

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.

Medications Added or Modified	Description	Rationale
Vyvans®	<ul style="list-style-type: none"> This product will remain non- formulary 	<ul style="list-style-type: none"> This product does not offer any significant clinical advantages over less expensive alternative agents available within each class.
Insulin Pens/Cartridges	<ul style="list-style-type: none"> These products have been removed from the formulary starting May 1 2010. Prior Authorization will be available for those with dexterity issues or visual impairment 	<ul style="list-style-type: none"> The average cost/ml for insulin pens is 22% more than the vials.
Prenatal Vitamins	<ul style="list-style-type: none"> All prescription prenatal vitamins will be removed from the formulary beginning April 1 2010. Coverage for current users will be grandfathered OTC Prenatal Vitamins will remain formulary Prior Authorization will be available for those who require the prescription 	<ul style="list-style-type: none"> The major differences between the prescription and OTC prenatal vitamins is in the content of folic acid (1mg vs 0.8mg, respectively) and that some products contain DHA. There is no documented clinical advantage of having 0.2mg more folic acid and there is no clear clinical advantage of supplementing the diet with DHA in pregnant women.
OTC multivitamins	<ul style="list-style-type: none"> These products will remain formulary but branded products with generic equivalents will be removed (Flintstones Complete) 	<ul style="list-style-type: none"> Different pharmacies carry different OTC products and it would be difficult for the pharmacies to try to determine which they should order. There is not enough savings to justify this disruption.
Desipramine	<ul style="list-style-type: none"> This product will remain formulary 	<ul style="list-style-type: none"> The warnings recently sent out by the FDA (December 2009) indicate that caution should be used when this is given to patients with family history of cardiovascular disorders or seizures. This information is not new and the potential is there for ALL tricyclic antidepressant to have these adverse events.
Fish Oil	<ul style="list-style-type: none"> This product will remain non-formulary 	<ul style="list-style-type: none"> There is not enough clinical benefits to using the OTC doses of Fish Oil compared to prescription cholesterol lowering medications.
Antinauseants	<ul style="list-style-type: none"> Ondansetron solution will be removed from the formulary for those ages 4 and older. There will be a quantity limit of 20ml per fill for those aged 0-3 years. There will be a quantity limit placed on all ondansetron tablets of 6 tablets per 30 days with a quantity per day limit of 3/1 day. 	<ul style="list-style-type: none"> The liquid formulation is 43% more expensive than the 4mg orally disintegrating tablets. FDA labeled dosing is by age, not weight.
Anticonvulsants	<ul style="list-style-type: none"> There will be no changes to the current formulary status of branded anticonvulsants There will be a quantity limit on divalproex sodium ER (Depakote ER®) 250mg tablets of 30 tablets/30 days or qty/day of 1. 	<ul style="list-style-type: none"> The ER formulation is for once daily dosing, members can use one 500mg tablet if that strength is necessary.

Cough and Cold Products	<ul style="list-style-type: none"> • All Tannate Products will become non-formulary • All OTC products that are brand with a generic equivalent will become non-formulary 	<ul style="list-style-type: none"> • There is no clinical advantage of these products over less expensive cough and cold products.
Ophthalmic Agents	<ul style="list-style-type: none"> • Neomycin/polymixin/hydrocortisone (generic Cortisporin®) suspension and drops will be become non-formulary. • Tobramycin-dexamethasone (generic Tobradex®) will become non-formulary. 	<ul style="list-style-type: none"> • There is no clinical advantage of generic Cortisporin compared to neomycin/polymixin/dexamethasone (generic Maxitrol®), a less expensive alternative. • Tobramycin and dexamethasone are available separately and are less expensive than the combination product.

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 NHPRI 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 NHPRI members and are considered non-formulary or benefit exclusions. Physicians may requests these products via the medical necessity request process only.