

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 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.

Drug Name	Benefit	Description of Coding Change
Ajovy	Pharmacy Benefit	Added Quantity Limit
ARIMIDEX TAB 1MG	Pharmacy Benefit	Added Prior Authorization Required
AROMASIN TAB 25MG	Pharmacy Benefit	Added Prior Authorization Required
Artificial Tears 0.1%/0.3%	Pharmacy Benefit	Added to Formulary
CASODEX TAB 50MG	Pharmacy Benefit	Added Prior Authorization Required
Clotrimazole Troches	Pharmacy Benefit	Added Quantity Limit
Dupixent Pen	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
EMEND SUS 125MG	Pharmacy Benefit	Added Prior Authorization Required
Emgality 100mg	Pharmacy Benefit	Removed from Formulary
Emgality 120mg	Pharmacy Benefit	Added Quantity Limit
ETOPOSIDE CAP 50MG	Pharmacy Benefit	Added Prior Authorization Required
Farxiga 5 and 10mg	Pharmacy Benefit	Added Quantity Limit
FEMARA TAB 2.5MG	Pharmacy Benefit	Added Prior Authorization Required
FLUTAMIDE CAP 125MG	Pharmacy Benefit	Added Prior Authorization Required
FULPHILA INJ 6/0.6ML	Pharmacy Benefit	Added Prior Authorization Required
GLEEVEC TAB 100MG	Pharmacy Benefit	Added Prior Authorization Required
GLEEVEC TAB 400MG	Pharmacy Benefit	Added Prior Authorization Required
GRANIX INJ 300/0.5	Pharmacy Benefit	Added Prior Authorization Required
GRANIX INJ 300/1ML	Pharmacy Benefit	Added Prior Authorization Required
GRANIX INJ 480/0.8	Pharmacy Benefit	Added Prior Authorization Required
GRANIX INJ 480/1.6	Pharmacy Benefit	Added Prior Authorization Required
HYCANTIN CAP 0.25MG	Pharmacy Benefit	Added Prior Authorization Required
HYCANTIN CAP 1MG	Pharmacy Benefit	Added Prior Authorization Required
Inqovi 35-100mg Tab	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
INTRON A INJ 10MU	Pharmacy Benefit	Added Prior Authorization Required
INTRON A INJ 18MU	Pharmacy Benefit	Added Prior Authorization Required
INTRON A INJ 18MU	Pharmacy Benefit	Added Prior Authorization Required
INTRON A INJ 25MU	Pharmacy Benefit	Added Prior Authorization Required
INTRON A INJ 50MU	Pharmacy Benefit	Added Prior Authorization Required
Invokana 100mg and 300mg	Pharmacy Benefit	Added Quantity Limit
Jardiance 10 and 25mg	Pharmacy Benefit	Added Quantity Limit
KOSELUGO CAP 10 MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit

KOSELUGO CAP 25MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
LEUKERAN TAB 2MG	Pharmacy Benefit	Added Prior Authorization Required
LUPR DEP-PED INJ 11.25MG	Pharmacy Benefit	Added Prior Authorization Required
LUPR DEP-PED INJ 11.25MG	Pharmacy Benefit	Added Prior Authorization Required
LUPR DEP-PED INJ 15MG	Pharmacy Benefit	Added Prior Authorization Required
LUPR DEP-PED INJ 3M 30MG	Pharmacy Benefit	Added Prior Authorization Required
LUPR DEP-PED INJ 7.5MG	Pharmacy Benefit	Added Prior Authorization Required
LUPRON DEPOT INJ 11.25MG	Pharmacy Benefit	Added Prior Authorization Required
LUPRON DEPOT INJ 22.5MG	Pharmacy Benefit	Added Prior Authorization Required
LUPRON DEPOT INJ 3.75MG	Pharmacy Benefit	Added Prior Authorization Required
LUPRON DEPOT INJ 30MG	Pharmacy Benefit	Added Prior Authorization Required
LUPRON DEPOT INJ 45MG	Pharmacy Benefit	Added Prior Authorization Required
LUPRON DEPOT INJ 7.5MG	Pharmacy Benefit	Added Prior Authorization Required
MATULANE CAP 50MG	Pharmacy Benefit	Added Prior Authorization Required
MESNEX INJ 1GM	Pharmacy Benefit	Added Prior Authorization Required
MESNEX TAB 400 MG	Pharmacy Benefit	Added Prior Authorization Required
Nayzilam	Pharmacy Benefit	Added to Formulary with Quantity Limit
NIVESTYM INJ 300/0.5	Pharmacy Benefit	Added Prior Authorization Required
NIVESTYM INJ 480/0.8	Pharmacy Benefit	Added Prior Authorization Required
NOLVADEX TAB 10MG	Pharmacy Benefit	Added Prior Authorization Required
OTC Differin Gel - Brand	Pharmacy Benefit	Add to Formulary without Restriction
PEMAZYRE TAB 13.5 MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
PEMAZYRE TAB 4.5 MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
PEMAZYRE TAB 9 MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
QINLOCK TAB 50MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
Ravicti	Pharmacy Benefit	Added Quantity Limit
Ravicti	Pharmacy Benefit	Added Quantity Limit
RETEVMO CAP 40MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
RETEVMO CAP 80MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
SANDOSTATIN INJ 100MCG	Pharmacy Benefit	Added Prior Authorization Required
SANDOSTATIN INJ 200MCG	Pharmacy Benefit	Added Prior Authorization Required
SANDOSTATIN INJ 50MCG/ML	Pharmacy Benefit	Added Prior Authorization Required
Steglatro 5 and 15mg	Pharmacy Benefit	Added Quantity Limit
TABLOID TAB 40MG	Pharmacy Benefit	Added Prior Authorization Required
TABRECTA TAB 150MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
TABRECTA TAB 200MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
TEMOZOLOMIDE CAP 100MG	Pharmacy Benefit	Added Prior Authorization Required
TEMOZOLOMIDE CAP 140MG	Pharmacy Benefit	Added Prior Authorization Required

TEMOZOLOMIDE CAP 180MG	Pharmacy Benefit	Added Prior Authorization Required
TEMOZOLOMIDE CAP 20MG	Pharmacy Benefit	Added Prior Authorization Required
TEMOZOLOMIDE CAP 250MG	Pharmacy Benefit	Added Prior Authorization Required
TEMOZOLOMIDE CAP 5MG	Pharmacy Benefit	Added Prior Authorization Required
Tivicay	Pharmacy Benefit	Updated Quantity Limit
Tivicay	Pharmacy Benefit	Added Quantity Limit
TRETINOIN /Vesanoid CAP 10MG	Pharmacy Benefit	Added Prior Authorization Required
TUKYSA TAB 150 MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
TUKYSA TAB 50 MG	Pharmacy Benefit	Added Prior Authorization Required with Quantity Limit
TYKERB TAB 250MG	Pharmacy Benefit	Added Prior Authorization Required
Valtoco	Pharmacy Benefit	Added to Formulary with Quantity Limit
Vimpat	Pharmacy Benefit	Added Quantity Limit
Vimpat (ST)	Pharmacy Benefit	Added Quantity Limit
XELODA TAB 150MG	Pharmacy Benefit	Added Prior Authorization Required
XELODA TAB 500MG	Pharmacy Benefit	Added Prior Authorization Required
ZARXIO INJ 300/0.5	Pharmacy Benefit	Added Prior Authorization Required
ZARXIO INJ 480/0.8	Pharmacy Benefit	Added Prior Authorization Required
Zolmitriptan/Zolmitriptan ODT	Pharmacy Benefit	Added Step Therapy and Quantity Limit
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
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 the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Medicaid formulary.