Neighborhood Health Plan of Rhode Island
Formulary Change Document

June 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
Tetrabenazine	Add to formulary with PA and Quantity Limit. Placed on Tier 4

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.