BCBSRI Pharmacy Program
April 1, 2021 Formulary Changes

The information below is effective as of April 1, 2021 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, 2021. The generic equivalent will continue to be covered.

- ALINIA
- ATRIPLA
- BETHKIS
- CIPRODEX
- DEMSER
- EMTRIVA
- FERRIPROX
- HYCODAN
- JADENU SPRINKLE
- KERYDIN
- K-TAB
- KUVAN
- MONUROL
- MOVIPREP
- SAPHRIS
- SKLICE
- SYMFI
- SYMFI LO
- TACLONEX
- TECFIDERA
- TYKERB

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, 2021. Request for coverage will require documented medical necessity.

- ALKINDI SPRINKLE
- ALOGLIPTIN
- ALOGLIPTIN/METFORMIN HCL
- CITRANATAL (all formulations)
- DUET DHA 400
- DUET DHA BALANCED
- INVOKAMET
- INVOKAMET XR
- INVOKANA
- JENTADUETO
- JENTADUETO XR
- KAZANO
- KOMBIGLYZE XR
- MYNATAL PLUS
- MYNATAL-Z
- NATACHEW
- NEEVO DHA
- NESINA
- NESTABS DHA
- NESTABS ONE
- OB COMPLETE (all formulations)
- ONGENTYS
-ONGLYZA
- OSENI
- PNV OB+DHA
- PRENA1 CHEW
- PRENA1 PEARL
- PRENATE
- QTERN
- SEGLUROMET
- SELECT-OB+DHA
- STEGLATRO
- STEGLUJAN
- TRADJENTA
- TRI-TABS DHA
- VINATE DHA RF
- VITAFOL (all formulations)
- VITAMEDMD (all formulations)
- VITAPEarl

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

The following product has been moved to a **higher** co-pay tier, effective April 1, 2021.

**CONCERTA**

**Prior Authorization**

The following drug will now require prior authorization for coverage, effective April 1, 2021.

**SUPPRELIN LA***

**Drugs that will be designated for coverage under Medical*** *

The following drugs will be covered under the medical benefit, effective April 1, 2021.

- ACTEMRA IV
- BOTOX
- DYSPORT
- ELIGARD
- EYLEA
- LUCENTIS
- LUPRON DEPOT (1-MONTH)
- RUXIENCE
- LUPRON DEPOT (3-MONTH)
- LUPRON DEPOT (4-MONTH)
- LUPRON DEPOT (6-MONTH)
- LUPRON DEPOT-PED (1-MONTH)
- LUPRON DEPOT-PED (3-MONTH)
- PROLIA
- RUXIENCE
- RITUXAN
- XEOMIN
- XGEVA
- ZOLADEX

*specialty drug

**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, 2021. The generic equivalent will continue to be covered.

- CIPRODEX
- CONCERTA
- EMTRIVA
- MOVIPREP
- SYMFI LO
- SYMFI
- TIMOPTIC-XE

**Drugs (Excluded from coverage)**

The following drugs are **available with alternatives** as a result, they will be **excluded** from coverage effective April 1, 2021.

- BUTALBITAL/ACETAMINOPHEN/CAFFEINE
- CONDYLOX
- PHRENILIN FORTE
- PRENATAL 19
- RANITIDINE HCL
- RANITIDINE HYDROCHLORIDE
**Tier Changes**
The following Brand drugs have been moved to a higher co-pay tier effective April 1, 2021.

- NIZATIDINE
- ISONIAZID

**Prior Authorization**
The following drug will now require prior authorization for coverage, effective April 1, 2021.

- FLUOROURACIL CRE 5%
- TARGRETIN GEL 1%