

BCBSRI Pharmacy Program April 1, 2024 Formulary Changes

The information below is effective as of April 1, 2024 and applies to all commercial BCBSRI products, including all Large Group and Small Group 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, 2024. The generic equivalent will continue to be covered.

ADVAIR DISKUS	CONDYLOX
LAMICTAL ODT KIT	NARCAN
FIRVANQ	RISPERDAL CONSTA
VOTRIENT	NASCOBAL
ALPHAGAN P	DIASTAT ACUDIAL

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, 2024. Request for coverage will require documented medical necessity.

OXANDROLONE	CARBINOXAMINE MALEATE
INSULIN ASPART	FLOVENT DISKUS
INSULIN ASPART FLEXPEN	FLOVENT HFA
INSULIN ASPART PENFILL	LAMOTRIGINE TITRATION
INSULIN ASPART PROTAMINE/INSULIN	MOXIFLOXACIN HYDROCHLORIDE
INSULIN ASPART PROTAMINE/INSULIN	NEOMYCIN/POLYMYXIN/HYDROCORTISONE
SYMJEPI	CROTAN

Prior Authorization

The following drug will now require prior authorization for coverage, effective April 1, 2024.

WAINUA

Tier changes

The following products will be moved to a **higher** co-pay tier, effective April 1, 2024. This product will move from Tier 2 to Tier 3 or Tier 3 to Tier 4 on the applicable formulary.

VYVANSE