



Neighborhood Health Benefits Exchange Formulary Changes: September 2017

The following changes to the Neighborhood Health Benefits Exchange 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 otherwise noted.

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

Drug Name	Formulary Change	Coverage Restrictions
Differin 0.1% gel (OTC)	Add to Formulary, Tier 2/Preferred brand	
Fexofenadine 30mg/5ml oral susp (OTC)	Add to Formulary, Tier 1/preferred generic	Apply upper age limit of 12 years old. Prior Authorization required for members 13 years and older

The following generic drugs have been added to formulary:

Name	Formulary Change	Coverage Restrictions
Armodafinil	Add to Formulary, Tier 1/preferred generic	QL = 30 per 30 days
Armour Thyroid tablet	Add to Formulary, Tier 1/preferred generic	
Atomoxetine capsule	Add to Formulary, Tier 1/preferred generic	QL = 30 per 30 days
Desvenlafaxine succinate ER tablet	Add to Formulary, Tier 1/preferred generic	QL = 30 per 30 days
Dexmethylphenidate ER capsule	Add to Formulary, Tier 1/preferred generic	QL = 30 per 30 days
Epinephrine 0.15mg injector	Add to Formulary, Tier 1/preferred generic	QL = 2 per 30 days
Epinephrine 0.3mg injector	Add to Formulary, Tier 1/preferred generic	QL = 2 per 30 days
Ezetimibe 10mg tablet	Add to Formulary, Tier 1/preferred generic	
Fluocinolone 0.025% crm	Add to Formulary, Tier 1/preferred generic	
Fluocinolone 0.025% oint	Add to Formulary, Tier 1/preferred generic	
Glipizide/Metformin Tablet	Add to Formulary, Tier 1/preferred generic	
Megestrol 400mg/10ml susp	Add to Formulary, Tier 1/preferred generic	
Olseltamivir	Add to Formulary, Tier 1/preferred generic	
Teraconazole 0.4% cream	Add to Formulary, Tier 1/preferred generic	QL = 45g per 30 days
Medroxyprogesterone 150mg/ml syringe	Add to Formulary, Tier 1/preferred generic	QL = 1 per 90 days

The following generic drugs have updates to formulary status:

Name	Formulary Change	Coverage Restrictions
Acyclovir ointment	Remove Prior Authorization and Step Requirements.	QL = 5g per Rx fill
Clobetasool-emollient 0.05% topical cream	Remove Prior Authorization Requirement.	
Modafinil	Remove Prior Authorization Requirement.	QL = 60 per 30 days.
Moxifloxacin 400mg tablet	Remove Prior Authorization and Step Requirements.	
Esomeprazole 20mg capsule	Remove Step Therapy Requirement.	
Esomeprazole 40mg capsule	Remove Step Therapy Requirement.	
Zolpidem Tartrate ER tablet	Remove Step Therapy Requirement.	QL = 30 per 30 days
Olopatadine 0.1% eye drops	Remove Step Therapy Requirement.	
Naratriptan tablet	Remove Step Therapy Requirement.	Maintain formulary status with QL = 6 tablets per 30 days.
Azelastine 0.05% eye drops	Remove Step Therapy Requirement.	
Clindamycin phosphate / Benzoyl peroxide 1.2% - 5% gel	Remove Step Therapy Requirement.	QL of 45g per Rx Fill

Neighborhood Health Plan of Rhode Island
Formulary Change Document

The following brand name drugs have updates to formulary status:

Drug Name	Formulary Change	Coverage Restrictions
Eliquis	Add to Formulary, Tier 2/ Preferred Brand.	
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, Tier 2/ Preferred Brand.	Prior Authorization Required.
Janumet XR	Add to Formulary, Tier 2/ Preferred Brand.	Prior Authorization Required.
Januvia	Add to Formulary, Tier 2/ Preferred Brand.	Prior Authorization Required.
Jentadueto	Add to Formulary, Tier 2/ Preferred Brand.	Prior Authorization Required.
Jentadueto XR	Add to Formulary, Tier 2/ Preferred Brand.	Prior Authorization Required.
Orkambi	Add to Formulary, Tier 3/ Specialty.	Prior Authorization Required.
Pradaxa	Add to Formulary, Tier 2/ Preferred Brand.	
Tradjenta	Add to Formulary, Tier 2/ Preferred Brand.	Prior Authorization Required.
Xarelto	Add to Formulary, Tier 2/ Preferred Brand.	

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:** Member cost-sharing for drugs added to formulary is dependent on enrolled Plan benefit design. Tier 1 = Preferred Generics; Tier 2 = Preferred Brands; Tier 3 = Non-Preferred Brands; Tier 4 = Specialty drug. Coverage of drugs removed from formulary may be requested through the formulary exception process. Restrictions applied to drug coverage 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 requests these products via the medical necessity request process only.