Neighborhood Health Plan of Rhode Island
Formulary Change Document

September 2018 P&T Updates

The following changes to the Neighborhood Medicaid 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.

Drug	Formulary Change
Kevzara	Add to formulary with PA, QL: 2 syringes per 28 days
Xeljanz	Add to formulary with PA, QL: 60 tablets per 30 days
Xeljanz XR	Add to formulary with PA, QL: 30 tablets per 30 days
Nerlynx	Add to formulary with PA, QL: 180 tablets per 30 days
Verzenio	Add to formulary with PA, QL:L 56 tablets per 28 days
Ibrance	Add to formulary with PA, QL: 21 capsules per 28 days
Copaxone 20 mg	Remove from Medicaid formulary. Glatiramer covered without edit.
Copaxone 40 mg	Remove from Medicaid formulary. Glatiramer covered without edit.
Gilenya	Add to Medicaid formulary.
Tecfidera	Add to Medicaid formulary.
Acthar Gel	Add to Medicaid formulary with PA.

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 requests these products via the medical necessity request process only.