

BCBSRI Pharmacy Program October 1, 2023 Formulary Changes

The information below is effective as of October 1, 2023 and applies to the Individual Market segment (Direct Pay and Direct Pay Exchange) of BCBSRI products assigned to the Net Results HIM compliant formulary. 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 Prime Therapeutics National Pharmacy and Therapeutics Committee, with consultation from the BCBSRI Pharmacy and Therapeutics Committee.

Individual Markets (Direct Pay and Direct Pay Exchange) Formulary

Brand Name Drugs available with generic equivalents (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, 2023. The generic equivalent will continue to be covered.

AUBAGIO TAB	IRESSA TAB	ORFADIN CAP
CARDIZEM LA TAB	NOXAFIL SUSP	TROKENDI XR CAP
CELONTIN CAP		

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

The following product is **available with preferred alternatives** will be **excluded** from coverage, effective October 1, 2023. Request for coverage will require documented medical necessity.

PRENATABS RX TAB

Prior Authorization

The following drugs will now require prior authorization for coverage, effective October 1, 2023.

DARUNAVIR TAB	REZUROCK TAB	TRULICITY
MOUNJARO	RYBELSUS	VICTOZA
OZEMPIC		

Tier changes

The following products listed will require a **higher** co-pay tier, effective October 1, 2023.

These products will move from Tier 1 to Tier 4 Non-Preferred Brand Tier.

AMILORIDE/HCTZ TAB	ACETAMINOPHEN/CODEINE SOL
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These products will move from Tier 2 to Tier 4 Non-Preferred Brand Tier.

ALBUTEROL NEBULIZER SOL	HYDROCORTISONE/ACETIC ACID OTIC	PERINDOPRIL TAB
APRACLONIDINE OPTH SOL	LEVOFLOXACIN OPTH SOL	PREDNISOLONE SOL
BETAXOLOL OPTH SOL	LEVOFLOXACIN SOL	QUINAPRIL/HCTZ TAB
CIMETIDINE SOL	LOTEPREDNOL GEL	RIBAVIRIN CAP
CROMOLYN SODIUM OPTH SOL	NP THYROID TAB	RIBAVIRIN TAB
EFAVIRENZ CAP		