

Neighborhood Health Plan of Rhode Island
Formulary Change Document



January 2022 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
Formulary Product Removal		
APTOM TAB 200MG	Pharmacy Benefit	Removing product from Formulary
APTOM TAB 400MG	Pharmacy Benefit	Removing product from Formulary
APTOM TAB 600MG	Pharmacy Benefit	Removing product from Formulary
APTOM TAB 800MG	Pharmacy Benefit	Removing product from Formulary
BANZEL TAB 200MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
BANZEL TAB 400MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
BENAZEP/HCTZ TAB 5-6.25	Pharmacy Benefit	Removing product from Formulary
BEPREVE DRO 1.5%	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
BRIVIACT INJ 50MG/5ML	Pharmacy Benefit	Removing product from Formulary
BRIVIACT SOL 10MG/ML	Pharmacy Benefit	Removing product from Formulary
BRIVIACT TAB 100MG	Pharmacy Benefit	Removing product from Formulary
BRIVIACT TAB 10MG	Pharmacy Benefit	Removing product from Formulary
BRIVIACT TAB 25MG	Pharmacy Benefit	Removing product from Formulary
BRIVIACT TAB 50MG	Pharmacy Benefit	Removing product from Formulary
BRIVIACT TAB 75MG	Pharmacy Benefit	Removing product from Formulary
CARB/LEVO TAB 10-100MG ORALLY DISINTEGRATING TAB	Pharmacy Benefit	Removing product from Formulary
CARB/LEVO TAB 25-100MG ORALLY DISINTEGRATING TAB	Pharmacy Benefit	Removing product from Formulary
CARB/LEVO TAB 25-250MG ORALLY DISINTEGRATING TAB	Pharmacy Benefit	Removing product from Formulary

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EDARBI TAB 40MG	Pharmacy Benefit	Removing product from Formulary
EDARBI TAB 80MG	Pharmacy Benefit	Removing product from Formulary
FML FORTE SUS 0.25% OP	Pharmacy Benefit	Removing product from Formulary
FYCOMPA SUS 0.5MG/ML	Pharmacy Benefit	Removing product from Formulary
FYCOMPA TAB 10MG	Pharmacy Benefit	Removing product from Formulary
FYCOMPA TAB 12MG	Pharmacy Benefit	Removing product from Formulary
FYCOMPA TAB 2MG	Pharmacy Benefit	Removing product from Formulary
FYCOMPA TAB 4MG	Pharmacy Benefit	Removing product from Formulary
FYCOMPA TAB 6MG	Pharmacy Benefit	Removing product from Formulary
FYCOMPA TAB 8MG	Pharmacy Benefit	Removing product from Formulary
HUMATROPE INJ 12MG	Pharmacy Benefit	Removing product from Formulary
HUMATROPE INJ 24MG	Pharmacy Benefit	Removing product from Formulary
HUMATROPE INJ 5MG	Pharmacy Benefit	Removing product from Formulary
HUMATROPE INJ 6MG	Pharmacy Benefit	Removing product from Formulary
HUMATROPEN MIS FOR 12MG	Pharmacy Benefit	Removing product from Formulary
HUMATROPEN MIS FOR 24MG	Pharmacy Benefit	Removing product from Formulary
HUMATROPEN MIS FOR 6MG	Pharmacy Benefit	Removing product from Formulary
HYOSCYAMINE SULFATE SL TAB 0.125 MG	Pharmacy Benefit	Removing product from Formulary
HYOSCYAMINE SULFATE TAB 0.125 MG	Pharmacy Benefit	Removing product from Formulary
HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Pharmacy Benefit	Removing product from Formulary
INCRUSE ELPT INH 62.5MCG	Pharmacy Benefit	Removing product from Formulary
INTELENCE TAB 100MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
INTELENCE TAB 200MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
KALETRA TAB 100-25MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
KALETRA TAB 200-50MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)

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LACTIC ACID LOT 10%	Pharmacy Benefit	Removing product from Formulary
LASTACAPT SOL 0.25%	Pharmacy Benefit	Removing product from Formulary
LIDOCAINE-PRILOCAINE CREAM KIT 2.5-2.5%	Pharmacy Benefit	Removing product from Formulary
LUPR DEP-PED INJ 11.25MG	Pharmacy Benefit	Removing product from Formulary
LUPR DEP-PED INJ 11.25MG (3 MONTH)	Pharmacy Benefit	Removing product from Formulary
LUPR DEP-PED INJ 15MG	Pharmacy Benefit	Removing product from Formulary
LUPR DEP-PED INJ 3M 30MG	Pharmacy Benefit	Removing product from Formulary
LUPR DEP-PED INJ 7.5MG	Pharmacy Benefit	Removing product from Formulary
MAXIDEX SUS 0.1% OP	Pharmacy Benefit	Removing product from Formulary
NEULASTA INJ 6MG/0.6M	Pharmacy Benefit	Removing product from Formulary
NEULASTA KIT 6MG/0.6M	Pharmacy Benefit	Removing product from Formulary
OSPHENA TAB 60MG	Pharmacy Benefit	Added Prior Authorization Requirement
OXYCONTIN TAB 10MG CR	Pharmacy Benefit	Removing product from Formulary
OXYCONTIN TAB 15MG CR	Pharmacy Benefit	Removing product from Formulary
OXYCONTIN TAB 20MG CR	Pharmacy Benefit	Removing product from Formulary
OXYCONTIN TAB 30MG CR	Pharmacy Benefit	Removing product from Formulary
OXYCONTIN TAB 40MG CR	Pharmacy Benefit	Removing product from Formulary
OXYCONTIN TAB 60MG CR	Pharmacy Benefit	Removing product from Formulary
OXYCONTIN TAB 80MG CR	Pharmacy Benefit	Removing product from Formulary
PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	Pharmacy Benefit	Removing product from Formulary outside of ACA age range
PERFOROMIST NEB 20MCG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
PRED MILD SUS 0.12% OP	Pharmacy Benefit	Removing product from Formulary
SUPREP BOWEL SOL PREP KIT	Pharmacy Benefit	Removing product from Formulary outside of ACA age range
SUTENT CAP 12.5MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
SUTENT CAP 25MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)

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SUTENT CAP 37.5MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
SUTENT CAP 50MG	Pharmacy Benefit	Removing Brand Product from Formulary (Generic Product Added)
TRACLEER TAB 32MG	Pharmacy Benefit	Removing product from Formulary
TRANDO/VERAP TAB 2-180 ER	Pharmacy Benefit	Removing product from Formulary
TRANDO/VERAP TAB 4-240 ER	Pharmacy Benefit	Removing product from Formulary
UDENYCA INJ 6MG/.6ML	Pharmacy Benefit	Removing product from Formulary
Utilization Management Changes		
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Pharmacy Benefit	Added Prior Authorization Required for Members Age 70 and Older
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Pharmacy Benefit	Added Prior Authorization Required for Members Age 70 and Older
BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG	Pharmacy Benefit	Added Prior Authorization Required for Members Age 70 and Older
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Pharmacy Benefit	Added Prior Authorization Required for Members Age 70 and Older
BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	Pharmacy Benefit	Added Prior Authorization Required for Members Age 70 and Older
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.064%	Pharmacy Benefit	Added Prior Authorization Requirement
CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	Pharmacy Benefit	Added Prior Authorization Requirement
CALCITRIOL OINT 3 MCG/GM	Pharmacy Benefit	Added Prior Authorization Requirement
CARISOPRODOL W/ ASPIRIN & CODEINE TAB 200-325-16 MG	Pharmacy Benefit	Added Prior Authorization Required for Members Age 70 and Older
Female Condoms	Pharmacy Benefit	Added Quantity Limits
GABAPENTIN CAP 100 MG	Pharmacy Benefit	Added High Dose Review
GABAPENTIN CAP 300 MG	Pharmacy Benefit	Added High Dose Review
GABAPENTIN CAP 400 MG	Pharmacy Benefit	Added High Dose Review
GABAPENTIN ORAL SOLN 250 MG/5ML	Pharmacy Benefit	Added High Dose Review
GABAPENTIN TAB 600 MG	Pharmacy Benefit	Added High Dose Review
GABAPENTIN TAB 800 MG	Pharmacy Benefit	Added High Dose Review

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GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Pharmacy Benefit	Added Quantity Limits
HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	Pharmacy Benefit	Added Quantity Limits
HYDROCODONE W/ HOMATROPINE TAB 5-1.5 MG	Pharmacy Benefit	Added Quantity Limits
HYDROCODONE W/ HOMATROPINE SYRUP 5-1.5 MG/5ML	Pharmacy Benefit	Added Quantity Limits
KETOCONAZOLE SHAMPOO 2%	Pharmacy Benefit	Added High Dose Review
MALATHION LOTION 0.5%	Pharmacy Benefit	Added Prior Authorization Requirement
OZEMPIC INJ 2/1.5ML	Pharmacy Benefit	Added Quantity Limits
OZEMPIC INJ 2/1.5ML	Pharmacy Benefit	Added Quantity Limits
OZEMPIC INJ 4MG/3ML	Pharmacy Benefit	Added Quantity Limits
PROMETH/COD SOL 6.25-10	Pharmacy Benefit	Added Quantity Limits
PROMETH/PE/ SYP CODEINE	Pharmacy Benefit	Added Quantity Limits
SPINOSAD SUS 0.9%	Pharmacy Benefit	Added Prior Authorization Requirement
TRULICITY INJ 0.75/0.5	Pharmacy Benefit	Added Quantity Limits
TRULICITY INJ 1.5/0.5	Pharmacy Benefit	Added Quantity Limits
TRULICITY INJ 3/0.5	Pharmacy Benefit	Added Quantity Limits
TRULICITY INJ 4.5/0.5	Pharmacy Benefit	Added Quantity Limits
TUZISTRA XR SUS	Pharmacy Benefit	Added Quantity Limits
VICTOZA INJ 18MG/3ML	Pharmacy Benefit	Added Quantity Limits
ZILEUTON ER TAB 600MG	Pharmacy Benefit	Added Prior Authorization Requirement

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