

Provider Memorandum

Approval for Pharmacy Provider Memo

NextLevel Health (NLH) is committed to improving the health of Chicago and Cook County communities. Our approach here at NextLevel Health is simple which entails providing care and support services to each of our members within their communities.

Our mission is to effectively manage the health and wellness of our members through strong partnerships and defined care workflows. In addition, to placing focus upon anticipatory management of health concerns and conditions via a coordinated approach. NextLevel Health is continually evaluating processes, vendors and covered services.

The Utilization Management/Pharmacy Care committee meets on a quarterly basis to review overall utilization and medication use. And, we would like to inform you of the following changes effective August 01, 2019.

If you have any questions, please contact an associate at 833-ASK-NLHP (833-275-6547). A representative will always be available to help with any of your concerns.

Sincerely,
July 03, 2019

NLH Pharmacy Department

Drug	Action
ARIKAYCE (Amikacin Sulfate Liposome)	Add to formulary with prior authorization
KRINTAFEL (Tafenoquine Succinate)	Add to formulary with quantity limit
XELJANZ/ XELJANZ XR (Tofacitinib Citrate)	Add to formulary with prior authorization
PROGRAF (Tacrolimus)	Add to formulary
GENERIC TOPICORT (Desoximetasone)	Add to formulary with quantity limit
ABILIFY MAIN INJ 300MG PREFILLED SYRINGE	Added to formulary with quantity limit
ABILIFY MAIN INJ 400MG PREFILLED SYRINGE	Added to formulary with quantity limit
ABILIFY MAIN INJ 300MG	Added to formulary with quantity limit
ABILIFY MAIN INJ 400MG	Added to formulary with quantity limit
ARISTADA INJ 1064MG	Added to formulary with quantity limit

ARISTADA	INJ 441MG/1.	Added to formulary with quantity limit
ARISTADA	INJ 662MG/2	Added to formulary with quantity limit
ARISTADA	INJ 675MG/2	Added to formulary with quantity limit
ARISTADA	INJ 882MG/3	Added to formulary with quantity limit
INVEGA SUST	INJ 39 MG/0.25ML	Added to formulary with quantity limit
INVEGA SUST	INJ 78 MG/0.5ML	Added to formulary with quantity limit
INVEGA SUST	INJ 117/0.75	Added to formulary with quantity limit
INVEGA SUST	INJ 156MG/ML	Added to formulary with quantity limit
INVEGA SUST	INJ 234/1.5ML	Added to formulary with quantity limit
INVEGA TRINZ	INJ 273MG/.875ML	Added to formulary with quantity limit
INVEGA TRINZ	INJ 410MG/1.315ML	Added to formulary with quantity limit
INVEGA TRINZ	INJ 546MG/1.75ML	Added to formulary with quantity limit
INVEGA TRINZ	INJ 819MG/2.6255ML	Added to formulary with quantity limit
RISPERDAL	INJ 12.5MG	Added to formulary with quantity limit
RISPERDAL	INJ 25MG	Added to formulary with quantity limit
RISPERDAL	INJ 37.5MG	Added to formulary with quantity limit
RISPERDAL	INJ 50MG	Added to formulary with quantity limit
ZYPREXA RELPREVV	210 MG	Added to formulary with quantity limit
ZYPREXA RELPREVV	300 MG	Added to formulary with quantity limit
ZYPREXA RELPREVV	405 MG	Added to formulary with quantity limit