

Formulary Updates

Effective March 1, 2018



DEFINITIONS

Formulary	These drugs are included in NHP's formulary.
Non-Formulary	These drugs are not included in NHP's formulary. NHP would only cover formulary alternatives. Providers can request Non-Formulary drugs as an exception, and NHP would require trial of all appropriate formulary alternatives prior to approving coverage a Non-Formulary drug. If a Non-Formulary drug is approved, the member's cost sharing would be the highest tier.
Preferred	These drugs are on NHP's formulary and offer the lowest cost to members.
Non-Preferred	These drugs are on NHP's formulary but offer a higher cost to members.
Non-Preferred, PA Required	These drugs will require an approved prior authorization through CVS/Caremark for coverage. Members who are currently on a drug that will move to "Non-Preferred, PA Required" will not need a new prior authorization until their current prior authorization expires (however, the member will experience a higher cost share when picking up their medication at the pharmacy.
Excluded	NHP does not cover these drugs. Members will receive a denial for all Excluded drug requests.

Updates for All NHP Members

The following medications will be added to the Formulary (PA required):

Haegarda
Lynparza
Zejula

The following Proton Pump Inhibitors will be moved to 2nd line Step Therapy:

Rabeprazole (all strengths)
Lansoprazole 30 mg (Rx)

The following medications will no longer require Prior Authorization:

Cuvposa (age limit of <18)

The following medications have updated Prior Authorization criteria

Itraconazole	Add additional requirement to Sporanox: members > 6 must try oral capsules or have a clinical reason not to
Kynamaro Inj (mipomersen)	Add additional requirement: member must also try and fail a PSCK-9 first
Juxtapid (lomitapide)	Add additional requirement: member must also try and fail a PSCK-9 first
Lovaza and Vascepa PA	Add additional requirement: member must maintain a lipid-lowering diet and exercise regimen during treatment

The following medications will require Prior Authorization:

Ferriprox	Docetaxel	Lupaneta Pack
Jadenu	Erbitux	Perjeta
Desferal (deferol-amine)	Firmagon	Tysabri
Exjade	Herceptin	Velcade
Alimta	Hycamtin	Yervoy
Bavencio	Imfinzi	Zoladex

Updates for NHP Commercial (HMO & PPO) and Health Connector Plan Members Only

The following medications will be added to the Formulary (PA required):

Vosevi

Added Stelara, Cosentyx, and Otezla as Preferred agents for certain indications:

Indications	Preferred Products	Targeted Products
Plaque psoriasis	<ul style="list-style-type: none"> Humira Enbrel Cosentyx Stelara 	<ul style="list-style-type: none"> Simponi Taltz Inflectra Renflexis Remicade
Ankylosing spondylitis	<ul style="list-style-type: none"> Cosentyx Enbrel Humira 	<ul style="list-style-type: none"> Cimzia Inflectra Remicade Renflexis Simponi Actemra
Psoriatic arthritis	<ul style="list-style-type: none"> Humira Enbrel Cosentyx Stelara Otezla 	<ul style="list-style-type: none"> Cimzia Inflectra Orencia/Orencia ClickJect Remicade Renflexis Simponi
Rheumatoid arthritis	<ul style="list-style-type: none"> Enbrel Humira 	<ul style="list-style-type: none"> Actemra Cimzia Inflectra Kineret Cosentyx Orencia Renflexis Simponi Xeljanz/Xeljanz XR Remicade
Crohn's disease	<ul style="list-style-type: none"> Humira 	<ul style="list-style-type: none"> Entyvio Inflectra Remicade Cimzia Renflexis Stelara
Ulcerative colitis	<ul style="list-style-type: none"> Humira 	<ul style="list-style-type: none"> Entyvio Inflectra Renflexis Simponi Remicade Xeljanz

Updates for NHP MassHealth Members Only

Drug Class	Preferred Products	PA Status
Stimulants	<ul style="list-style-type: none"> Adderall XR (amphetamine salts extended-release) Vyvanse (lisdexamfetamine) Focalin XR (dexamethylphenidate extended-release) Concerta (methylphenidate extended-release) 	PA < 3 years and PA > 60 units/month
HIV Therapy Drugs	<ul style="list-style-type: none"> Descovy (emtricitabine/tenofovir alafenamide) Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) Norvir (ritonavir) Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide) 	
Growth Hormone	<ul style="list-style-type: none"> Genotropin (somatropin) 	PA
Buprenorphine/naloxone	<ul style="list-style-type: none"> Suboxone (buprenorphine / naloxone film) 	PA (for dose/duration limits only)