

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



September 2020 Updates

The following changes to the Neighborhood Medicaid Formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee or a recent generic became available for a formulary medication. All changes to the formulary are effective immediately unless otherwise noted.

<b>Drug Name</b>	<b>Benefit</b>	<b>Description of Coding Change</b>
AFINITOR TAB 10MG	Pharmacy Benefit	Prior Authorization Required
AFINITOR DIS TAB 2MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
AFINITOR DIS TAB 3MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
AFINITOR DIS TAB 5MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
AFINITOR TAB 2.5MG	Pharmacy Benefit	Prior Authorization Required
AFINITOR TAB 5MG	Pharmacy Benefit	Prior Authorization Required
AFINITOR TAB 7.5MG	Pharmacy Benefit	Prior Authorization Required
AKYNZEO CAP 300-0.5	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ALECENSA CAP 150MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ALKERAN TAB 2MG	Pharmacy Benefit	Prior Authorization Required
ALUNBRIG PAK	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ALUNBRIG TAB 180MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ALUNBRIG TAB 30MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ALUNBRIG TAB 90MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ANZEMET TAB 100MG	Pharmacy Benefit	Prior Authorization Required
ANZEMET TAB 50MG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 100MCG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 10MCG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 150MCG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 200MCG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 25MCG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 300MCG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 40MCG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 500MCG	Pharmacy Benefit	Prior Authorization Required
ARANESP INJ 60MCG	Pharmacy Benefit	Prior Authorization Required
AYVAKIT TAB 100MG	Pharmacy Benefit	Prior Authorization Required
AYVAKIT TAB 200MG	Pharmacy Benefit	Prior Authorization Required
AYVAKIT TAB 300MG	Pharmacy Benefit	Prior Authorization Required
BALVERSA TAB 3MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
BALVERSA TAB 4MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
BALVERSA TAB 5MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
BOSULIF TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
BOSULIF TAB 400MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
BOSULIF TAB 500MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
BRAFTOVI CAP 50MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit

BRAFTOVI CAP 75MG	Pharmacy Benefit	Prior Authorization Required
BRUKINSA CAP 80MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
CABOMETYX TAB 20MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
CABOMETYX TAB 40MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
CABOMETYX TAB 60MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
CALQUENCE CAP 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
CAPRELSA TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
CAPRELSA TAB 300MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
CEENA/GLEOSTINE 40 mg	Pharmacy Benefit	Prior Authorization Required
COMETRIQ KIT 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
COMETRIQ KIT 140MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
COMETRIQ KIT 60MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
COPIKTRA CAP 15MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
COPIKTRA CAP 25MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
COTELLIC TAB 20MG	Pharmacy Benefit	Prior Authorization Required
DAURISMO TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
DAURISMO TAB 25MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
Descovy	Pharmacy Benefit	Prior Authorization Required
Diclofenac Gel Prescription	Pharmacy Benefit	Step Therapy with Quantity Limit
Doptelet	Pharmacy Benefit	Prior Authorization Required
DRONABINOL CAP 10MG	Pharmacy Benefit	Prior Authorization Required
DRONABINOL CAP 2.5MG	Pharmacy Benefit	Prior Authorization Required
DRONABINOL CAP 5MG	Pharmacy Benefit	Prior Authorization Required
ELIGARD INJ 22.5MG	Pharmacy Benefit	Prior Authorization Required
ELIGARD INJ 30MG	Pharmacy Benefit	Prior Authorization Required
ELIGARD INJ 7.5MG	Pharmacy Benefit	Prior Authorization Required
ELIGARD INJ 45MG	Pharmacy Benefit	Prior Authorization Required
EMCYT CAP 140MG	Pharmacy Benefit	Prior Authorization Required
EMEND CAP 125MG	Pharmacy Benefit	Prior Authorization Required
EMEND CAP 40MG	Pharmacy Benefit	Prior Authorization Required
EMEND CAP 80MG	Pharmacy Benefit	Prior Authorization Required
EMEND SOL 150MG	Pharmacy Benefit	Prior Authorization Required
EMEND TRIPAC PAK 80 & 125	Pharmacy Benefit	Prior Authorization Required
ENDARI POW 5GM	Pharmacy Benefit	Prior Authorization Required
EPOGEN /Procrit INJ 10000/ML	Pharmacy Benefit	Prior Authorization Required
EPOGEN /PROCRIT INJ 3000/ML	Pharmacy Benefit	Prior Authorization Required
EPOGEN /Procrit INJ 4000/ML	Pharmacy Benefit	Prior Authorization Required
EPOGEN/PROCIT INJ 20000/ML	Pharmacy Benefit	Prior Authorization Required
EPOGEN/Procrit INJ 2000/ML	Pharmacy Benefit	Prior Authorization Required
ERIVEDGE CAP 150MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ERLEADA TAB 60MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
EXJADE TAB 125MG	Pharmacy Benefit	Prior Authorization Required
FARESTON TAB 60MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit

FARYDAK CAP 15MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
Farydak 10mg capsule	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
Farydak 20mg capsule	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
FERRIPROX TAB 500MG	Pharmacy Benefit	Prior Authorization Required
GILOTRIF TAB 20MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
GILOTRIF TAB 30MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
GILOTRIF TAB 40MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
HEXALEN CAP 50MG	Pharmacy Benefit	Prior Authorization Required
IBRANCE CAP 100MG	Pharmacy Benefit	Prior Authorization Required
IBRANCE CAP 125MG	Pharmacy Benefit	Prior Authorization Required
IBRANCE CAP 75MG	Pharmacy Benefit	Prior Authorization Required
ICLUSIG TAB 15MG	Pharmacy Benefit	Prior Authorization Required
IDHIFA TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
IDHIFA TAB 50MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
IMBRUVICA CAP 140MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
IMBRUVICA CAP 70MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
IMBRUVICA TAB 140MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
IMBRUVICA TAB 280MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
IMBRUVICA TAB 420MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
IMBRUVICA TAB 560MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
INLYTA TAB 1MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
INLYTA TAB 5MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
INREBIC CAP 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
IRESSA TAB 250MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
JADENU TAB 180MG	Pharmacy Benefit	Prior Authorization Required
JADENU TAB 360MG	Pharmacy Benefit	Prior Authorization Required
JADENU TAB 90MG	Pharmacy Benefit	Prior Authorization Required
JADENU SPRKL GRA 180MG	Pharmacy Benefit	Prior Authorization Required
JADENU SPRKL GRA 360MG	Pharmacy Benefit	Prior Authorization Required
JADENU SPRKL GRA 90MG	Pharmacy Benefit	Prior Authorization Required
JAKAFI TAB 10MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
JAKAFI TAB 15MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
JAKAFI TAB 20MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
JAKAFI TAB 25MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
JAKAFI TAB 5MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
KISQALI TAB 200DOSE	Pharmacy Benefit	Prior Authorization Required
KISQALI TAB 600DOSE	Pharmacy Benefit	Prior Authorization Required
KYTRIL TAB 1MG	Pharmacy Benefit	Prior Authorization Required
LENVIMA CAP 10 MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LENVIMA CAP 12MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LENVIMA CAP 14 MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LENVIMA CAP 18 MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LENVIMA CAP 20 MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LENVIMA CAP 24 MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LENVIMA CAP 4MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LENVIMA CAP 8 MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit

LEUCOVOR CA TAB 10MG	Pharmacy Benefit	Prior Authorization Required
LEUCOVOR CA TAB 15MG	Pharmacy Benefit	Prior Authorization Required
LEUCOVOR CA TAB 25MG	Pharmacy Benefit	Prior Authorization Required
LEUCOVOR CA TAB 5MG	Pharmacy Benefit	Prior Authorization Required
LEUPROLIDE INJ 1MG/0.2	Pharmacy Benefit	Prior Authorization Required
LONSURF TAB 15-6.14	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LONSURF TAB 20-8.19	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LORBRENA TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LORBRENA TAB 25MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LYNPARZA TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LYNPARZA TAB 150MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
LYSODREN TAB 500MG	Pharmacy Benefit	Prior Authorization Required
MEKINIST TAB 2MG	Pharmacy Benefit	Prior Authorization Required
MEKTOVI TAB 15MG	Pharmacy Benefit	Prior Authorization Required
MIRCERA INJ 100MCG	Pharmacy Benefit	Prior Authorization Required
MIRCERA INJ 200MCG	Pharmacy Benefit	Prior Authorization Required
MIRCERA INJ 50MCG	Pharmacy Benefit	Prior Authorization Required
MIRCERA INJ 75MCG	Pharmacy Benefit	Prior Authorization Required
MIRCERA SOL 150/0.3	Pharmacy Benefit	Prior Authorization Required
MIRCERA SOL 30/0.3ML	Pharmacy Benefit	Prior Authorization Required
MULPLETA TAB 3MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
MYLERAN TAB 2MG	Pharmacy Benefit	Prior Authorization Required
NERLYNX TAB 40MG	Pharmacy Benefit	Prior Authorization Required
NEULASTA INJ 6MG/0.6M	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
NEULASTA KIT 6MG/0.6M	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
NEUPOGEN INJ 300/0.5	Pharmacy Benefit	Prior Authorization Required
NEUPOGEN INJ 300MCG	Pharmacy Benefit	Prior Authorization Required
NEUPOGEN INJ 480/0.8	Pharmacy Benefit	Prior Authorization Required
NEUPOGEN INJ 480MCG	Pharmacy Benefit	Prior Authorization Required
NEXAVAR TAB 200MG	Pharmacy Benefit	Prior Authorization Required
NILUTAMIDE TAB 150MG	Pharmacy Benefit	Prior Authorization Required
NINLARO CAP 2.3MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
NINLARO CAP 3MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
NINLARO CAP 4MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
NIVESTYM INJ 300MCG	Pharmacy Benefit	Prior Authorization Required
NIVESTYM INJ 480MCG	Pharmacy Benefit	Prior Authorization Required
NIZZORAL TAB 200 mg	Pharmacy Benefit	Prior Authorization Required
NUBEQA TAB 300MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
OCTREOTIDE INJ 5000/5ML	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ODOMZO CAP 200MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
Olopatadine Ophthalmic (Pataday Generic)	Pharmacy Benefit	Step Therapy
OXBRYTA TAB 500MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
OXSORALEN-UL CAP 10MG	Pharmacy Benefit	Prior Authorization Required
PEGASYS INJ 180MCG/M	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
PEGASYS INJ PROCLICK	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
PIQRAY 200MG TAB DOSE	Pharmacy Benefit	Prior Authorization Required with Quantity Limit

PIQRAY 250MG TAB DOSE	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
PIQRAY 300MG TAB DOSE	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
POMALYST CAP 1MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
POMALYST CAP 2MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
POMALYST CAP 3MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
POMALYST CAP 4MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
PROCRIT/EPOGEN INJ 40000/ML	Pharmacy Benefit	Prior Authorization Required
PROLIA/XGEVA SOL 60MG/ML	Pharmacy Benefit	Prior Authorization Required
PROMACTA TAB 25MG	Pharmacy Benefit	Prior Authorization Required
PROMACTA TAB 50MG	Pharmacy Benefit	Prior Authorization Required
PROMACTA TAB 75MG	Pharmacy Benefit	Prior Authorization Required
RELISTOR INJ 12/0.6ML	Pharmacy Benefit	Prior Authorization Required
RELISTOR INJ 8/0.4ML	Pharmacy Benefit	Prior Authorization Required
RETACRIT/Epogen/Procrit INJ 2000UNIT	Pharmacy Benefit	Prior Authorization Required
RETACRIT/Epogen/Procrit INJ 40000UNT	Pharmacy Benefit	Prior Authorization Required
RETACRIT/Epogen/Procrit INJ 3000UNIT	Pharmacy Benefit	Prior Authorization Required
RETACRIT/Epogen/Procrit INJ 4000UNIT	Pharmacy Benefit	Prior Authorization Required
RETACRIT/Epogen/Procrit INJ 10000UNT	Pharmacy Benefit	Prior Authorization Required
RETEVMO CAP 40MG	Pharmacy Benefit	Prior Authorization Required
RETEVMO CAP 80MG	Pharmacy Benefit	Prior Authorization Required
REVLIMID CAP 10MG	Pharmacy Benefit	Prior Authorization Required
REVLIMID CAP 15MG	Pharmacy Benefit	Prior Authorization Required
REVLIMID CAP 2.5MG	Pharmacy Benefit	Prior Authorization Required
REVLIMID CAP 20MG	Pharmacy Benefit	Prior Authorization Required
REVLIMID CAP 25MG	Pharmacy Benefit	Prior Authorization Required
REVLIMID CAP 5MG	Pharmacy Benefit	Prior Authorization Required
ROZLYTREK CAP 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ROZLYTREK CAP 200MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
RUBRACA TAB 200MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
RUBRACA TAB 250MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
RUBRACA TAB 300MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
RYDAPT CAP 25MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
SANCUSO DIS 3.1MG	Pharmacy Benefit	Prior Authorization Required
SANDOSTATIN INJ 500MCG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
SORIATANE CAP 25MG	Pharmacy Benefit	Prior Authorization Required
SPRYCEL TAB 100MG	Pharmacy Benefit	Prior Authorization Required
SPRYCEL TAB 140MG	Pharmacy Benefit	Prior Authorization Required
SPRYCEL TAB 20MG	Pharmacy Benefit	Prior Authorization Required
SPRYCEL TAB 70MG	Pharmacy Benefit	Prior Authorization Required
STIVARGA TAB 40MG	Pharmacy Benefit	Prior Authorization Required
SUTENT CAP 37.5MG	Pharmacy Benefit	Prior Authorization Required
SUTENT CAP 50MG	Pharmacy Benefit	Prior Authorization Required

SYLATRON	KIT 200MCG	Pharmacy Benefit	Prior Authorization Required
SYLATRON	KIT 300MCG	Pharmacy Benefit	Prior Authorization Required
SYLATRON	KIT 600MCG	Pharmacy Benefit	Prior Authorization Required
SYNDROS	SOL 5MG/ML	Pharmacy Benefit	Prior Authorization Required
TABRECTA	TAB 150MG	Pharmacy Benefit	Prior Authorization Required
TABRECTA	TAB 200MG	Pharmacy Benefit	Prior Authorization Required
TAFINLAR	CAP 50MG	Pharmacy Benefit	Prior Authorization Required
TAGRISSO	TAB 40MG	Pharmacy Benefit	Prior Authorization Required
TAGRISSO	TAB 80MG	Pharmacy Benefit	Prior Authorization Required
TALZENNA	CAP 0.25MG	Pharmacy Benefit	Prior Authorization Required
TALZENNA	CAP 1MG	Pharmacy Benefit	Prior Authorization Required
TARCEVA	TAB 150MG	Pharmacy Benefit	Prior Authorization Required
TARGRETIN	CAP 75MG	Pharmacy Benefit	Prior Authorization Required
TASIGNA	CAP 150MG	Pharmacy Benefit	Prior Authorization Required
TASIGNA	CAP 200MG	Pharmacy Benefit	Prior Authorization Required
TAVALISSE	TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
TAVALISSE	TAB 150MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
TAZVERIK	TAB 200MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
THALOMID	CAP 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
THALOMID	CAP 150MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
THALOMID	CAP 200MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
THALOMID	CAP 50MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
THIOGUANINE	POW	Pharmacy Benefit	Prior Authorization Required
TIBSOVO	TAB 250MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
TUKYSA	TAB 50MG	Pharmacy Benefit	Prior Authorization Required
TURALIO	CAP 200MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
UDENYCA	INJ 6MG/.6ML	Pharmacy Benefit	Prior Authorization Required
VALCHLOR	GEL 0.016%	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VARUBI	TAB 90MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VENCLEXTA	TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VENCLEXTA	TAB 10MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VENCLEXTA	TAB 50MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VENCLEXTA	TAB START PK	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VERZENIO	TAB 150MG	Pharmacy Benefit	Prior Authorization Required
VERZENIO	TAB 50MG	Pharmacy Benefit	Prior Authorization Required
VITRAKVI	CAP 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VITRAKVI	CAP 25MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VITRAKVI	SOL 20MG/ML	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VIZIMPRO	TAB 15MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VIZIMPRO	TAB 30MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VIZIMPRO	TAB 45MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
VOTRIENT	TAB 200MG	Pharmacy Benefit	Prior Authorization Required
XALKORI	CAP 200MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
XALKORI	CAP 250MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
XERMELO	TAB 250MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
XGEVA/PROLIA	INJ	Pharmacy Benefit	Prior Authorization Required
XOSPATA	TAB 40MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
XPOVIO	PAK 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit

XPOVIO	PAK 60MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
XPOVIO	PAK 80MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
XTANDI	CAP 40MG	Pharmacy Benefit	Prior Authorization Required
YONSA	TAB 125MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ZEJULA	CAP 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ZELBORAF	TAB 240MG	Pharmacy Benefit	Prior Authorization Required
ZIEXTENZO	INJ 6/0.6ML	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ZOLINZA	CAP 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ZYDELIG	TAB 100MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ZYDELIG	TAB 150MG	Pharmacy Benefit	Prior Authorization Required with Quantity Limit
ZYKADIA	CAP 150MG	Pharmacy Benefit	Prior Authorization Required
ZYTIGA	TAB 500MG	Pharmacy Benefit	Prior Authorization Required
ZYTIGA	TAB 250MG	Pharmacy Benefit	Prior Authorization Required
ABRAXANE		Medical Benefit	Auth Required
ACTIMMUNE		Medical Benefit	Diagnosis Driven Auth Required
ADCETRIS		Medical Benefit	Auth Required
ADRIAMYCIN		Medical Benefit	Auth Required
ADRUCIL		Medical Benefit	Auth Required
AFINITOR		Medical Benefit	Diagnosis Driven Auth Required
AKYNZEO (INJECTION)		Medical Benefit	Diagnosis Driven Auth Required
AKYNZEO (ORAL)		Medical Benefit	Diagnosis Driven Auth Required
ALIMTA		Medical Benefit	Auth Required
ALIQOPA		Medical Benefit	Auth Required
ALKERAN		Medical Benefit	Auth Required
ALOXI		Medical Benefit	Diagnosis Driven Auth Required
AREDIA		Medical Benefit	Diagnosis Driven Auth Required
ARRANON		Medical Benefit	Auth Required
ARZERRA		Medical Benefit	Auth Required
ASPARLAS		Medical Benefit	Auth Required
ATGAM		Medical Benefit	Diagnosis Driven Auth Required
BELEODAQ		Medical Benefit	Auth Required
BELRAPZO		Medical Benefit	Auth Required
BENDEKA		Medical Benefit	Auth Required
BESPO NSA		Medical Benefit	Auth Required
BICNU		Medical Benefit	Auth Required
BLENOXANE		Medical Benefit	Auth Required
BLINCYTO		Medical Benefit	Auth Required
BORTEZOMIB		Medical Benefit	Auth Required
BUSULFEX		Medical Benefit	Auth Required
CAMPTOSAR		Medical Benefit	Auth Required
CINVANTI		Medical Benefit	Diagnosis Driven Auth Required
CLOLAR		Medical Benefit	Auth Required
COSMEGEN		Medical Benefit	Auth Required
CYRAMZA		Medical Benefit	Auth Required
CYTOSAR-U		Medical Benefit	Auth Required
CYTOXAN		Medical Benefit	Diagnosis Driven Auth Required
DACOGN		Medical Benefit	Auth Required

DARZALEX	Medical Benefit	Auth Required
DAUNORUBICIN	Medical Benefit	Auth Required
DEPOCYT	Medical Benefit	Auth Required
DESFERAL	Medical Benefit	Diagnosis Driven Auth Required
DOXIL	Medical Benefit	Auth Required
DRONABINOL ORAL	Medical Benefit	Diagnosis Driven Auth Required
DTIC-DOME	Medical Benefit	Auth Required
ELIGARD	Medical Benefit	Diagnosis Driven Auth Required
ELITEK	Medical Benefit	Auth Required
ELLENCE	Medical Benefit	Auth Required
ELOXATIN	Medical Benefit	Auth Required
ELZONRIS	Medical Benefit	Auth Required
EMEND	Medical Benefit	Diagnosis Driven Auth Required
EMEND TRIPAK 125-80 MG CAP	Medical Benefit	Diagnosis Driven Auth Required
EMPLICITI	Medical Benefit	Auth Required
ERBITUX	Medical Benefit	Auth Required
ETHYOL	Medical Benefit	Auth Required
EVOMELA	Medical Benefit	Auth Required
FASLODEX	Medical Benefit	Auth Required
FIRMAGON	Medical Benefit	Auth Required
FLUDARA	Medical Benefit	Auth Required
FOLOTYN	Medical Benefit	Auth Required
FUDR	Medical Benefit	Auth Required
FULSILEV	Medical Benefit	Auth Required
GAMASTAN S/D	Medical Benefit	Diagnosis Driven Auth Required
GAZYVA	Medical Benefit	Auth Required
GEMZAR	Medical Benefit	Auth Required
HALAVEN	Medical Benefit	Auth Required
HERZUMA	Medical Benefit	Auth Required
HYCAMTIN	Medical Benefit	Auth Required
HYPERRHO/RHOGAM	Medical Benefit	Diagnosis Driven Auth Required
IDAMYCIN	Medical Benefit	Auth Required
IFEX	Medical Benefit	Auth Required
IMLYGIC	Medical Benefit	Auth Required
Inj crizanlizumab-tmca 5mg	Medical Benefit	Auth Required
Inj enfort vedo-ejfv 0.25mg	Medical Benefit	Auth Required
Inj fam-trastu deru-nxki 1mg	Medical Benefit	Auth Required
Inj luspatercept-aamt 0.25mg	Medical Benefit	Auth Required
Inj pegfilgrastim-bmez 0.5mg	Medical Benefit	Auth Required
Inj ruxience, 10 mg	Medical Benefit	Auth Required
Inj. infugem, 100 mg	Medical Benefit	Auth Required
Inj. xembify, 100 mg	Medical Benefit	Auth Required



Inj., evomela, 1 mg	Medical Benefit	Auth Required
INTRON-A	Medical Benefit	Diagnosis Driven Auth Required
INVANZ	Medical Benefit	Diagnosis Driven Auth Required
IRESSA	Medical Benefit	Auth Required
ISTODAX	Medical Benefit	Auth Required
IXEMPRA KIT	Medical Benefit	Auth Required
JEVTANA	Medical Benefit	Auth Required
KADCYLA	Medical Benefit	Auth Required
KANJINTI	Medical Benefit	Auth Required
KEPIVANCE	Medical Benefit	Auth Required
KYPROLIS	Medical Benefit	Auth Required
KYTRIL	Medical Benefit	Diagnosis Driven Auth Required
LEUCOVORIN	Medical Benefit	Auth Required
LEUKINE	Medical Benefit	Diagnosis Driven Auth Required
LEUSTATIN	Medical Benefit	Auth Required
LIPODOX	Medical Benefit	Auth Required
LUMOXITI	Medical Benefit	Auth Required
LUPRON DEPOT	Medical Benefit	Diagnosis Driven Auth Required
LUPRON INJECTION (SELF-ADMINISTERED)	Medical Benefit	Diagnosis Driven Auth Required
MARQIBO	Medical Benefit	Auth Required
MESNEX	Medical Benefit	Auth Required
METHOTREXATE	Medical Benefit	Diagnosis Driven Auth Required
MOZOBIL	Medical Benefit	Auth Required
MUSTARGEN	Medical Benefit	Auth Required
MUTAMYCIN	Medical Benefit	Auth Required
MVASI	Medical Benefit	Auth Required
MYLERAN	Medical Benefit	Auth Required
MYLOTARG	Medical Benefit	Auth Required
NAVELBINE	Medical Benefit	Auth Required
NEULASTA	Medical Benefit	Auth Required
NIPENT	Medical Benefit	Auth Required
NOVANTRONE	Medical Benefit	Auth Required
OGIVRI	Medical Benefit	Auth Required
ONCASPAR	Medical Benefit	Auth Required
ONCOVIN	Medical Benefit	Auth Required
ONIVYDE	Medical Benefit	Auth Required
ONTRUZANT	Medical Benefit	Auth Required
PARAPLATIN	Medical Benefit	Auth Required
PERJETA	Medical Benefit	Auth Required
PHOTOFRIN	Medical Benefit	Auth Required
PLATINOL	Medical Benefit	Auth Required
POLIVY	Medical Benefit	Auth Required
PORTRAZZA	Medical Benefit	Auth Required
POTELIGEO	Medical Benefit	Auth Required
PROLEUKIN	Medical Benefit	Auth Required
PROLIA	Medical Benefit	Diagnosis Driven Auth Required
RECLAST	Medical Benefit	Diagnosis Driven Auth Required

RELISTOR	Medical Benefit	Diagnosis Driven Auth Required
SANDOSTATIN	Medical Benefit	Diagnosis Driven Auth Required
SANDOSTATIN LAR	Medical Benefit	Diagnosis Driven Auth Required
SODIUM IODINE ORAL CAPSULE	Medical Benefit	Auth Required
SOMATULINE DEPOT	Medical Benefit	Diagnosis Driven Auth Required
SUPPRELIN LA	Medical Benefit	Auth Required
SYNRIBO	Medical Benefit	Auth Required
TAXOL	Medical Benefit	Auth Required
TAXOTERE	Medical Benefit	Auth Required
TEMODAR	Medical Benefit	Auth Required
THIOPLEX	Medical Benefit	Auth Required
THYROGEN	Medical Benefit	Auth Required
TICE	Medical Benefit	Auth Required
TORISEL	Medical Benefit	Auth Required
TRAZIMERA	Medical Benefit	Auth Required
TREANDA	Medical Benefit	Auth Required
TRELSTAR	Medical Benefit	Auth Required
TRISENOX	Medical Benefit	Auth Required
TRUXIMA	Medical Benefit	Auth Required
UDENYCA	Medical Benefit	Auth Required
VALSTAR	Medical Benefit	Auth Required
VANTAS	Medical Benefit	Auth Required
VARUBI	Medical Benefit	Diagnosis Driven Auth Required
VECTIBIX	Medical Benefit	Auth Required
VELBAN	Medical Benefit	Auth Required
VELCADE	Medical Benefit	Auth Required
VEPESID	Medical Benefit	Auth Required
VIDAZA	Medical Benefit	Auth Required
Vitrase	Medical Benefit	Auth Required
VUMON	Medical Benefit	Auth Required
VYXEOS	Medical Benefit	Auth Required
WINRHO SDF	Medical Benefit	Diagnosis Driven Auth Required
XELODA	Medical Benefit	Auth Required
XGEVA	Medical Benefit	Diagnosis Driven Auth Required
XOFIGO	Medical Benefit	Auth Required
YONDELIS	Medical Benefit	Auth Required
ZALTRAP	Medical Benefit	Auth Required
ZANOSAR	Medical Benefit	Auth Required
ZARXIO	Medical Benefit	Auth Required
ZEVALIN	Medical Benefit	Auth Required
ZINECARD	Medical Benefit	Auth Required
ZIRABEV	Medical Benefit	Auth Required
ZOLADEX	Medical Benefit	Diagnosis Driven Auth Required
ZOMETA 4MG/5ML	Medical Benefit	Diagnosis Driven Auth Required

Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Medicaid formulary.