

www.bcbsri.com

Net Results Plus Update October 1, 2022 Formulary Changes

The information below is effective as of October 1, 2022 and applies to all commercial employer groups that are assigned to the Net Results Plus formulary. All changes to this list are the result of a comprehensive review of relevant clinical information by the Prime Therapeutics National Pharmacy and Therapeutics Committee.

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

For application across all commercial formularies the following Brand-name drugs are now <u>available</u> <u>with generic equivalents</u>, as a result the Brand name will be <u>excluded</u> from coverage effective October 1, 2022. The generic equivalent will continue to be covered.

ACZONE GEL FERRIPROX TAB STALEVO 50
BIDIL TAB K-PHOS TAB VIMPAT TAB
COMBIGAN OPTH SOL SAMSCA TAB 15MG ZIPSOR CAP

ESBRIET TAB

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

The following generic and Brand-name drugs with preferred alternatives will be **excluded** from coverage effective October 1, 2022, Request for coverage will require documented medical necessity.

APO-VARENICLINE VYVANSE CAP UKONIQ TAB 200MG

VYVANSE CHW 10MG

Tier changes

The following products have been moved to a **higher** co-pay tier effective October 1, 2022.

Tier 1 to Tier 3

DEXAMETHASON TAB 0.5MG MOXIFLOXACIN SOL TRIHEXYPHENIDIL SOL

DEXAMETHASON TAB 0.75MG QUINIDINE SULF TAB VANDAZOLE GEL

MORPHINE SUL CAP ER SULFADIAZINE TAB ZOLPIDEM TAR SUBLINGUAL

MORPHINE SUL SOL TRAMADOL HCL TAB ER