



Neighborhood Health Benefits Exchange Formulary Changes: March 2018

The following changes to the Neighborhood Health Benefits Exchange 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:

Drug Name	Formulary Change	Coverage Restrictions
Drospirenone-ethinyl estradiol 0.03mg-3 mg tablet	Add to Formulary, Tier 1/Preferred Generic	
Estradiol 0.01% cream	Add to Formulary, Tier 1/Preferred Generic	

The following generic drugs have updates to formulary status:

Drug Name	Formulary Change	Coverage Restrictions
Azelastine 0.15% (205.5 mcg) nasal spray	Remove Prior Authorization requirement	
Triamcinolone acetonide 55 mcg nasal spray	Remove Prior Authorization and Step Therapy requirements	

The following brand name drugs with updates to formulary status:

Drug Name	Formulary Change	Coverage Restrictions
Ampyra ER	Add to Formulary, Tier 3/Specialty	Quantity Limit = 60 tabs per 30 days
Belviq	Add to Formulary, Tier 4/non-Preferred Brand	Prior Authorization
Belviq XR	Tier 4/non-Preferred Brand	Prior Authorization
Contrave ER	Add to Formulary, Tier 4/non-Preferred Brand	Prior Authorization
Dupixent 300 mg/2 mL syringe	Add to Formulary, Tier 3/Specialty	Prior Authorization required; Restricted Pharmacy Network of AllianceRx Walgreens Prime & Walgreens Local Specialty Pharmacy on Prairie Ave in Providence, RI
Kalydeco granules	Add to Formulary, Tier 3/Specialty	Prior Authorization; Upper age limit of 6 years old
Ocrevus 300 mg/10 mL vial	Covered under the Medical Benefit	Prior Authorization
Qsymia	Add to Formulary, Tier 4/non-Preferred Brand	Prior Authorization
Saxenda	Add to Formulary, Tier 4/non-Preferred Brand	Prior Authorization

The following drugs and drug classes have new or updated Medical Policies:

Strensiq	Kalydeco	Dupixent
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Neighborhood Health Plan of Rhode Island
Formulary Change Document

Hepatitis C Medications	Multiple Sclerosis Medications	Soliris
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Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Health Benefits Exchange formulary. Explanation of Terms: Member cost-sharing for drugs added to formulary is dependent on enrolled Plan benefit design. Tier 1 = Preferred Generics; Tier 2 = Preferred Brands; Tier 3 = Non-Preferred Brands; Tier 4 = Specialty drug. Coverage of drugs removed from formulary may be requested through the formulary exception process. Restrictions applied to drug coverage 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.