



Neighborhood Medicaid Formulary Changes: June 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

The following over-the-counter products have been added to the formulary:

Drug Name	Formulary Change	Coverage Restrictions
Differin 0.1% GEL OTC	Add OTC to formulary	N/A

The following generic drugs have been added to formulary:

Drug Name	Formulary Change	Coverage Restrictions
Glipizide/Metformin HCl tablet	Add to formulary	N/A
Moxifloxacin tablet	Add to formulary	N/A
Meloxicam susp	Add to formulary	Age limit of 12 years. Require prior authorization for members 13 years and older.
Amlodipine-benazepril 2.5mg-10mg	Add to formulary	N/A
Amlodipine-valsartan	Add to formulary	N/A
Armour Thyroid 15mg, 30mg, 60mg, 120mg	Add to formulary	N/A
Azithromycin 100mg/5ml	Add to formulary	N/A
Benazepril 5mg and 20mg tablet	Add to formulary	N/A
Benazepril-HCTZ capsule	Add to formulary	N/A
Cefprozil 250mg, 500mg tablet	Add to formulary	N/A
Chlorthalidone 25mg tablet	Add to formulary	N/A
Clobetasol 0.05% ointment	Add to formulary	N/A
Diclofenac potassium 50mg tablet	Add to formulary	N/A
Diltiazem 180mg, 300mg and 420mg	Add to formulary	N/A
Etodolac capsule	Add to formulary	N/A
Etodolac tablet	Add to formulary	N/A

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The following generic drugs have been added to formulary (continued):

Drug Name	Formulary Change	Coverage Restrictions
Etodolac ER tablet	Add to formulary	N/A
Fluocinolone 0.025% crm/oint	Add to formulary	N/A
Flurbiprofen	Add to formulary	N/A
Fosinopril-HCTZ	Add to formulary	N/A
Ibuprofen 400mg	Add to formulary	N/A
Indomethacin ER 75mg capsule	Add to formulary	N/A
Isosorbide mononitrate 10mg	Add to formulary	N/A
Moexipril	Add to formulary	N/A
Moexipril-HCTZ	Add to formulary	N/A
Nadolol	Add to formulary	N/A
Nitroglycerin patch 0.6mg	Add to formulary	N/A
Paliperidone ER tablet	Add to formulary	N/A
Propranolol ER	Add to formulary	N/A
Quinapril-HCTZ	Add to formulary	N/A
Ramipril 1.25mg capsule	Add to formulary	N/A
Telmisartan	Add to formulary	N/A
Trandolapril	Add to formulary	N/A
Verapamil 24HR 200mg	Add to formulary	N/A

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The following formulary generics have been had updates to formulary status:

Drug Name	Formulary Change	Coverage Restrictions
Riluzole	Remove age limit	N/A
Celecoxib 50mg, 100mg and 200mg capsule	Remove quantity limit restrictions	N/A
Cefdinir capsule	Remove step therapy requirement	N/A
Esomeprazole 40mg capsule	Remove step therapy requirement	N/A
Fexofenadine 30mg/5ml oral susp	Remove step therapy requirement	N/A
Naproxen oral suspension	Implement age limit	Age limit of 12 years. Require prior authorization for members 13 years and older.
Naratriptan tablet	Remove step therapy requirement	Quantity Limit = 6 per 30 days
Tolterodine ER	Remove step therapy requirement	Quantity Limit = 30 per 30 days
Tolterodine IR	Remove step therapy requirement	Quantity Limit = 60 per 30 days
Trospium IR	Remove step therapy requirement	Quantity Limit = 60 per 30 days

The following generics have been added to formulary with quantity limits applied:

Drug Name	Formulary Change	Quantity Limit
Azelastine eye drops	Remove step therapy requirement	6ml per Rx Fill
Calcipotriene 0.005% ointment	Add to formulary	60g per Rx Fill
Calcipotriene 0.005% soln	Add to formulary	60ml per Rx Fill
Clindamycin phos/Benzoyl perox 1.2%-5% gel	Add to formulary	45g per Rx Fill
Clindamycin phosphate 1% gel	Add to formulary	30g per Rx Fill
Clindamycin phosphate 1% lotion	Add to formulary	60ml per Rx Fill
Clindamycin phosphate 1% pledgettes	Add to formulary	60 per 30 days
Desonide 0.05% cream	Add to formulary	15g per Rx Fill
Desonide 0.05% ointment	Add to formulary	15g per Rx Fill
Dexmethylphenidate ER	Add to formulary	30 per 30 days
Ketorolac 0.4% eye drops	Add to formulary	15 ml per Rx Fill
Levalbuterol nebules	Add to formulary	72ml per Rx Fill
Medroxyprogesterone 150mg/ml syringe	Add to formulary	1 per 90 days
Modafinil	Add to formulary	60 per 30 days
Olopatadine 0.1% eye drops	Add to formulary	5ml per Rx Fill

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

Drug Name	Formulary Change	Coverage Restrictions	Rationale
Estrace cream	Add applied age limit	Prior Authorization required for members older than 6 years.	No formulary alternative for diagnosis treated in female members 6 years and less.
Fosrenol Chewable tablet	Add to formulary	Step therapy	require calcium acetate be tried first.
Fosrenol powder packaet	Add to formulary	Prior authorization	Require medical justification for requirement of powder packet in place of oral tablet
Humira 10mg syringe kit	Add to formulary	Prior authorization	Drug line extension of formulary drug.
Humira 20mg syringe kit	Add to formulary	Prior authorization	Drug line extension of formulary drug.
Humira 40mg pen injector	Add to formulary	Prior authorization	Drug line extension of formulary drug.
Humira Pediatric Crohn's starter kit	Add to formulary	Prior authorization	Drug line extension of formulary drug.
Humira Psoriasis-Uveitis starter kit	Add to formulary	Prior authorization	Drug line extension of formulary drug.
Invega Sustenna, Invega Trinza	Add to formulary	Prior authorization	2nd option for long-acting injectable SGA
Linzess 72mcg capsule	Add to formulary	Prior authorization	New dosage strength of formulary drug.
Renagel capsule	Add to formulary	Step therapy	Require calcium acetate be tried first.
Renvela packets	Add to formulary	Prior authorization	Require medical justification for requirement of powder packet in place of oral tablet.
Renvela tablet	Add to formulary	Step therapy	Require calcium acetate be tried first.
Selzentry 25mg, 75mg tablet	Add to formulary	N/A	N/A
Zyprexa Relprevv	Remove drug from formulary	N/A	Risperdal Consta, Invega Sustenna & Invega Trinza are preferred products in drug class.

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The following drugs have updated prior authorization criteria:

Drug Name	Formulary Status	Coverage Retriction update
Risperdal Consta, Invega Sustenna, Invega Trinza	Formulary	Prior Authorization. Criteria to not require recent hospitalization.

The following drugs Have been reviewed by Neighborhood's P&T Committee and will remain non-formulary:

Spinraza	Emflaza	Ocaliva
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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), 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