

BCBSRI Pharmacy Program April 1, 2022 Formulary Changes

The information below is effective as of April 1, 2022 and applies to all commercial BCBSRI products, including all Large Group, Small Group and Exchange (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)

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

**ATROPINE SULFATE OPTH SOL
CARBAGLU TAB**

**CLODERM CREAM
CUVPOSA SOL**

ZOMIG SPRAY

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

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 April 1, 2022. Request for coverage will require documented medical necessity.

*SELECT-OB CHW
*OB COMPLETE/ CAP DHA
*BAL-CARE MIS DHA
*FOLET DHA PAK
*PNV-OMEGA CAP
*VIRT-PN PLUS CAP
*ZATEAN-PN CAP PLUS
*CITRANATAL CAP MEDLEY
*CITRANATAL PAK ESSENCE
*CITRANATAL MIS B-CALM
*PNV-DHA CAP
*VIRT-PN DHA CAP
*ZATEAN-PN CAP DHA
*NEONATAL/DHA MIS
*PRENATAL 19 TAB
*NEONATAL VIT TAB 27-0.8MG
*NEONATAL TAB COMPLTE
*NEONATAL TAB PLUS
BRINZOLAMIDE SUS 1%
MYTESI TAB

*NEONATAL PLS TAB 27-1MG
*PRENATRIX TAB
*PRENATRYL TAB
*TRICARE TAB PRENATAL
*VITATHELY TAB
*NEONATAL TAB COMPLETE
*C-NATE DHA CAP 28-1-200
*RELNATE DHA CAP
*VIRT-NATE CAP DHA
*VIVA DHA CAP
*VP-PNV-DHA CAP
*PNV-SELECT TAB
*SELECT-OB CHW
*KOSHR PRENAT TAB 30-1MG
*KOSHR PRENAT TAB 30-1MG
*ELITE-OB TAB
*OB COMPLETE TAB
*NESTABS TAB
LANTUS INJ 100/ML
LANTUS SOLOS INJ 100/ML

*NEONATAL FE TAB
*NEONATAL 19 TAB
*VITAFOL STRP MIS 1MG
*PREMESISRX TAB
*PRENATE AM TAB 1MG
*TARON-C DHA CAP
*CONCEPT DHA CAP
*VIRT-C DHA CAP
*CITRANATAL TAB RX
*PRENAISSANCE CAP PLUS
*R-NATAL OB CAP 20-1-320
*PRENATAL DHA PAK 27-1-250
*CONCEPT OB CAP
*PROVIDA OB CAP
*PNV-DHA CAP DOCUSATE
*PRENAISSANCE CAP
*TARON-PREX CAP
*MARNATAL-F CAP
ZOLPIDEM TAR SUBLINGUAL

* Prenatal vitamins with multiple covered alternatives available

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

Prior Authorization

The following drug will now require prior authorization for coverage, effective April 1, 2022.

OXBRYTA TAB

Tier changes

The following products will be moved to a **higher** co-pay tier, effective April 1, 2022. Most products will be moved one tier value higher. Products that will require more than a one tier change are noted with an asterisk*.

ACITRETIN CAP	HEPARIN SODIUM INJ	PHENYTOIN SODIUM EXTENDED CAP
ALBUTEROL SULFATE TAB	HYDROMORPHONE HCL ER TAB	PRAMIPEXOLE TAB*
ALPRAZOLAM ODT	IMIPRAMINE PAMOATE CAP*	PRENATAL 19
BETHANECHOL TAB	ISRADIPINE CAP	PROPAFENONE HCL ER CAP
CARBIDOPA/LEVODOPA ODT	LANTHANUM CARBONATE CHEW*	RISEDRONATE SODIUM TAB
CEFPODOXIME PROXETIL SUSP	LOXAPINE SUCCINATE CAP	RIVASTIGMINE TARTRATE CAP
CLOZAPINE TAB ODT	MATZIM LA	SE-NATAL 19
DANAZOL CAP	METHOTREXATE SODIUM INJ	TELMISARTAN/AMLODIPINE*
DEMECLOCYCLINE TAB	METHSCOPOLAMINE BROMIDE TAB*	TERBUTALINE SULFATE TAB
DESIPRAMINE HCL TAB	MIGLITOL TAB	THIORIDAZINE HCL TAB
DILTIAZEM HCL ER TAB	MIRTAZAPINE ODT	THIOTHIXENE CAP
DIPYRIDAMOLE TAB	MORPHINE SULFATE TAB	TIAGABINE TAB
ESTAZOLAM TAB	NEFAZODONE TAB	TOLVAPTAN TAB
FELBAMATE TAB*	NICARDIPINE HCL CAP*	TOPIRAMATE ER CAP
FENTANYL DISC	NORPACE CAP	TRAMADOL HCL ER TAB
FLUCYTOSINE CAP*	OCTREOTIDE ACETATE INJ	TRANDOLAPRIL/VERAPAMIL HCL ER*
FLUPHENAZINE HCL TAB*	ONE VITE WOMENS PRENATAL VITAMIN PLUS	TRIAMTERENE CAP*
FOLIVANE-OB	OXAZEPAM CAP	TRIFLUOPERAZINE HCL TAB
GALANTAMINE TAB	PARICALCITOL CAP*	VANCOMYCIN HYDROCHLORIDE INJ
HALOPERIDOL DECANOATE INJ	PHENYLEPHRINE HCL OPTH SOL	

Individual Market (Direct Pay/Direct Pay Exchange) 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 April 1, 2022. The generic equivalent will continue to be covered.

BROVANA NEB
BYSTOLIC TAB

INTELENCE TAB
SUTENT CAP

Drugs (Excluded from coverage)

The following drugs are **available with alternatives** as a result, they will be **excluded** from coverage effective April 1, 2022.

CALCIPOTRIENE OINT	LANTUS	MYTESI TAB
DUEXIS TAB	LANTUS SOLOSTAR	ZOLPIDEM TARTRATE SUBLINGUAL
ISOSORBIDE DINITRATE TAB		

Tier Changes

The following Brand drugs have been moved to a **higher** Non Preferred Brand co-pay tier effective April 1, 2022. Products that will require more than a one tier change are noted with an asterisk*.

ALREX OPTH SUSP	HYDROCODONE BITARTRATE ER CAP*	PEG-PREP KIT*
BENZAEPRIIL HCL/HCTZ TAB*	LITHIUM CARB CAP 300MG*	TRANDOLAPRIL/VERAPAMIL HCL ER TAB*
CARBIDOPA/LEVODOPA ODT*	METHYLDOPA TAB *	