

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



November 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>
Acyclovir 5% cream	Pharmacy Benefit	Non Formulary with Quantity Limit
Anagrelide	Pharmacy Benefit	Added to Formulary with Prior Authorization
Ciprodex Susp	Pharmacy Benefit	Non Formulary with Quantity Limit
Clotrimazole Betamethasone cream	Pharmacy Benefit	Added Quantity Limit
Cresemba capsules	Pharmacy Benefit	Added Quantity Limit
CYCLOPHOSPHAMIDE CAP 25 MG	Pharmacy Benefit	Prior Authorization Required
CYCLOPHOSPHAMIDE CAP 50 MG	Pharmacy Benefit	Prior Authorization Required
CYCLOSPORINE CAP 100 MG	Pharmacy Benefit	Prior Authorization Required
DEFERASIROX TAB 180 MG	Pharmacy Benefit	Prior Authorization Required
DEFERASIROX TAB 360 MG	Pharmacy Benefit	Prior Authorization Required
DEFERASIROX TAB 90 MG	Pharmacy Benefit	Prior Authorization Required
DEFERASIROX TAB FOR ORAL SUSP 125 MG	Pharmacy Benefit	Prior Authorization Required
DEFERASIROX TAB FOR ORAL SUSP 250 MG	Pharmacy Benefit	Prior Authorization Required
DEFERASIROX TAB FOR ORAL SUSP 500 MG	Pharmacy Benefit	Prior Authorization Required
DEFERIPRONE (TWICE DAILY) TAB 1000 MG	Pharmacy Benefit	Prior Authorization Required
DEFERIPRONE ORAL SOLN 100 MG/ML	Pharmacy Benefit	Prior Authorization Required
Desonide 0.5% cream	Pharmacy Benefit	Added Quantity Limit
Desoximetasone 0.5% cream	Pharmacy Benefit	Non Formulary with Quantity Limit
Dexamethasone 0.1% Ophthalmic solution	Pharmacy Benefit	Added Quantity Limit
Diclofenac Dis 1.3% Patch	Pharmacy Benefit	Non Formulary with Quantity Limit
Diflorasone diacetate cream and ointment	Pharmacy Benefit	Non Formulary with Quantity Limit
Doxepin 5% cream	Pharmacy Benefit	Non Formulary with Quantity Limit
Doxycycline Tablets/Capsules	Pharmacy Benefit	Added Quantity Limit
Erythromycin Ointment	Pharmacy Benefit	Added Quantity Limit
Nivestym	Pharmacy Benefit	Prior Authorization Required

Fluorouracil 5% cream	Pharmacy Benefit	Added Quantity Limit
Flurandrenolide 0.05% lotion	Pharmacy Benefit	Non Formulary with Quantity Limit
Gentamicin 0.3% Ophthalmic solution	Pharmacy Benefit	Added Quantity Limit
Hydrocortisone Butyrate 0.1% Lotion	Pharmacy Benefit	Non Formulary with Quantity Limit
Insulin Aspart Pens and Vials	Pharmacy Benefit	Added to the formulary without restriction
LEUPROLIDE ACETATE INJ KIT 5 MG/ML	Pharmacy Benefit	Prior Authorization Required
Medroxyprogesterone Injectable	Pharmacy Benefit	Added Quantity Limit
MELPHALAN TAB 2 MG	Pharmacy Benefit	Prior Authorization Required
METHOXSALEN RAPID CAP 10 MG	Pharmacy Benefit	Prior Authorization Required
Mupirocin 2% cream	Pharmacy Benefit	Non Formulary with Quantity Limit
Naproxen Suspension	Pharmacy Benefit	Added Step Therapy
NILUTAMIDE TAB 150 MG	Pharmacy Benefit	Prior Authorization Required
Nystatin Suspension	Pharmacy Benefit	Added Quantity Limit
Oxiconazole NT 1% cream	Pharmacy Benefit	Non Formulary with Quantity Limit
Palforzia	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
PEGINTERFERON ALFA-2B FOR INJ KIT 50 MCG/0.5ML	Pharmacy Benefit	Prior Authorization Required
SELINEXOR TAB THERAPY PACK 20 MG (40 MG ONCE WEEKLY)	Pharmacy Benefit	Prior Authorization Required
SELINEXOR TAB THERAPY PACK 20 MG (40 MG TWICE WEEKLY)	Pharmacy Benefit	Prior Authorization Required
SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY)	Pharmacy Benefit	Prior Authorization Required
Semglee Pens and Vials	Pharmacy Benefit	Added to the formulary without restriction
Solosec	Pharmacy Benefit	Changed from Prior Authorization to Step Therapy
Targretin gel 1%	Pharmacy Benefit	Non Formulary with Quantity Limit
Tobradex Ointment	Pharmacy Benefit	Non Formulary with Quantity Limit
Tobramycin 0.3% Ophthalmic solution	Pharmacy Benefit	Added Quantity Limit
TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Vancomycin 125mg and 250mg	Pharmacy Benefit	Non Formulary with Quantity Limit
ZTLido 1.8% Pad	Pharmacy Benefit	Non Formulary with Quantity Limit

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