



## Neighborhood Medicaid Formulary Changes: December 2017

*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 over-the-counter products have updated formulary status:*

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

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

Drug Name	Formulary Change	Coverage Restrictions
Acitretin capsule	Add to Formulary	Prior Authorization Required
Aprepitant capsule, pack	Add to Formulary	Prior Authorization Required
Budesonide EC 3mg capsule	Add to Formulary	Prior Authorization Required
Buprenorphine Patch	Add to Formulary	Prior Authorization, Quantity Limit = 4 per 28 days
Carbamazepine ER 100mg tablet	Add to Formulary	
Carbamazepine ER 200mg capsule	Add to Formulary	
Divalproex sodium ER (24hr)	Add to Formulary	
Dronabinol	Add to Formulary	Prior Authorization Required
Esomeprazole 20mg capsule	Add to Formulary	QL = 30 capsules per 30 days
Gabapentin 250mg/5ml solution	Add to Formulary	
Gabapentin 300mg capsule	Add to Formulary	
Gabapentin 400mg capsule	Add to Formulary	
Hydroxyprogesterone Caproat powder for compounds	Add to Formulary	Prior Authorization; Medical Policy applied
Lamotrigine ER tablet	Add to Formulary	
Lanthum carbonate chew tablet	Add to Formulary	Step Therapy with prior use of calcium acetate required
Levetiracetam oral soln	Add to Formulary	
Linezolid	Add to Formulary	Prior Authorization Required
Methylphenidate ER tablet	Add to Formulary	
Orphenadrine cit ER 100mg tab	Add to Formulary	
Phenytoin 50mg chew tablet	Add to Formulary	Upper Age Limit of 12 years old.

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Drug Name	Formulary Change	Coverage Restrictions
Quetiapine fumarate ER	Add to Formulary	
Rabeprazole sodium DR	Add to Formulary	
Sevelamer carbonate powder pack	Add to Formulary	Prior Authorization Required
Sevelamer carbonate tablet	Add to Formulary	
Topiramate sprinkles	Add to Formulary	
Valganciclovir oral susp	Add to Formulary	Prior Authorization Required; Upper age limit of 12 years old
Valganciclovir tablet	Add to Formulary	Prior Authorization Required

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

Drug Name	Formulary Change	Rationale
Carisoprodol 350mg tablet	Remove from Formulary	High risk when combined with other drugs that have sedative properties

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

Drug Name	Formulary Change	Coverage Restrictions
Benlysta	Add to Formulary	Prior Authorization Required
Botox	Add to Formulary	Prior Authorization Required
Bydureon	Add to Formulary	Prior Authorization Required
Byetta	Add to Formulary	Prior Authorization Required
Cinqair	Add to Formulary	Prior Authorization Required
Cresemba	Add to Formulary	Prior Authorization Required
Daliresp	Add to Formulary	Prior Authorization Required
Diclegis	Add to Formulary	Prior Authorization Required
Emend vial, oral suspension	Add to Formulary	Prior Authorization Required
Entresto	Add to Formulary	Prior Authorization Required
Entyvio	Add to Formulary	Prior Authorization Required
Farxiga	Add to Formulary	Prior Authorization Required
Genvisc	Add to Formulary	Prior Authorization Required
Intron A	Add to Formulary	Prior Authorization Required
Jardiance	Add to Formulary	Prior Authorization Required
Kanuma	Add to Formulary	Prior Authorization Required
Krystexxa	Add to Formulary	Prior Authorization Required
Lupron	Add to Formulary	Prior Authorization Required
Lyrica capsule	Add to Formulary	Prior Authorization; QL = 60 caps per 30 days
Lyrica oral soln	Add to Formulary	Prior authorization; Upper Age Limit = 12 years old
Makena	Add to Formulary	Prior Authorization; Medical Policy applied

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Drug Name	Formulary Change	Coverage Restrictions
Neudexta	Add to Formulary	Prior Authorization Required
Onfi oral soln	Add to formulary	Prior authorization; Upper Age Limit = 12 years old
Onfi tablet	Add to Formulary	Prior Authorization
Relistor	Add to Formulary	Prior Authorization Required
Restasis	Add to Formulary	Prior Authorization Required
Santyl	Add to Formulary	Prior Authorization Required
Strensiq	Add to Formulary	Prior Authorization; Medical Policy applied
Trulicity	Add to Formulary	Prior Authorization Required
Truvada	Add to Formulary	
Uceris	Add to Formulary	Prior Authorization Required
Veltessa	Add to Formulary	Prior Authorization Required
Victoza	Add to Formulary	Prior Authorization Required
Vimpat 10mg/ml oral soln	Add to formulary	Prior authorization; Upper Age Limit = 12 years old
Vimpat tablet	Add to Formulary	Prior Authorization
Vivitrol	Add to Formulary	Prior Authorization Required
Xolair	Add to Formulary	Prior Authorization Required
Xyrem	Add to Formulary	Prior Authorization Required

*The following brand name drugs were removed from the formulary:*

Drug Name	Formulary Change	Rationale
Renagel	Remove from Formulary	Sevelamer carbonate tablet is now covered.
Renvela	Remove from Formulary	Sevelamer carbonate tablet is now covered.

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

Immune globulins	Makena	hydroxyprogesterone caproate powder for compound
Strensiq		

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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 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.