

## Pharmacy Update: Commercial Products

This article contains highlights of changes that are effective November 1, 2010, for prescription drug coverage for commercial products. In our most commonly purchased products, covered drugs are usually divided into three levels or “tiers” of copayments: generics, preferred brands and non-preferred brands.

### Changes to the 2010 BCBSRI Formulary

As part of BCBSRI’s ongoing efforts to improve the affordability of healthcare and slow the rate of escalating costs, we are changing our prescription drug formulary to encourage the use of clinically appropriate but lower-cost generic drugs.

**Most commercial members will transition to this new formulary—called “Premier”—effective November 1.** Please note that the Premier formulary does not apply to every BCBSRI member. It doesn’t involve Medicare Part D, BlueCHIP for RIte Care, members with pharmacy benefits from other companies, or members of self-insured groups. Please read below and see the attached “2010 Formulary Changes” for more details.

#### *Principal changes*

- Prior authorizations will be removed in drug classes that now have exclusions.
- Exclusions will not have an exceptions process for coverage.
- Some drugs (including high-cost generics) will move to a higher tier.

#### *Prior authorization changes*

Many drugs that previously required prior approval will no longer require preauthorization; however, effective November 1, you must obtain preauthorization for certain additional drugs, which you’ll find in the attached “2010 Formulary Changes.” Prior authorization is required for new users of Abilify (those not taking the drug for the past 60 days) and new users of brand anticonvulsant drugs. You must complete a Prior Authorization form for any prescription on our Prior Authorization List; you can find the appropriate form in the Pharmacy section of BCBSRI.com. Starting November 1, you will also be able to find a revised Prior Authorization List there as well.

#### *Exclusions*

A number of drugs are excluded from the Premier formulary, with no exceptions process or prior authorization available. If you prescribe any of these drugs for a BCBSRI member, he or she will pay 100 percent of the cost out of pocket. We encourage you to prescribe a therapeutic alternative, preferably a generic, whenever appropriate. Excluded drugs include some significant categories, such as most proton pump inhibitors, brand sedative hypnotics and brand acne drugs. You’ll find a list of excluded drugs in the “2010 Formulary Changes.”

#### *Tier Changes*

##### *High-cost generic drugs moving to Tier 2*

Selected generics that were high-cost will move to a brand/higher tier. If there is another generic that provides a lower-cost alternative and is therapeutically equivalent, you might want to change the treatment. If this is not the case, no other action is required; the member will pay a higher copayment. Generics still remain the best value for all members. Please see “2010 Formulary Changes” for the generics that are moving to Tier 2.

##### *Drugs moving from Tier 2 to Tier 3*

Certain drugs are moving from Tier 2 to Tier 3 (see “2010 Formulary Changes”), requiring the highest drug copayment. If your patient is taking one of these drugs, consider an alternative agent to reduce out-of-pocket costs for your patient.

#### *Questions?*

**You can view our revised formulary in the Pharmacy section of the Provider home page at BCBSRI.com, as**

**of November 1, 2010.** If you have questions or want more information, please contact the Physician and Provider Service Center at (401) 274-4848 or 1-800-230-9050. Members with questions about their plan benefits should call the Customer Service number on the back of their member ID card.