

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



April 2019 Updates

The following changes to the Neighborhood Exchange Formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee or a recent generic became available for a formulary medication. All changes to the formulary are effective immediately unless otherwise noted.

<b>Drug</b>	<b>Pharmacy or Medical Benefit</b>	<b>Change</b>
Akynzeo	Medical Benefit	Authorization Required
Berinert	Medical Benefit	Authorization Required
Cinryze	Medical Benefit	Authorization Required
Cinvanti	Medical Benefit	Authorization Required
Kalbitor	Medical Benefit	Authorization Required
Kymriah	Medical Benefit	Authorization Required
Nuzyra	Medical Benefit	Authorization Required until individual J-code created then No Authorization Required
Onpattro	Medical Benefit	Authorization Required
Poteligeo	Medical Benefit	No Authorization Required
Spravato	Medical Benefit	Authorization Required
Vabomere	Medical Benefit	No Authorization Required
Varubi	Medical Benefit	Authorization Required
Xerava	Medical Benefit	No Authorization Required
Yescarta	Medical Benefit	Authorization Required until individual J-code created then No Authorization Required
Zemdri	Medical Benefit	No Authorization Required
Retacrit	Pharmacy and Medical Benefit	Authorization Required
Advair	Pharmacy Benefit	Remove Coverage of Brand Name Product
Buprenorphine/Naloxone SL Film	Pharmacy Benefit	Tier 1 - No Authorization Required
Fluticasone/Salmeterol Diskus	Pharmacy Benefit	Tier 1 - No Authorization Required (Advair Generic)
Haegarda	Pharmacy Benefit	Tier 3 - Prior Authorization Required
Inhalation Spacer	Pharmacy Benefit	Remove Age Limit Prior Authorization and Add Quantity Limits
Priftin	Pharmacy Benefit	No Authorization Required
Steglatro	Pharmacy Benefit	Tier 2 - Prior Authorization Required
Suboxone Sublingual Film	Pharmacy Benefit	Remove Coverage of Brand Name Product
Takhzyro	Pharmacy Benefit	Tier 3 - Prior Authorization Required
Tegsedi	Pharmacy Benefit	Tier 3 - Prior Authorization Required
Wixela Inhub	Pharmacy Benefit	Tier 1 - No Authorization Required (Advair Generic)

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***Effective July 1st, 2019 the following changes will be effective on the Medical Benefit***

Therapy Class	Drugs <u>with</u> Step Therapy Requirements	Alternative Drugs <u>without</u> Step Therapy Requirements
Autoimmune Disorders	Remicade Renflexis	Inflectra
Retina Diseases	Lucentis Eylea	Avastin*
Long-acting Colony-Stimulating Factors	Fulphila	Neulasta* Udenyca*
Short-acting Colony-Stimulating Factors	Neupogen Nivestym Granix	Zarxio*
Enzyme Replacement Therapy	Vpriv Elelyso	Cerezyme
Hyaluronic Acids	Synvisc-One, Durolane, Genvisc, Hyalgan, Supartz, Visco-3, Hymovis, OrthoVisc, Gel-One, Monovisc, Gelsyn-3, Trivisc	Euflexxa
Multiple Sclerosis	Lemtrada	Tysabri

*\*These products are covered without a prior authorization on the medical benefit.*

Please call Member Services at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Exchange formulary.