



**Neighborhood Health Benefits Exchange Formulary Changes: December 2017**

*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 over-the-counter products have been added to the formulary:*

Drug Name	Formulary Change	Coverage Restrictions
Nexium 24HR	Remove Step Therapy requirement	QL = 30 per 30 days

*The following generic drugs have been added to formulary:*

Name	Formulary Change	Coverage Restrictions
Acitretin	Add to Tier 3/Specialty	Prior Authorization
Buprenorphine Patch	Add to Tier 1/Preferred Generic	Prior Authorization, QL = 4 PER 28 DAYS
Cyanocobalamin injection	Add to Tier 1/Preferred Generic	
Eletriptan	Add to Tier 1/Preferred Generic	QL = 6 tablets per 30 days
Megestrol 20mg tablet	Add to Tier 1/Preferred Generic	
Megestrol acetate 20 mg tablet	Add to Tier 1/Preferred Generic	
Metaxalone 400MG TABLET (ER)	Add to Tier 4/non-preferred	
	Add to Tier 1/Preferred Generic	
Octreotide acetate	Add to Tier 1/Preferred Generic	
Oxcarbazepine 300mg/5ml oral susp	Add to Tier 1/preferred generic	Authorization for members 13 years and older.
Quetiapine ER	Add to Tier 1/Preferred Generic	
Sumatriptan injection	Add to Tier 1/Preferred Generic	QL = 3 units per 30 days
Sumatriptan nasal spray	Add to Tier 1/Preferred Generic	QL = 6 units per 30 days
Valganciclovir oral soln	Add to Formulary, Tier 3/Specialty	Prior Authorization; Upper age limit of 12 years

*The following generic drugs have updates to formulary status:*

Name	Formulary Change	Coverage Restrictions
Almotriptan	Remove Prior Authorization & Step Therapy requirements	
Clonidine ER tablet	Remove Prior Authorization & Step Therapy requirements	
Erythromycin ethylsuccinate 400 mg tablet	Remove Prior Authorization requirement	
Lansoprazole 30 mg capsule	Remove Step Therapy requirement	
Lansoprazole 30mg	Remove Step Therapy requirement	
Levocetirizine oral soln	Remove Step Therapy requirement	
Linezolid oral susp	Remove Step Therapy requirement	Prior Authorization
Methylphenidate ER tablet (generic Concerta)	Remove Prior Authorization & Step Therapy requirements	
Methylphenidate ER tablet (generic Metadate ER tablet)	Remove Prior Authorization & Step Therapy requirements	
Methylphenidate LA capsule	Remove Prior Authorization & Step Therapy requirements	
Nexium 24HR 20mg	Remove Step Therapy requirement	

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Name	Formulary Change	Coverage Restrictions
Orphenadrine Cit ER 100mg	Remove Prior Authorization & Step Therapy requirements	
Valganciclovir tablet	Remove Step Therapy requirement	Prior Authorization
Zolmitriptan ODT	Remove Prior Authorization & Step Therapy requirements	QL = 6 tablets per 30 days
Zolmitriptan tablet	Remove Prior Authorization & Step Therapy requirements	QL = 6 tablets per 30 days

*The following brand name drugs have been added to formulary:*

Name	Formulary Change	Coverage Restrictions
Benlysta	Add to Tier 4/Non-Preferred	Prior Authorization
Daliresp	Add to Tier 4/Non-Preferred	Prior Authorization
Diclegis	Add to Tier 4/Non-Preferred	Prior Authorization
Entresto	Add to Tier 2/Preferred Brand	Prior Authorization
Entyvio	Add to Tier 4/Non-Preferred	Prior Authorization
Humulin N vial	Add to Tier 2/Preferred Brand	QL = 30ml per 30 days
Krystexxa	Add to Tier 4/Non-Preferred	Prior Authorization
Orencia	Add to Tier 4/Non-Preferred	Prior Authorization
Prevacid orally disintegrating tablet	Add to Tier 4/Non-Preferred	Upper Age Limit of 6 years
Prolia	Add to Tier 4/Non-Preferred	Prior Authorization
Relistor	Add to Tier 4/Non-Preferred	Prior Authorization
Truvada	Add to Formulary, Tier 2/preferred brand	
Truvada	Add to Tier 2/Preferred Brand	
Uceris	Add to Tier 4/Non-Preferred	Prior Authorization
Veltassa	Add to Tier 4/Non-Preferred	Prior Authorization
Vivitrol	Add to Tier 2/Preferred Brand	Prior Authorization
Vyvanse	Add to Tier 4/Non-Preferred	QL = 30 capsules per 30 days
Xifaxan 550 mg tablet	Add to Tier 4/Non-Preferred	Prior Authorization

*The following brand name drugs have updates to formulary status:*

Name	Formulary Change	Coverage Restrictions
Actoplus Met XR	Remove Prior Authorization	Step Therapy requiring use of pioglitazone-metformin
Aranesp	Remove Step Therapy requirement	Prior Authorization
Farxiga	Remove Step Therapy requirement	Prior Authorization
Genvisc, Supartz, Synvisc One, Hyalgan (hyaluronate sodium intraarticular inj)	Move to Tier 3/Specialty	Prior Authorization
Intron A	Move to Tier 3/Specialty	Prior Authorization
Invokamet	Remove Step Therapy requirement	Prior Authorization
Kerydin	Remove Step Therapy requirement	Prior Authorization
Lupron	Move to Tier 3/Specialty	Prior Authorization
Onfi Tablet	Move to Tier 2/Preferred Brand; Remove Step Therapy requirement.	Prior Authorization
Onfi oral soln	Move to Tier 2/Preferred Brand; Remove Step Therapy requirement.	Prior Authorization; Upper Age Limit = 12 years
Premarin cream	Remove Prior Authorization	Step Therapy requiring use of Estrace cream
Relpax	Remove Prior Authorization & Step Therapy requirements	QL = 6 tablets per 30 days
Restasis	Remove Step Therapy requirement	Prior Authorization, Quantity Limit
Savella	Remove Step Therapy requirement	Prior Authorization

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Name	Formulary Change	Coverage Restrictions
Tecfidera	Remove Step Therapy requirement	Prior Authorization
Xifaxan 200 mg tablet	Remove Step Therapy requirement	Prior Authorization

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

Immune globulins	Makena	hydroxyprogesterone caproate powder for compound
Strensiq		

**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:** 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 = Preferred Specialty; Tier 4 = Non-Preferred Drugs (generics, brands and specialty). 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. 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.