## Neighborhood Health Plan of Rhode Island Formulary Change Document



## April 2019 Updates

The following changes to the Neighborhood Exchange 6T Individual 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.

Product	Formulary Changes
ARISTADA INJ INITIO	Add to Tier 3
NADOLOL/BEND TAB 80-5MG	The Generic is No longer available on market. Removing product from coverage
VITRAKVI SOL 20MG/ML	Add to Tier 6 with Prior Authorization with Quantity Limit
VITRAKVI CAP 100MG	Add to Tier 6 with Prior Authorization with Quantity Limit
VITRAKVI CAP 25MG	Add to Tier 6 with Prior Authorization with Quantity Limit
HEMLIBRA INJ 105/0.7	Add to Tier 6 with Prior Authorization
HEMLIBRA INJ 150/ML	Add to Tier 6 with Prior Authorization
HEMLIBRA INJ 60/0.4	Add to Tier 6 with Prior Authorization
HEMLIBRA INJ 30MG/ML	Add to Tier 6 with Prior Authorization
TRESIBA INJ 100UNIT	Add to Tier 3
JARDIANCE TAB 10MG	Move from Formulary Tier 4 to Formulary Tier 3 with Step Therapy
JARDIANCE TAB 25MG	Move from Formulary Tier 4 to Formulary Tier 3 with Step Therapy
TOREMIFENE TAB 60MG	Add to Formulary Tier 2
SIROLIMUS SOL 1MG/ML	Add to Formulary Tier 2
LIDOCAINE INJ 20MG/ML	Add to Formulary Tier 2
LIDOCAINE INJ 20MG/ML	Add to Formulary Tier 2
LIDOCAINE INJ 10MG/ML	Add to Formulary Tier 2
PROCHLORPER INJ 5MG/ML	Add to Formulary Tier 2
7T LIDO GEL 2%	Add to Formulary Tier 2 with Quantity Limit
ADVAIR DISKU AER 100/50	Move from Formulary Tier 3 to Formulary Tier 2 with Quantity Limit
ADVAIR DISKU AER 250/50	Move from Formulary Tier 3 to Formulary Tier 2 with Quantity Limit
ADVAIR DISKU AER 500/50	Move from Formulary Tier 3 to Formulary Tier 2 with Quantity Limit

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