



May 1, 2019

FORMULARY CHANGE for MEDICAID and EXCHANGE

Neighborhood Health Plan of Rhode Island (Neighborhood) is updating its provider-administered, injected or infused, medical benefit drug formulary. After a comprehensive review of pertinent clinical information, the following changes to the Neighborhood Medical Benefit Formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee. These changes will help keep health care costs as low as possible for everyone, while ensuring our members, your patients, have access to safe and effective prescription drugs.

Effective July 1, 2019, the following products will require step therapy before their use for the Medicaid (EFP, Subcare, CSN, RHP, RHE, RiteCare) and Exchange lines of business (SHOP and Individual):

Therapy Class	Drugs <u>with</u> Step Therapy Requirements	Alternative Drugs <u>without</u> Step Therapy Requirements
Autoimmune Disorders	Remicade Renflexis	Inflectra
Retina Diseases	Lucentis Eylea	Avastin*
Long-acting Colony-Stimulating Factors	Fulphila	Neulasta* Udenyca*
Short-acting Colony-Stimulating Factors	Neupogen Nivestym Granix	Zarxio*
Enzyme Replacement Therapy	Vpriv Elelyso	Cerezyme
Hyaluronic Acids	Synvisc-One, Durolane, Genvisc, Hyalgan, Supartz, Visco-3, Hymovis, OrthoVisc, Gel-One, Monovisc, Gelsyn-3, Trivisc	Euflexxa
Multiple Sclerosis	Lemtrada	Tysabri

**These products are covered without a prior authorization on the medical benefit.*

Step therapy requirements will apply to new starts ONLY, with the exception of products used for **Autoimmune Disorders & Hyaluronic Acids**. For medications in these two classes, once the current authorization has expired, the step therapy requirements will be applied during authorization renewal requests. The Clinical Medical Policies are posted on the Provider website at <https://www.nhpri.org/Providers/ClinicalMedicalPolicies.aspx>.

Please contact Neighborhood Health Plan of Rhode Island's Pharmacy Department with any questions at 401-427-8200.