

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



October 2020 Updates

The following changes to the Neighborhood Exchange 6Tier 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.

Product	Benefit	Description of Coding Change
AFLURIA QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
AFLURIA QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
AFLURIA QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
AFLURIA QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
AFLURIA QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
AFLURIA QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
ANORO ELLIPT AER 62.5-25	Pharmacy Benefit	Downtiering from non-preferred brand tier to preferred brand tier
BIMATOPROST OPTH SOLN 0.03%	Pharmacy Benefit	Uptiering product
CALCITRIOL OINT 3 MCG/GM	Pharmacy Benefit	Uptiering product
CYCLOBENZAPRINE HCL TAB 7.5 MG	Pharmacy Benefit	Terminating product from formulary
DICLOFENAC SODIUM GEL 1%	Pharmacy Benefit	Adding generic product to formulary
DIFLORASONE DIACETATE CREAM 0.05%	Pharmacy Benefit	Uptiering product
DIFLORASONE DIACETATE OINT 0.05%	Pharmacy Benefit	Uptiering product
DOVATO TAB 50-300MG	Pharmacy Benefit	Downtiering from non-preferred brand tier to preferred brand tier
DOXEPIN HCL CREAM 5%	Pharmacy Benefit	Uptiering product
DOXYCYCLINE MONOHYDRATE CAP 150 MG	Pharmacy Benefit	Terminating product from formulary
DOXYCYCLINE MONOHYDRATE CAP 75 MG	Pharmacy Benefit	Terminating product from formulary
DYMISTA SPR 137-50	Pharmacy Benefit	Terminating brand reference due to generic availability
ELIQUIS ST P TAB 5MG	Pharmacy Benefit	Adding product to formulary
ENBREL INJ 25MG	Pharmacy Benefit	Adding product to formulary
ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Pharmacy Benefit	Uptiering product
FLUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine

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FLUARIX QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUARIX QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUBLOK QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUBLOK QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUBLOK QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUCLVX QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUCLVX QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUCLVX QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUCLVX QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLULAVAL QUA INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLULAVAL QUA INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLULAVAL QUA INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUMIST QUAD SUS 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUMIST QUAD SUS 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUOROMETHOLONE OPTH SUSP 0.1%	Pharmacy Benefit	Terming product from formulary
FLUOXETINE HCL TAB 60 MG	Pharmacy Benefit	Terming product from formulary
FLUZONE HD INJ PF 19-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUZONE HD INJ PF 20-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUZONE QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUZONE QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUZONE QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUZONE QUAD INJ 2019-20	Pharmacy Benefit	Removing 2019-2020 Flu vaccine
FLUZONE QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUZONE QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
FLUZONE QUAD INJ 2020-21	Pharmacy Benefit	Adding 2020-2021 Flu vaccine
HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1%	Pharmacy Benefit	Terming product from formulary
HYDROCORTISONE OINT 1%	Pharmacy Benefit	Terming product from formulary
HYDROMORPHONE HCL TAB ER 24HR DETER 12 MG	Pharmacy Benefit	Adding product to formulary
HYDROMORPHONE HCL TAB ER 24HR DETER 16 MG	Pharmacy Benefit	Adding product to formulary
HYDROMORPHONE HCL TAB ER 24HR DETER 32 MG	Pharmacy Benefit	Adding product to formulary
HYDROMORPHONE HCL TAB ER 24HR DETER 8 MG	Pharmacy Benefit	Adding product to formulary
KETOCONAZOLE FOAM 2%	Pharmacy Benefit	Terming product from formulary
KETOPROFEN CAP 50MG	Pharmacy Benefit	Adding product to formulary
KETOPROFEN CAP 75MG	Pharmacy Benefit	Adding product to formulary
KETOPROFEN CAP ER 24HR 200 MG	Pharmacy Benefit	Terming product from formulary

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LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL)	Pharmacy Benefit	Terming product from formulary
LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL)	Pharmacy Benefit	Terming product from formulary
LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL)	Pharmacy Benefit	Terming product from formulary
LIDOCAINE HCL GEL 2%	Pharmacy Benefit	Terming product from formulary
METHENAMINE HIPPURATE TAB 1 GM	Pharmacy Benefit	Adding product to formulary
MIACALCIN INJ 200/ML	Pharmacy Benefit	Terming product from formulary
MOXEZA SOL 0.5%	Pharmacy Benefit	Terming brand reference due to generic availability
NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	Pharmacy Benefit	Adding product to formulary
POSACONAZOLE TAB DELAYED RELEASE 100 MG	Pharmacy Benefit	Uptiering product
SIRTURO TAB 20MG	Pharmacy Benefit	Adding product to formulary
SULCONAZOLE NITRATE CREAM 1%	Pharmacy Benefit	Adding product to formulary
TIVICAY PD TAB 5MG	Pharmacy Benefit	Add to formulary at preferred brand tier
TRAMADOL HCL TAB 100 MG	Pharmacy Benefit	Terming product from formulary
TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM	Pharmacy Benefit	Terming product from formulary
TUKYSA TAB 150MG	Pharmacy Benefit	New product to market being added to formulary
TUKYSA TAB 50MG	Pharmacy Benefit	New product to market being added to formulary
ZORTRESS TAB 0.25MG	Pharmacy Benefit	Terming brand reference due to generic availability
ZORTRESS TAB 0.5MG	Pharmacy Benefit	Terming brand reference due to generic availability
ZORTRESS TAB 0.75MG	Pharmacy Benefit	Terming brand reference due to generic availability
Injection, bimatoprost, intracameral implant, 1 mcg	Medical Benefit	Authorization Required
Injection, brexanolone, 1 mg	Medical Benefit	Authorization Required
Injection, daratumumab 10 mg and hyaluronidase-fihj	Medical Benefit	Authorization Required
Injection, eptinezumab-jjmr, 1 mg	Medical Benefit	Authorization Required
Injection, ferric derisomaltose, 10 mg	Medical Benefit	No Authorization Required
Injection, isatuximab-irfc, 10 mg	Medical Benefit	Authorization Required
Injection, meloxicam, 1 mg	Medical Benefit	Authorization Required
Injection, pemetrexed (Pemfexy), 10 mg	Medical Benefit	Authorization Required
Injection, romidepsin, non- lyophilized (e.g. liquid), 1 mg	Medical Benefit	Authorization Required

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Injection, sacituzumab govitecan-hziy, 10 mg	Medical Benefit	Authorization Required
Injection, teprotumumab-trbw, 10 mg	Medical Benefit	Authorization Required
Mitomycin pyelocalyceal instillation, 1 mg	Medical Benefit	Authorization Required

Please call Member Services at 1-855-321-9244 for pharmacy authorization requests or for further information on the Neighborhood Exchange formulary.