

Neighborhood Health Plan of Rhode Island
Formulary Change Document



December 2018 Updates

The following changes to the Neighborhood Exchange Formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee or a recent generic became available for a formulary medication. All changes to the formulary are effective immediately unless otherwise noted.

| Product (generic) | Formulary Changes |
|--------------------------|-------------------------------------------------------------------------------------------|
| Makena | Brand is Non Formulary. |
| Hydroxyprogesterone Inj | Add Generic to the Formulary with Prior Authorization Required. |
| Uceris | Brand is Non Formulary. |
| Budesonide 9mg | Add Generic to the Formulary with Prior Authorization Required. |
| Adcirca 20mg | Brand is Non Formulary. |
| Tadalafil 20mg | Add Generic to the Formulary with Prior Authorization Required. |
| Onfi | Brand is Non Formulary. |
| Clobazam | Add Generic to the Formulary with Prior Authorization Required. |
| Onfi Susp | Brand is Non Formulary. |
| Clobazam Susp | Add Generic to the Formulary with Prior Authorization Required and Age Limit Restriction. |
| Ampyra | Brand is Non Formulary. |
| Dalfampridine | Add Generic to the Formulary with Prior Authorization Required and Quantity Limit. |
| Fiasp | Add to Formulary (Tier 2) without restriction for Exchange (Vials and Pen) to match 6T |
| Kuvan Powder | Add to Medicaid Formulary with Prior Authorization |
| Zytiga 250mg | Remove from Formulary |
| Abiraterone | Add to Formulary with Prior Authorization Required |

Please call Member Services at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Exchange formulary.