

BCBSRI Pharmacy Program October 1, 2023 Formulary Changes

The information below is effective as of October 1, 2023 and applies to all commercial BCBSRI products for all Large Group and Small Group plan designs. 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, 2023. The generic equivalent will continue to be covered.

AUBAGIO TAB	ESBRIET CAP	PREZISTA TAB
CELONTIN CAP	IRESSA TAB	PYLERA CAP
DELESTROGEN INJ	LATUDA TAB 20MG	UCERIS AEROSOL
DUREZOL EMULSION		

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

ISRADIPINE CAP	NICARDIPINE CAP	TRANDOLAPRIL/VERAPAMIL HCL ER TAB
JAVYGTOR POWD PAK	NITYR TAB	XYREM SOL 500MG/ML
JAVYGTOR TAB 100MG		

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

Prior Authorization

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

DARUNAVIR TAB	RYBELSUS	ZAVZPRET NASAL SPRAY
INPEFA TAB	TRULICITY	ZEPOSIA 7 DAY CAP STARTER PACK
MOUNJARO	UZEDY INJ	ZEPOSIA CAP .92MG
OZEMPIC	VICTOZA	ZEPOSIA CAP STARTER KIT

Tier changes

The following products will be moved to a **higher** co-pay tier, effective October 1, 2023. This product will move from a generic Tier to a Preferred Brand Tier.

PREZISTA TAB 600MG	ZOLMITRIPTAN SPRAY
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