

Neighborhood Health Plan of Rhode Island
Formulary Change Document



December 2018 Updates

The following changes to the Neighborhood Medicaid 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.

Medicaid Formulary Changes to be placed on Website for December 2018	
Drug	Notes
Makena	Brand is Non Formulary.
Hydroxyprogesterone Inj	Add Generic to the Formulary with Prior Authorization Required.
Uceris	Brand is Non Formulary.
Budesonide 9mg	Add Generic to the Formulary with Prior Authorization Required.
Adcirca 20mg	Brand is Non Formulary.
Tadalafil 20mg	Add Generic to the Formulary with Prior Authorization Required.
Onfi	Brand is Non Formulary.
Clobazam	Add Generic to the Formulary with Prior Authorization Required.
Onfi Susp	Brand is Non Formulary.
Clobazam Susp	Add Generic to the Formulary with Prior Authorization Required and Age Limit Restriction.
Ampyra	Brand is Non Formulary.
Dalfampridine	Add Generic to the Formulary with Prior Authorization Required and Quantity Limit.
Admelog	Add to Formulary without restriction (vials and pen) for Medicaid
Humalog U-100 Units/ML Only	Members on Humalog will be grandfathered in for a period of time, new starts to be Non Formulary
Novolog U-100 Only	Members on Novolog will be grandfathered in for a period of time, new starts to be Non Formulary
Firazyr	Add to Medicaid Formulary with Prior Authorization (Drug is already on Exchange Formulary with Prior Authorization)
Fasenra	Add to Medicaid Formulary with Prior Authorization
Kuvan Tablets	Add to Medicaid Formulary with Prior Authorization
Kuvan Powder	Add to Medicaid Formulary with Prior Authorization
Stelara SQ	Add to Medicaid formulary with Prior Authorization
Abreva	Remove from Formulary
Docosanol Cream	Add to Formulary without restriction
Zytiga 250mg	Remove from Formulary
Abiraterone	Add to Medicaid formulary with Prior Authorization

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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: 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, 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 request these products via the medical necessity request process only.