

Neighborhood Health Plan of Rhode Island
Formulary Change Document



July 2021 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.

Drug Name	Benefit	Description of coding change
ALINIA TAB 500MG	Pharmacy Benefit	Removed Brand from Formulary
AMITIZA CAP 24MCG	Pharmacy Benefit	Removed Brand from Formulary
AMITIZA CAP 8MCG	Pharmacy Benefit	Removed Brand from Formulary
CARISOPRODOL 250MG	Pharmacy Benefit	Removed from Formulary
EFAVIRENZ-EMTRICITABINE- TENOFVIR DF TAB 600-200-300 MG	Pharmacy Benefit	Added Product to Formulary with Quantity Limit
SAPHRIS SUB 10MG	Pharmacy Benefit	Removed Brand from Formulary
SAPHRIS SUB 5MG	Pharmacy Benefit	Removed Brand from Formulary
SAPHRIS SUB 2.5MG	Pharmacy Benefit	Removed Brand from Formulary
SKLICE LOT 0.5%	Pharmacy Benefit	Removed Brand from Formulary
TRUVADA TAB 100-150	Pharmacy Benefit	Removed Brand from Formulary
TRUVADA TAB 133-200	Pharmacy Benefit	Removed Brand from Formulary
TRUVADA TAB 167-250	Pharmacy Benefit	Removed Brand from Formulary
ZOMIG SPR 2.5MG	Pharmacy Benefit	Removed Brand from Formulary
ZOMIG SPR 5MG	Pharmacy Benefit	Removed Brand from Formulary
ZYTIGA 500MG	Pharmacy Benefit	Removed Brand from Formulary

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Medical Benefit

HCPCS CODE	HCPCS CODE DESCRIPTION	CODING
C9075	INJECTION CASIMERSEN 10 MG	Auth Required
C9076	LISOCABTAGENE MARALEUCCEL PER TX DOS	Auth Required
C9077	INJ CABOTEGRAVIR & RPV 2 MG/3 MG	No Auth Required
C9078	INJECTION TRILACICLIB 1 MG	Auth Required
C9079	INJECTION EVINACUMAB-DGNB 5 MG	Auth Required
C9080	INJ MELPHALAN FLUFENAMIDE HCL 1 MG	Auth Required
J0224	INJECTION LUMASIRAN 0.5 MG	Auth Required
J1951	INJ LEU AC FOR DEP SUSP 0.25 MG	Auth Required
J7168	PRT CMPLX CONC KCNTRA PR IU FIX ACT	Auth Required
J9348	INJECTION NAXITAMAB-GQGK 1 MG	Auth Required
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Auth Required
Q5123	INJ RITUXIMAB-ARRX BIOSIMILAR 10 MG	Auth Required
Q0247	injection, sotrovimab 500mg	No Auth Required
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	No Auth Required
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	No Auth Required
Q0244	injection, casirivimab and imdevimab, 1200mg	Not Covered

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