



Neighborhood Medicaid Formulary Changes: September 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

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

Drug Name	Formulary Change	Coverage Restrictions
Sore Throat Lozenges	Add OTC to Formulary.	

The following generic drugs have been added to formulary:

Drug Name	Formulary Change	Coverage Restrictions
Acyclovir ointment	Add to Formulary.	QL = 5 gm per fill
Alogliptin	Add to Formulary.	Prior Authorization Required.
Alogliptin-metformin	Add to Formulary.	Prior Authorization Required.
Alogliptin-pioglitazone	Add to Formulary.	Prior Authorization Required.
Armodafinil tablet	Add to Formulary.	QL = 30 per 30 days
Atomoxetine capsule	Add to Formulary.	QL = 30 per 30 days
Desloratadine tablet	Add to Formulary.	
Desvenlafaxine succinate ER tablet	Add to Formulary.	
Epinephrine 0.15mg	Add to Formulary.	QL = 2 per 30 days
Epinephrine 0.3mg	Add to Formulary.	QL = 2 per 30 days
Ezetimibe 10mg tablet	Add to Formulary.	
Fluticasone-Salmeterol Inhaler	Add to Formulary.	
Haloperidol Deconate 50mg/ml	Add to Formulary.	
Megestrol 400mg/10ml	Add to Formulary.	
Oseltamivir	Add to Formulary.	
Teraconazole 0.4% cream	Add to Formulary.	QL = 45gm per 30 days
Vitamin D3 caps 50,000 units	Add to Formulary.	
Zolpidem tartrate ER tablet	Add to Formulary.	QL = 30 per 30 days

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The following generic drugs have updates to formulary status:

Drug Name	Formulary Change	Coverage Restrictions
Codeine tablet, liquid	Add minimum age limit of 18 years old.	Requires Prior Authorization for members less than 18 years old.
Tramadol immediate-release tablet	Add minimum age limit of 18 years old.	Requires Prior Authorization for members less than 18 years old.
Tramadol extended-release tablet	Add minimum age limit of 18 years old.	Requires Prior Authorization for members less than 18 years old.
Tramadol-acetaminophen tablet	Add minimum age limit of 18 years old.	Requires Prior Authorization for members less than 18 years old.
Codeine-acetaminophen tablet, liquid	Add minimum age limit of 12 years old.	Requires Prior Authorization for members less than 12 years old.
Promethazine-codeine	Add minimum age limit of 12 years old.	Requires Prior Authorization for members less than 12 years old.
Codeine phosphate-gaufenesin	Add minimum age limit of 12 years old.	Requires Prior Authorization for members less than 12 years old.

The following brand name drugs with updates to formulary status:

Drug Name	Formulary Change	Coverage Restrictions
Eliquis	Add to Formulary.	
Enbrel	Remove Prior Authorization requirement.	
Estrace cream	Remove Prior Authorization requirement. Add Step Therapy requirement.	Step Therapy with prior therapy of generic Vagifem tablet required for members older than 6 years.
Humira	Remove Prior Authorization requirement.	
Janumet	Add to Formulary.	Prior Authorization Required.
Janumet XR	Add to Formulary.	Prior Authorization Required.
Januvia	Add to Formulary.	Prior Authorization Required.
Jentadueto	Add to Formulary.	Prior Authorization Required.
Jentadueto XR	Add to Formulary.	Prior Authorization Required.
Orkambi	Add to Formulary.	Prior Authorization Required.
Pradaxa	Add to Formulary.	
Tradjenta	Add to Formulary.	Prior Authorization Required.
Xarelto	Add to Formulary.	

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The following brand name drugs were removed from the formulary:

Drug Name	Formulary Change	Rationale
Tamiflu	Remove from Formulary	Generic is now covered.

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.