

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 2021 Updates:

The following changes to the Neighborhood Commercial 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
AZOPT SUS 1% OP	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
BIMATOPROST OPTH SOLN 0.03%	Pharmacy Benefit	Removing product from Formulary
DARAPRIM TAB 25MG	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 100 MG	Pharmacy Benefit	Removing product from Formulary
EXELDERM SOL 1%	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML	Pharmacy Benefit	Added Generic Product to Formulary with Quantity Limit
GLUCAGON KIT 1MG	Pharmacy Benefit	Added Generic product to Formulary
HYDROMORPHON SUP 3MG	Pharmacy Benefit	Removing product from Formulary
HYSINGLA ER TAB 100 MG	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
HYSINGLA ER TAB 120 MG	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
HYSINGLA ER TAB 20 MG	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
HYSINGLA ER TAB 30 MG	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
HYSINGLA ER TAB 40 MG	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)

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HYSINGLA ER TAB 60 MG	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
HYSINGLA ER TAB 80 MG	Pharmacy Benefit	Added Generic product to Formulary (Brand Product Removed)
LOPINAVIR-RITONAVIR TAB 100-25 MG	Pharmacy Benefit	Added Generic Product to Formulary with Quantity Limit
LOPINAVIR-RITONAVIR TAB 200-50 MG	Pharmacy Benefit	Added Generic Product to Formulary with Quantity Limit
METHYLPHENIDATE HCL TAB ER 24HR 18 MG	Pharmacy Benefit	Removing product from Formulary
METHYLPHENIDATE HCL TAB ER 24HR 27 MG	Pharmacy Benefit	Removing product from Formulary
METHYLPHENIDATE HCL TAB ER 24HR 36 MG	Pharmacy Benefit	Removing product from Formulary
METHYLPHENIDATE HCL TAB ER 24HR 54 MG	Pharmacy Benefit	Removing product from Formulary
SKYRIZI INJ 150MG/ML	Pharmacy Benefit	Added Product to Formulary with Prior Authorization and Quantity Limit
SKYRIZI PEN INJ 150MG/ML	Pharmacy Benefit	Added Product to Formulary with Prior Authorization and Quantity Limit
THEO-24 CAP 100MG CR	Pharmacy Benefit	Removing product from Formulary
THEO-24 CAP 200MG CR	Pharmacy Benefit	Removing product from Formulary
THEO-24 CAP 300MG CR	Pharmacy Benefit	Removing product from Formulary
THEO-24 CAP 400MG ER	Pharmacy Benefit	Removing product from Formulary
Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Medical Benefit	No Authorization Required
Idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical Benefit	Authorization Required
Injection, amivantamab-vmjw, 10 mg	Medical Benefit	Authorization Required
Injection, cabotegravir and rilpivirine, 2mg/3mg	Medical Benefit	No Authorization Required
Injection, casimersen, 10 mg	Medical Benefit	Authorization Required
Injection, cefiderocol, 10 mg	Medical Benefit	No Authorization Required
Injection, dostarlimab-gxly, 100 mg	Medical Benefit	Authorization Required

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Injection, evinacumab-dgnb, 5mg	Medical Benefit	Authorization Required
Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron	Medical Benefit	No Authorization Required
Injection, loncastuximab tesirine-lpyl, 0.1 mg	Medical Benefit	Authorization Required
Injection, melphalan flufenamide, 1mg	Medical Benefit	Authorization Required
Injection, oritavancin (kimyrsa), 10 mg	Medical Benefit	No Authorization Required
Injection, romidepsin, lyophilized, 0.1 mg	Medical Benefit	Authorization Required
Injection, romidepsin, non-lyophilized, 0.1 mg	Medical Benefit	Authorization Required
Injection, trilaciclib, 1mg	Medical Benefit	Authorization Required
Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Medical Benefit	Authorization Required
Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, each	Medical Benefit	No Authorization Required

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