Neighborhood Health Plan of Rhode Island (Neighborhood) Formulary for Commercial Plans

January 2027

Introduction

The Neighborhood Health Plan of Rhode Island (Neighborhood) Formulary is a list of medications covered by the pharmacy benefit of our Individual and Family and Small Business plans. This document explains:

- Which medications are covered
- How coverage decisions are made
- Details about pharmacy benefits
- How to request coverage for medications that are not on the formulary or have coverage restrictions
- How to appeal a coverage decision

The formulary is reviewed and updated regularly to make sure it continues to meet the needs of our members. Neighborhood's Pharmacy and Therapeutics (P&T) Committee have expert knowledge in medication and health care. The P&T Committee meets at least four times a year to review new medications, evaluate the current formulary, and make updates as needed. The most up-to-date formulary information can be found on Neighborhood's website at www.nhpri.org.

Before adding a medication to the Neighborhood formulary, the P&T Committee considers several factors including:

- **Safety**: How safe the medication is.
- **Efficacy**: How well the medication is predicted to work under ideal conditions.
- **Effectiveness**: How well the medication works in real life.
- **Available alternatives**: The benefits of similar medications that are already covered by the formulary.
- **Cost and health outcomes**: the impact of the medicine on potential health outcomes and cost-effectiveness.
- **Duplicate offerings**: Whether similar medications are currently on the formulary.
- **Safety restrictions**: If any restrictions are needed to be sure the medication is used safely and effectively.

- **Regulatory requirements**: Requirements and/or restrictions provided by the Rhode Island Office of the Health Insurance Commissioner (OHIC).

We Welcome Your Feedback

If you have any questions or comments about the formulary, please contact the Chairperson of the Pharmacy & Therapeutics Committee at the following address:

Chairperson, Pharmacy & Therapeutics Committee
Neighborhood Health Plan of Rhode Island
910 Douglas Pike
Smithfield, RI 02917

How to Use the Formulary

Medications are listed in the **downloadable PDF** by their drug class. Individual drugs are listed alphabetically in the *Index* section of the PDF located at the end of the file.

Medications are listed in the **online searchable formulary** by their drug class also. Members may search the online formulary by entering the name of the drug in the "Brand & Generic Name" search field at the top of the webpage.

Additional information is included for each medication listed in the formulary including:

- The **Drug Tier** or status column identifies the formulary category for each drug.
- The **Requirements/Limits** column lists additional information such as
  - **PA** for medications that require Prior Authorization (see details below)
  - **QL** for drugs with a quantity limit
  - **ST** refers to medications in the step therapy category; these are covered when there is evidence that another drug has been tried without success
  - **OTC** are over-the-counter products
  - **C** for drugs that can be dispensed by a retail pharmacy with up to a **one-year supply** at one time

Neighborhood encourages the use of generic medications when appropriate. In most cases, generic drugs are the preferred first option as they provide the same clinical benefits at a lower cost. **Please use generic drugs whenever possible.**

Coverage Limitations

The formulary does not include all coverage details or limitations that may apply to an individual member. Some members may have specific exclusions coverage restrictions or copays that are not reflected in the formulary.

The formulary applies only to medications covered under the **outpatient pharmacy benefit** and does not apply to medications used in inpatient settings. Please contact Member Services at 1-855-321-9244 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m. for questions about your plans prescription drug coverage.

Additional regulations and coverage limitations are as follows:

- Formulary over-the-counter (OTC) products are covered **with a written prescription** from a provider.
- The following are **not** covered:
    - Medications not listed in the formulary found on Neighborhood's website (www.nhpri.org)
    - Drug products used for cosmetic purposes or weight loss
    - Experimental drug products or any drug products used in an experimental or off-label manner
- The replacement of lost or stolen medications may be covered and is decided on a case-by-case basis.
- Drug products failing industry-standard safety screens may not be filled by any pharmacy without supporting documentation from the prescriber.

Generic & Biosimilar Substitution

FDA-approved generic or biosimilar drugs should be used when available. These medications usually cost less and provide the same health benefits as brand-name drugs. Neighborhood's Pharmacy Benefit Manager's (PBM's) Pharmacy and Therapeutics (P&T) Committee reviews all drugs that have generic or biosimilar versions available. In some cases, the Committee may decide to continue to cover the brand-name or reference product if it provides the same or similar value and effectiveness as the generic or biosimilar option.

Therapeutic Interchange

Therapeutic interchange is when a prescribed medication is changed to a different medication that is expected to work just as well and provide similar health outcomes. This change can only be made with the prescriber's approval and is based on available scientific evidence. If a member of Neighborhood's Pharmacy team determines a therapeutic interchange is appropriate, they will contact the prescriber's office to discuss the change for that member.

Experimental Drugs

The PBM's P&T Committee reviews current medical research to decide whether a medication or a specific use of a medication is considered experimental. Medications or uses that are considered experimental are not covered under the pharmacy benefit.

Exception Process

Neighborhood's P&T Committee recognizes that the formulary may not meet every member's medical needs. In certain situations, prescribers can ask that medications not listed on the formulary be covered. When a member brings the request for a non-formulary drug to a pharmacy, the pharmacist reviews the member's drug history and contacts the prescriber to let them know that a prior authorization is needed. The prescriber can then call or fax Neighborhood to ask for coverage of the medication.

Information about why non-formulary medication is needed must be provided with the prescriber's requests including but not limited to:

- How the formulary medication did not work or was not safe for the member
- Why other formulary options were not appropriate for the member's current treatment needs
- If the non-formulary medication is needed for the safety of the member
- That the use of a formulary drug might worsen an existing medical condition

Prescriber requests are reviewed individually by Neighborhood's Pharmacy team and medical staff. For more information about coverage denials, please see the **Adverse Determination** section below.

Prior Authorization

Drug products listed as needing prior authorization (PA) are those that require approval before a member can fill the prescription at the pharmacy. To receive prior authorization, the prescriber or prescriber office must either:

- **Fax** a completed Prior Authorization Request to Neighborhood's Pharmacy Department at 1-866-423-0945; or
- **Call** our Pharmacy Department at 401-427-8200 with all of the necessary information needed to receive a PA.

All PA requests are reviewed based on the member's individual needs as well as criteria approved by the PBM's P&T Committee. If a request is denied, please see the **Adverse Determination** section below about the denial process.

Step Therapy

Medications marked "ST" require step therapy. This means a member must try certain formulary drugs first before starting the requested medication. If the required formulary medications are not appropriate for the member or cannot be taken for medical reasons, the member's provider can ask for an exception to the step therapy.

Adverse Determination

If a request does not qualify for a benefit exception, the prescribing provider will be informed why the request did not qualify and be given information about covered formulary alternatives. If the provider feels that the recommended alternatives are not appropriate, the request will be forwarded to Neighborhood's Medical Director or a physician reviewer. Our Medical Director will discuss the request with the provider to find out whether the medication is medically necessary before making their decision.

If a request is denied, the Medical Director or physician will explain their reasoning with the prescribing practitioner and provide them with details on the appeals process. Both the provider and member will receive a written letter explaining the decision, the clinical or benefit guidelines used, and their right to review supporting documents. The letter will also explain how to file an appeal.

Please contact Member Services at 401-459-6020 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m. for questions about your rights to appeal any decision made by Neighborhood.

Pharmacist and Prescriber Communications

The Neighborhood formulary is designed to support the safe and cost-effective use of prescription medications. To ensure the formulary continues to meet the needs of our members and providers, prescribers and pharmacists are encouraged to share suggestions, comments, or requests for formulary additions by writing to the Chairperson of the Pharmacy & Therapeutics Committee at the following address:

Chairperson, Pharmacy & Therapeutics Committee
Neighborhood Health Plan of Rhode Island
910 Douglas Pike
Smithfield, RI 02917