

## BCBSRI Pharmacy Program April 1, 2024 Formulary Changes

The information below is effective as of April 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 is **available with preferred alternatives** will be **excluded** from coverage, effective April 1, 2024 . Request for coverage will require documented medical necessity.

INSULIN ASPART  
INSULIN ASPART FLEXPEN  
INSULIN ASPART PENFILL  
INSULIN ASPART PROTAMINE/INSULIN  
INSULIN ASPART PROTAMINE/INSULIN  
SYMJEPI  
ZIEXTENZO  
DIASTAT ACUDIAL GEL  
VOTRIENT TAB

#### **Tier changes**

The following products listed will require a **higher** co-pay tier, effective April 1, 2024.

VYVANSE  
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX SUSPENSION  
MELPHALAN