

*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>Citalopram &gt; 40mg</b>	The maximum daily dose will be decreased from 60mg to 40mg for new starts immediately. Prior Authorization will be required for new starts prescribed doses over 40mg. For those who have previously been on this strength, targeted mailings will be sent to providers requesting that they decrease the dose to a safer amount or change to another medication. Patients will be grandfathered for four months only to allow for these changes to take place.	There is a lack evidence of therapeutic benefit at dosages >40mg. In addition there is an increased risk of QT prolongation at higher dosages. The FDA has recently decreased the maximum dose from 60mg to 40mg based on this information.
<b>Venlafaxine ER capsules</b>	Add Venlafaxine ER CAPSULES to the formulary	The price of the capsules has decreased by 80%. Adding this agent offers another cost-effective generic option
<b>Terbinafine tablets</b>	Add terbinafine tablets to the formulary	Due to a recent price decrease, the alternative treatment option, itraconazole is >90% more expensive than terbinafine. Adding this agent offers another cost-effective generic option
<b>Synagis PA</b>	The prior authorization criteria will mirror last year's criteria	There have been no changes recommended by the American Academy of Pediatrics (AAP).
<b>Non-Stimulant ADHD PA form and Criteria</b>	Update criteria and create a prior authorization form to allow providers to indicate why a stimulant may not be appropriate for a member.	Separating the stimulant from the non stimulant treatments for ADHD allows prescribers the opportunity to provide more member information.
<b>Nutritional Criteria</b>	Consistent with Chapter 253 of RI General Law coverage will only be granted for those with demonstrated inability to ingest or absorb food adequately. Requests will be denied if the rationale is lack of appetite and/or cognitive problems causing a decrease in appetite.	Neighborhood would like to align itself with the state law and the state's criteria. In addition, coverage excludes food.
<b>Antiparasitics</b>	Do not add Ulesfia® or Natroba® to the formulary. Update criteria to require failure of the alternative treatment schedule recommended by the AAP for OTC 1 <sup>st</sup> line agents permethrin and pyethrins products.	The cost of Ulesfia and Natroba is significantly higher than OTC 1 <sup>st</sup> line agents and they do not offer an advantage

<b>Cephalosporins</b>	There were no recommendations made to this class.	
<b>Macrolides</b>	It was noted that the cost of multiple azithromycin 250mg tablets is significantly less expensive than the 500mg tablet and 1gm packets. A notification will be sent via Rx Bullet letting providers know that there are some medications where using multiples of a lower strength is less costly.	
<b>Penicillins</b>	There were no recommendations made to this class.	
<b>Quinolones</b>	Add generic levofloxacin to the formulary	There is now a generic for all strengths, including liquid forms of levofloxacin which typically now costs 90% less than the branded product.
<b>Pegasys® vs. PegIntron®</b>	PegIntron will become Neighborhood's preferred pegylated interferon product for new starts. Patients currently on Pegasys will be grandfathered.	Based on data from the IDEAL trial published in 2009, there is no difference in the rate of SVR between the two. In addition, PegIntron is less expensive than Pegasys.
<b>Extavia®</b>	Extavia has been added as the preferred interferon beta product. Betaseron® will be non-preferred. All patients will be converted to Extavia.	These two products are manufactured in the same facility. Novartis's product, Extavia is about 10% less expensive.

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.