



Neighborhood Medicaid Formulary Changes: March 2018

The following changes to the Neighborhood Medicaid Formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee. All changes were approved by the Neighborhood P&T Committee after a comprehensive review of pertinent clinical information. All changes to the formulary are effective immediately unless otherwise noted.

The following generic drugs have been added to formulary:

Name	Formulary Change	Coverage Restrictions
Glatiramer acetate 20 mg/mL syringe	Add to Formulary	N/A
Glatiramer acetate 40 mg/mL syringe	Add to Formulary	N/A
SMX-TMP 800-160 mg oral suspension	Add to Formulary	N/A
Secura dimethicone 5% cream	Add to Formulary	N/A
Drospirenone-ethinyl estradiol 0.03-3 mg tablet	Add to Formulary	N/A

The following generic drugs have updates to formulary status:

Name	Formulary Change	Coverage Restrictions
Phendimetrazine 35 mg tablet	Remove prior authorization requirement	N/A
Betamethasone DP augmented 0.05% cream	Remove quantity limit	N/A

The following brand name drugs have updates to formulary status:

Drug Name	Formulary Change	Coverage Restrictions
Kalydeco 150mg tablet	Add to Formulary	Prior Authorization required
Kalydeco granules	Add to Formulary	Prior Authorization required; Upper age limit of 6 years old
Dupixent 300 mg/2 mL syringe	Add to Formulary	Prior Authorization required; Restricted Pharmacy Network of AllianceRx Walgreens Prime & Walgreens Local Specialty Pharmacy on Prairie Ave in Providence, RI
Ocrevus 300 mg/10 mL vial	Add to coverage under the Medical Benefit	Prior Authorization required
Aubagio	Add to Formulary	N/A
Contrave ER	Add to Formulary	Prior Authorization required
Belviq	Add to Formulary	Prior Authorization required
Belviq XR	Add to Formulary	Prior Authorization required
Saxenda	Add to Formulary	Prior Authorization required
Qsymia	Add to Formulary	Prior Authorization required

The following drugs have been removed from the formulary:

Drug Name	Formulary Change	Rationale
Extavia	Deleted from Formulary	Drug provides no clinical advantage over formulary alternatives
Avonex	Deleted from Formulary	Drug provides no clinical advantage over formulary alternatives

Neighborhood Health Plan of Rhode Island
Formulary Change Document

Copaxone 40mg/ml	Deleted from Formulary	Generic is now covered
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The following drugs and drug classes have new or updated Medical Policies:

Strensiq	Kalydeco	Dupixent
Hepatitis C Medications	Multiple Sclerosis Medications	Soliris

Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Integrity formulary. Explanation of Terms: Products listed as “added” are available to most Neighborhood members at zero copay; if restrictions apply they will be indicated on this form and in the electronic formulary. Drugs may be limited to certain age groups (an AGE EDIT), by demonstrating prior therapies have been attempted (a STEP EDIT), in quantity allowed per 30 days (a QUANTITY LIMIT, i.e. QL), or by requiring precertification for use from NHPRI (a PRIOR AUTHORIZATION). Products listed as “removed” are no longer available to Neighborhood members and are considered non-formulary or benefit exclusions. Physicians may request these products via the medical necessity request process only.