

*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
<b>Other Antibiotics</b> (Mupirocin, erythromycin- benzoyl peroxide, clindamycin topical, Xifaxan, Zyvox)	<ul style="list-style-type: none"> <li>Cleocin Suspension will be added to the RiteCare formulary for those age 11 and younger</li> <li>Ery Swabs will be removed from the formulary for all lines of business (LOB)</li> </ul>	<ul style="list-style-type: none"> <li>The RItCare Pharmacy committee has added Cleocin suspension as an “exempt” drug</li> <li>Ery Swabs are 250% more expensive (~\$50 more) than other erythromycin products (solutions, gels, etc)</li> </ul>
<b>Antipsychotics</b> (Focus mainly on SGA: Abilify, Risperidone, Seroquel, Zyprexa, Geodon)	<ul style="list-style-type: none"> <li>In the coming months, a stepped edit will be put in place for all second generation antipsychotics (SGA) requiring the use of risperidone for all new SGA. Those currently stable on therapy with an SGA will be “grandfathered” and able to remain on these agents. This will be for all LOB.</li> </ul>	<ul style="list-style-type: none"> <li>Costs continue to rise for this class as well as utilization. Utilization of generic risperidone has decreased despite the fact that it is available generically.</li> <li>The average cost of a branded SGA is about \$325 more per month compared to risperidone</li> </ul>
<b>Long Acting Injectable Antipsychotics (LAIs)</b>	<ul style="list-style-type: none"> <li>Zyprexa Relprevv will be added as a line extension with prior authorization but subject to the same criteria as the other LAIs</li> <li>There will now be a form specific to the Long Acting Injectables with criteria requiring the requestor to specify information on previous psychiatric hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>There have been increasing numbers of requests for these agents. The specific LAI form asks for information that is part of the specified criteria</li> </ul>
<b>Bronchial Dilators</b> (Albuterol, Serevent, Foradil, Spiriva, Combivent)	<ul style="list-style-type: none"> <li>There will be no changes to the current formulary status of this class</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Antihistamines</b> (Eye-ketotifen, Pataday, Oral-promethazine, cyproheptadine, loratadine, cetirizine, fexofenadine)	<ul style="list-style-type: none"> <li>Hydroxyzine HCL tablets will be removed from the formulary for all LOB; hydroxyzine pamoate capsules will remain a covered product</li> </ul>	<ul style="list-style-type: none"> <li>There is a 95% cost difference between the hydroxyzine Hcl tablets and hydroxyzine pamoate capsules (\$0.25/tablet more for tablets)</li> </ul>
<b>Topical Nasal and Otic Preparations</b> (Neomycin-polymixin-HC susp, Ofloxacin, Antipyrine-benzocaine fluticasone, saline, Nasonex)	<ul style="list-style-type: none"> <li>Remove Vosol-HC and its generic equivalents for all LOB.</li> </ul>	<ul style="list-style-type: none"> <li>This product does not offer any significant clinical advantages over less expensive alternative agents available within each class.</li> </ul>
<b>Fanapt</b>	<ul style="list-style-type: none"> <li>Do not add to the formulary (PA Required)</li> </ul>	<ul style="list-style-type: none"> <li>This product does not appear to offer any benefits over the other agents in this class. It can be reevaluated as future comparative studies are performed.</li> </ul>

<p><b>Saphris</b></p>	<ul style="list-style-type: none"> <li>Do not add to the formulary (PA Required)</li> </ul>	<ul style="list-style-type: none"> <li>This product does not appear to offer any benefits over the other agents in this class. It can be reevaluated as future comparative studies are performed.</li> </ul>
<p><b>Change in Prior Authorization Criteria-Non-Formulary Statins</b></p>	<ul style="list-style-type: none"> <li>A maximum dose Simvastatin 40mg will be required for authorization</li> </ul>	<ul style="list-style-type: none"> <li>Increased risk of myopathy with the 80mg dose</li> </ul>
<p><b>Addition to Prior Authorization Form Advair/Symbicort</b></p>	<ul style="list-style-type: none"> <li>Addition of COPD as diagnosis</li> </ul>	

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 request these products via the medical necessity request process only.