Neighborhood Health Plan

Formulary Updates

Effective January 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:
Abacavir sulfate solution 20 MG/ML
Adapalene 0.1% Gel OTC (Brand Differin OTC)
Eletriptan
Fosamprenavir Calcium tablets 700 MG
Glatiremer acetate 40 MG
Lanthanum Carbonate Chew Tab 500 MG
Paroxetine mesylate Cap 7.5 MG
Prasugrel
Scopolamine TD Patch 72HR 1 MG/3Days
Sodium Phenylbutyrate tablets 500 MG
Vigabatrin Powder Pack 500 MG

The following medications will no longer require Prior Authorization:
Cesamet
Relenza
Tamiflu
Xopenex

The following medications will be Excluded:
Adapalene 0.1% gel Rx (generic Differin)
Omeprazole/sodium bicarbonate Rx (generic Zegerid)

The following medications will be added to the formulary with a Step Therapy Program:

Proton Pump Inhibitors:

- Omeprazole/sodium bicarbonate OTC (generic Zegerid OTC) - must try and fail first-line, omeprazole

Testosterone:

- Testosterone TD Gel 40.5 MG/2.5GM (1.62%) - must try and fail first-line, testosterone injections or 1% & 2% gel
- Testosterone TD Gel 20.25 MG/ACT (1.62%) - must try and fail first-line, testosterone injections or 1% & 2% gel
- Androderm (Generic Testosterone Patch) - must try and fail first-line, testosterone injections or 1% & 2% gel
- Testosterone TD Soln 30 MG/ACT - must try and fail first-line, testosterone injections or 1% & 2% gel

Topiramate ER:

- Qudexy XR - will move to 2nd line
- Trokendi XR - will move to 3rd line

The following medications will require a Prior Authorization:		
Adempas	Fabrazyme	Prolastin-C Injection 1000MG
Adagen	Flolan	Remodulin
Aldurazyme	Glassia	Somavert
Aralast NP	HP Acthar	Taclonex (calcipotriene-betamethasone) suspension
Aranesp (Albumin Free)	Ingrezza	Taclonex Ointment
Arcalyst	Kanuma	Tracleer
Austedo	Letairis	Trulance
Calcipotriene Cream 0.005%	Leukine	Tymlos
Calcipotriene Foam 0.005%	Lumizyme	Tyvaso
Calcipotriene Oint 0.005%	Mircera	Veletri
Cerezyme	Ocrevus	Ventavis
Elaprase	Opsumit	Vpriv
Elelyso	Orenitram	Xermelo
Exondys-51	Procrit	Zemaira

The following medications will have a Quantity Limit:	
Epinephrine injection (Epipen, Epipen-JR, Adrenaclick)	1 pack (2 pens) per prescription per day
Albuterol Inhalation Solution 0.021%, 0.63mg / 3mL and 0.042%, 1.25mg / 3mL	5 packages (125 vials x 3mL) / 30 days 4 packages (120 vials x 3mL) / 30 days
Albuterol 0.083%, 2.5mg / 3mL Inhalation Solution	5 packages (125 vials x 3mL) / 30 days 4 packages (120 vials x 3mL) / 30 days 2 packages (120 vials x 3mL) / 30 days
Albuterol 0.5%, 2.5mg / 0.5mL Inhalation Solution	3 packages (20mL each) / 30 days 4 packages (120 vials x 0.5mL) / 30 days
Cesamet	60 caps/30 days
ProAir HFA	2 packages (8.5gm each) / 30 days
ProAir RespiClick	2 packages / 30 days
Proventil HFA	2 packages (6.7gm each) / 30 days
Relenza	40 blisters / 90 days
Tamiflu Capsules	75 mg or 45 mg caps - 14 caps / 90 day 30 mg caps - 28 caps/ 90 days
Tamiflu Suspension 6MG/ML	180 ml (3 bottles) / 90 days
Ventolin HFA	6 packages (8gm each) / 30 days 2 packages (18gm each) / 30 days
Xopenex 0.31mg,0.63mg, 1.25 mg / 3 mL (Levalbuterol inhalation	4 packages (96 vials x 3mL) / 30 days 4 packages (100 vials x 3mL) / 30 days
Xopenex Concentrate 1.25mg/ 0.5mL	3 package (90 vials x 0.5mL) / 30 days
Xopenex HFA	2 packages (15gm each) / 30 days

The following medications will be Non-Formulary:
Aveed IM Injection In Oil 750 MG/3ML
Testosterone Buccal Mucoadhesive System 30 MG (Striant)
Testosterone Implant Pellets (Testopel)
Testosterone Nasal Gel 5.5 MG/ACT (Natesto)
Testosterone TD Gel 20.25 MG/1.25GM (1.62%)

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

The following medications will no longer require Prior Authorization:
Eliquis
Xarelto

The following medications will be Non-Formulary:
Pradaxa
Savaysa