

*The following changes to the Neighborhood formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee. These changes are effective immediately unless otherwise indicated.*

<b>Therapeutic Class/Drug Name</b>	<b>Strategy or Medications Added or Modified</b>	<b>Rationale</b>
<b>Entresto</b>	Do not change formulary Status. Update criteria to reflect recent updates to the Heart Failure Guidelines (ACC/AHA and HFSA updated 2016)	The 2016 Heart Failure Guidelines state using Entresto “reduced the composite endpoint of cardiovascular death or HF hospitalization significantly, by 20%”
<b>Benlysta</b>	Do not add Benlysta to the formulary. Create Medical Necessity Criteria.	This is an expensive agent that should be reserved for patients that have failed conventional therapies.
<b>Epclusa</b>	Add to the EXCHANGE formulary. Require failure of Epclusa prior to authorization of all other hepatitis C drugs in addition to the current criteria.	Epclusa is a cost effective option for the treatment of all genotypes of Hepatitis C, with or without cirrhosis. It can also be used in most patients with HIV coinfection depending on the antiretroviral regimen.
<b>Exondys 51</b>	Do not add Exondys 51 to the formulary. Do not create Medical Necessity Criteria at this time.	Until further clinical benefit is show for this product, Exondys 51 will not be added and no individual criteria will be created. If this is requested, providers will be asked to show new clinical data reflecting efficacy.
<b>Antinauseants</b>	<ul style="list-style-type: none"> <li>• Do not add the following medications to the formulary:               <ul style="list-style-type: none"> <li>○ Varubi</li> <li>○ Syndros</li> <li>○ Sustol</li> <li>○ Akynzeo</li> </ul> </li> <li>• Do not add dronabinol. Create Medical Necessity Criteria.</li> <li>• Add granisetron with Step Therapy after ondansetron and a Quantity Limit of #60/30days.</li> </ul>	<ul style="list-style-type: none"> <li>• These newer agents are branded and not included on the exempt list for the Generic’s First Formulary.</li> <li>• Dronabinol does not offer clinical advantage over formulary agents with the same indications and costs on average over \$300/month.</li> <li>• Granisteron offers an alternative to ondansetron. Creating step therapy criteria at the pharmacy level will increase access. The cost has decreased significantly. The quantity limit will ensure appropriate prescribing.</li> </ul>
<b>Opioid Analgesics and Opioid Partial Agonists</b>	<ul style="list-style-type: none"> <li>• Do not add the following:               <ul style="list-style-type: none"> <li>○ Belbuca</li> <li>○ Troxyca ER</li> <li>○ Bunavail</li> <li>○ Targiniq ER</li> <li>○ Xartemis XR</li> <li>○ Embeda</li> </ul> </li> <li>• Add prior authorization to morphine sulfate ER (MS Contin) and Fentanyl patches for new starts</li> <li>• Add quantity limits on short acting opioids for those not previously receiving opioids.</li> </ul>	<ul style="list-style-type: none"> <li>• The new branded drugs have not been shown to offer clinical advantage over the currently available agents.</li> <li>• The Governor’s Task Force has asked the health plans in RI align and assist in implementing legislation which will limit the amount of opioids that can be dispensed to those not previously on an opioid as well as require prior authorization for long acting opioids for patients new to therapy. Those currently receiving a long acting product will be able to continue on these agents.</li> </ul>

<b>Epinephrine auto injector</b>	Add generic epinephrine to the formulary. Actively switch patients from EpiPen to the generic product manufactured by Mylan.	This product is manufactured by Mylan, the manufacturer of EpiPen and EpiPen Jr. The generic is exactly the same as the brand and there are 2 strengths, equivalent to the adult and child's. This change would result in a minimum savings of \$500,000/year
<b>EpiPen and EpiPen Jr.</b>	Remove EpiPen from the formulary.	See above. If a provider feels that a member must use the brand, a prior authorization can be requested.
<b>Basalar (insulin glargine) Biosimilar to Basaglar</b>	Add Basaglar (biosimilar to Lantus) to the formulary. Actively switch patients from Lantus to Basaglar.	This biosimilar product is manufactured by Lilly, a well-known manufacturer of other insulin products. This change would result in a minimum savings of \$400,000.
<b>Lantus Vial and Lantus Solostar</b>	Remove Lantus from the formulary.	See above. If a provider feels that a member must use the brand, a prior authorization can be requested.

Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood 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), 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.