

## BCBSRI Pharmacy Program October 1, 2022 Formulary Changes

The information below is effective as of October 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 October 1, 2022. The generic equivalent will continue to be covered.

APOKYN INJ	FERRIPROX TAB	SAMSCA TAB
BIDIL TAB	K-PHOS TAB	STALEVO TAB
BYSTOLIC TAB	NEXAVAR TAB	TARGRETIN GEL
COMBIGAN OPTH SOL	PENTASA CAP CR	TOVIAZ TAB
CYSTADANE POW	PRADAXA CAP	VIIBRYD TAB
ESBRIET TAB		

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

AKTEN GEL 3.5%	DESONIDE LOTION	NITROGLYCERIN LINGUAL AEROSOL
ALDACTAZIDE TAB 50/50	DESOXIMETASONE CREAM	NITROMIST AER 400MCG
ALISKIREN FUMARATE TAB	DESOXIMETASONE GEL	NOLIX
ALOSETRON HCL TAB	DESOXIMETASONE OINT	OLMESARTAN-AMLODIPINE-HCTZ TAB
ALPRAZOLAM ORALLY DISINTEGRATING TAB	DIFLORASONE DIACETATE CREAM	ONDANSETRON HCL TAB 24MG
AMCINONIDE CR 0.1%	DIFLORASONE DIACETATE EMOL BASE CR	ONDANSETRON ORAL SOLUBLE FILM
AMIODARONE HCL TAB	DIFLORASONE DIACETATE OINT	OSPEMIFENE TAB
AMLODIPINE BESYLATE-ATORVASTATIN TAB	DILTIAZEM HCL COATED BEADS CAP ER 24HR	OSPHENA TAB 60MG
APEXICON E CRE 0.05%	DONEPEZIL HYDROCHLORIDE ODT	PACERONE
APO VARENICLINE TARTRATE TAB	ETODOLAC TAB ER	PREDNICARBAT CRE 0.1%
ARIPIRAZOLE ORALLY DISINTEGRATING TAB	FLUOCINOLONE ACETONIDE SHAMPOO	PREDNICARBATE CREAM
AUG BETAMET GEL 0.05%	FLUOCINONIDE EMULSIFIED BASE CREAM	PSORCON CRE 0.05%
AURANOFIN CAP	FLURANDRENOLIDE CREAM	PYRIDOSTIGMINE BROMIDE TAB ER 180MG
BESER	FLURANDRENOLIDE OINT	RIDAURA CAP 3MG
BETAMETHASONE DIPROPIONATE AUG GEL 0.05%	FLURANDRENOLIDE TAPE	RISEDRONATE SODIUM TAB DR
BROMOCRIPTINE MESYLATE TAB	FLUTICASONE PROPIONATE LOTION	RISPERIDONE ODT TAB
CAPEX SHA 0.01%	HALCINONIDE OINT	SPIRONOLACTONE & HCTZ TAB

CETRALAX SOL 0.2%	HALOG OIN 0.1%	TELMISARTAN-AMLODIPINE TAB
CIPROFLOXACIN HCL OTIC SOLN	HYDROCORTISONE SOLN	TELMISARTAN-HCTZ TAB
CLINDAMYCIN PHOSPHATE SWAB	HYDROCORTISONE VALERATE OINT	TEXACORT SOL 2.5%
CLOBETASOL PROPIONATE EMOL BASE CREAM	HYDROMORPHONE HCL TAB ER	TIMOLOL MALEATE TAB
CLONAZEPAM ORALLY DISINTEGRATING TAB	LIDOCAINE HCL OPHTH GEL	TOLBUTAMIDE TAB 500MG
CLOPIDOGREL BISULFATE TAB	MATZIM LA	TOLBUTAMIDE TAB
CORDRAN 80X3 TAP 4MCG/CM	METOCLOPRAMIDE HCL ODT TAB	TRAMADOL HCL CAP ER 24HR
CYCLOSET TAB 0.8MG	MIGLITOL TAB	VERDESO AER 0.05%
DESONIDE FOAM	NAPROXEN SODIUM TAB	ZUPLENZ MIS 4MG
DESONIDE GEL		

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 October 1, 2022.

EUCRISA OINT 2%

### **Tier changes**

The following products will be moved to a **higher** co-pay tier, effective October 1, 2022. This product will move from Tier 2 to Tier 4 or from Tier 3 to Tier 5 on the applicable formulary.

SUCRAID SOL 8500/ML