

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 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
Asenapine	Pharmacy Benefit	Added to Formulary
Asmanex HFA	Pharmacy Benefit	Added Quantity Limit
Ayvakit tab 25 mg	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Ayvakit tab 50 mg	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Baraclude Solution 0.05mg/ml	Pharmacy Benefit	Added Quantity Limit
Cosentyx inj 75 mg/0.5	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Entecavir tab 0.5 mg	Pharmacy Benefit	Added Quantity Limit
Entecavir tab 1 mg	Pharmacy Benefit	Added Quantity Limit
FERRIPROX TAB 500MG	Pharmacy Benefit	Brand Product Removed from Formulary
Ferriprox Tab 1000mg	Pharmacy Benefit	Removed from Formulary
Flovent Diskus	Pharmacy Benefit	Added Quantity Limit
Nurtec ODT	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Phexxi	Pharmacy Benefit	Added Quantity Limit (Continues to be Non Formulary)
Pulmicort Inhaler	Pharmacy Benefit	Added Quantity Limit
Ubrelyv	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Valganciclovir 450 mg	Pharmacy Benefit	Added Quantity Limit
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
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 the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Medicaid formulary.