

## BCBSRI Pharmacy Program July 1, 2024 Formulary Changes

The information below is effective as of July 1, 2024 and applies to the Individual Market segment (Direct Pay and Direct Pay Exchange) of BCBSRI products assigned to the Net Results HIM compliant formulary. 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 Prime Therapeutics National Pharmacy and Therapeutics Committee, with consultation from the BCBSRI Pharmacy and Therapeutics Committee.

### **Individual Markets (Direct Pay and Direct Pay Exchange) Formulary**

#### **Brand Name and generic Drugs with available alternatives (Excluded from coverage)**

The following product, **available with preferred alternatives**, will be **excluded** from coverage, effective July 1, 2024. Request for coverage will require documented medical necessity.

<b>FORTEO</b>	<b>PRADAXA 110MG</b>
<b>NITISINONE</b>	<b>ALREX SUSP</b>
<b>RISPERDAL CONSTA</b>	<b>AMJEVITA</b>