX
MAKENA INJ 275MG	MORGIDOX	

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

Brand Name and generic Drugs not eligible for coverage (Excluded from coverage)

The following Brand-name and generic drugs do not meet requirements for benefit coverage and will be removed from the formulary, effective October 1, 2018. Many have over-the-counter (OTC) equivalents.

ALA-QUIN	HYDROCORT/ IODOQUIN	PROGESTERONE SUP VGS
AVAGE	HYDROQUINONE	ROSANIL EMU CLEANSER
AVAR	HYOSCYAMINE	ROSULA PAD 10-5%
AVAR CLEANSE	HYOSYNE	SALSALATE
AVAR LS	ISOXSUPRINE	SEB-PREV LIQ WASH
AVAR-E	KLOR-CON/25	SELENIUM SUL
BENSAL HP	LIDOCAINE Cream/Lotion	SELRX
BENZEPRO LIQ	LIDOCAINE/HC	SOD CHLORIDE NEB

BENZEPRO AERO	LIDO-HYDRO GEL	SOD SUL/SULF CRE
BENZEPRO MIST	LIDO-K LOT	SOD SUL/SULF EMU
BENZEPRO SC AERO	LIDOPIN	SOD SUL/SULF GEL
BENZIQ WASH	LIMBREL	SOD SUL/SULF LIQ
BENZOYL	MELQUIN 3	SOD SUL/SULF LIQ WASH
BENZOYL PER AERO	METHENAM MAN	SOD SUL/SULF LOT
BIO-D-MULSIO LIQ	MIFEPREX	SOD SUL/SULF PAD
BP 10-1	MORPHINE SUL SUP	SOD SUL/SULF SUS
BP FOAM	N-ACETYL-L- CAP CYSTEINE	SOD SULFACET SHAM
BP WASH	NULEV	SODIUM CHLOR NEB
BPO CLOTHS	OSCIMIN	SSS AER
CERISA WASH	OSCIMIN SR	SSS CRE
COVARYX	OVACE PLUS	SULFACLEANSE SUS
COVARYX HS	PAPAVERINE INJ	SYMAX DUOTAB TAB
D-VITA	PAPAVER-PHEN SOL ALPROSTI	SYMAX-SL SUB
EEMT	PHENAZOPYRIDINE	SYMAX-SR TAB
EEMT HS	POT/CHLORIDE EF	SYNVEXIA PAD
EFFER-K	POTABA	SYNVEXIA TC CRE
EST ESTROGEN TAB MTEST	PRAMOSONE	VANIQA CRE
EST ESTROGEN TAB MTEST HS	PRAMOSONE E	VELTRIX CRE
FLURA-SAFE	PRAMOX GEL	VITAMIN D (all forms)
HC PRAMOXINE	PREDNI/MOXII/ SOL BROMFENA	VITAMIN D2 (all forms)
HOMATROPAIRE SOL	PREDNI/MOXII/ SOL KETOROLA	VITAMIN D3 (all forms)
HYDROCORT AC SUP	PREDNISOLONE SOL MOXIFLOX	

Tier changes

The following select *generic* drugs have been moved to a **higher** co-pay tier effective October 1, 2018.

ACYCLOVIR OINT	FENOFIBRATE TAB	NOLIX CRE
ALOSETRON TAB	FLURANDRENOL CRE	NOLIX LOT
ATOVAQUONE SUSP	FLURANDRENOL LOT	OKEBO CAP
BUPAP TAB	FLUTICASONE LOT	OLANZA/FLUOX CAP
BUTALB/ACETA TAB	GABITRIL TAB	OXANDROLONE TAB
DARIFENACIN TAB	GRISEOFULVIN TAB MICRO	OXICONAZOLE CREAM NITRATE
DIHYDROERGOT INJ	GRISEOFULVIN TAB ULTRA	PHENOXYBENZAPINE CAP
DOFETILIDE CAP	IMIPRAMINE PAM CAP	POT CHLORIDE SOL
DOXYCYC LINE MONO CAP	KETOCONAZOLE AERO	PYRIDOSTIGMINE TAB ER
DOXYCYCLINE HYCLATE TAB DR	KETODAN AERO	RIFABUTIN CAP
ENTECAVIR	LANTHANUM CHEW	RISEDRONATE TAB
ERYTHROMYCIN ETH SUSP	MESALAMINE ENEMA	SABRIL POWD
ERYTHROMYCIN TAB BS	METHAZOLAMIDE TAB	TACROLIMUS OINT
ETHACRYNIC ACID TAB	NAFTIFINE CRE HCL	TERBUTALINE TAB

Individual Market Formulary

Brand Name Drugs (Excluded from coverage)

The following Brand-name drugs are now **available with generic equivalents**, as a result the Brand name will be **excluded** from coverage effective October 1, 2018. The generic equivalent will continue to be covered.

NORVIR

Tier Changes

The following select generic drugs have been moved to a **higher** co-pay tier effective October 1, 2018.

TERCONAZOLE

TIMOLOL MALEATE OPHTHALMIC GEL FORMING