

Formulary Exception Process



Blue Cross & Blue Shield of Rhode Island developed the formulary to encourage the use of medically accepted, cost-effective drugs. Some drugs are excluded from the formulary because alternatives are available. Alternatives may be generic equivalents, alternative prescription drugs, or over-the-counter drugs that offer the same effectiveness and safety as the excluded drug.

On April 1, 2011, a medical exception process became available for the rare cases when a member is taking an excluded drug and his or her doctor determines that other drugs are not effective. This medical exception process will ensure that members have access to the medications that meet their unique needs, while still helping to make healthcare coverage more affordable for all of our members.

Medical Exception Process

- The healthcare provider must apply for an exception on the patient's behalf.
- The provider must fill out the appropriate medical exception form for the drug prescribed and submit it to Catamaran, our pharmacy benefits manager.
 - The provider may download the form from **bcbsri.com**.
 - The provider/member may initiate a request for medical exception on **bcbsri.com**.
 - Alternatively, the member may request the appropriate form from Customer Service and bring it to his or her provider to fill out.
- The provider must give a medical reason for the member to stay on an excluded drug.
- Catamaran will review the exception application according to normal utilization review guidelines and protocols.

The formal exception process began on April 1, 2011. Exceptions may be approved retroactively for members who have been taking excluded drugs.

Formulary Excluded Drugs

Eligible for the Medical Exception Process

The medical exception process is available for the following excluded drugs:

ACTICLATE TAB	DICLEGIS	MORGIDOX KIT	SULFOAM SHAMPOO
ACZONE GEL	DICLOFENAC GEL 3%	NAPRELAN TAB CR	SUMAXIN CP KIT
AFREZZA POW	DIFFERIN LOT	NAPROXEN SOD TAB	SURMONTIL
AKNE-MYCIN OINT	DORAL TAB	NAPROXEN SOD TAB CR	TRETIN-X CREAM
ALODOX KIT	DORYX TAB	NATROBA SUSP	TRIGLIDE TAB
AMICAR SYRUP	DUEXIS TAB	NICAZELDOXY KIT	ULTRAVATE X KIT
AMICAR TAB	EASYGEL	NORITATE CREAM	URAMAXIN GT KIT
AMRIX CAP	EDLUAR SUB	NOVOLOG INJ	UREA CREAM
ANTARA CAP	EPIDUO GEL	NUCORT LOT	UTOPIC CREAM
APIDRA INJ	ESMEPRAZOLE MAG CAP	NUOX GEL	VANOXIDE-HC LOTION
AUVI-Q INJ	FENOFIBRATE CAP	NUTRIDOX KIT	VELTIN GEL
AVIDOXY DK KIT	FENOFIBRIC TAB	OCUDOX KIT	VIMOVO GEL
AZELEX CREAM	FENOGLIDE TAB	OMEPRAZOLE/BICARB CAP	VOPAC CREAM
BELSOMRA	FIBRICOR TAB	ONEXTON GEL	VOPAC GB CREAM
BENZAMYCIN GEL PAK	FLUOROPLEX CREAM	ORACEA CAP	XARTEMIS XR
BENZIQ GEL	FLUORAOURACIL CREAM	OVACE PLUS LOTION	XOLOX TAB
BENZIQ LS GEL	GLUMETZA	PROTONIX PAK	ZACARE KIT
BP FOAMING LIQ WASH 10%	GLYCATÉ TAB	RASUVO INJ	ZEGERID POWDER
BPO GEL 4%	GRALISE	RAYOS TAB	ZIANA GEL
BRINTELLIX TAB	HETLIOZ	RESPA-BR TA B	ZINC SULFATE CAP
BRISDELLE CAP	HORIZANT	RESTASIS EMULSION	ZIPSOR CAP
BUTRANS DISC	HYLIRA LOTION	RETIN-A MICRO GEL	ZOHYDRO ER CAP
CAMBIA POWD	INCIVEK	RIAX AERO	ZOLPIMIST SPRAY
CARAC CREAM	INOVA KIT	ROSADAN KIT	ZORVOLEX
CARISOPRADOL/ASA TAB	INTERMEZZO SUBLINGUAL	SALKERA AERO	ZUBSOLV SUB
CARISOPRODOL TAB	JUBLIA	SALVAX AERO	ZYDONE
CARISOPRODOL TAB ASA/COD	KAPVAY	SECONAL	
CLARINEX SYRUP	KERYDIN SOL	SILENOR TAB	
CLARINEX-D	LIPOFEN CAP	SPRIX SPRAY	
CLINDACIN KIT ETZ	LIQUICET	STAGESIC	
CLINDACIIN KIT PAC	MIRVASO GEL	SULF/SUNSCREEN KIT	

