

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



July 2021 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                                   |
|------------|------------------|----------------------------------------------------------------|
| Bronchitol | Pharmacy Benefit | Added to Formulary with Prior Authorization and Quantity Limit |
| Cabenuva   | Pharmacy Benefit | Added to Formulary with Quantity Limit                         |
| Lupkynis   | Pharmacy Benefit | Added to Formulary with Prior Authorization and Quantity Limit |
| Verquvo    | Pharmacy Benefit | Added to Formulary with Prior Authorization and Quantity Limit |
| Zokinvy    | Pharmacy Benefit | Added to Formulary with Prior Authorization and Quantity Limit |

**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 | No Auth Required |

|       |                                              |             |
|-------|----------------------------------------------|-------------|
|       | during the covid-19 public health emergency  |             |
| Q0244 | injection, casirivimab and imdevimab, 1200mg | Not Covered |

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