

Neighborhood Health Plan of Rhode Island
Formulary Change Document



February 2019 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	Pharmacy or Medical Benefit	Change
NDC: 55513077001 REPATHA PUSH INJ 420MG/3.5ML NDC: 55513076001 REPATHA SURE INJ 140MG/ML NDC: 55513076002 REPATHA SURE INJ 140MG/ML NDC: 55513075001 REPATHA INJ 140MG/ML	Pharmacy	Move to Non Formulary
NDC: 72511077001 REPATHA PUSH INJ 420MG/3.5ML NDC: 72511076001 REPATHA SURE INJ 140MG/ML NDC: 72511076002 REPATHA SURE INJ 140MG/ML NDC: 72511075001 REPATHA INJ 140MG/ML	Pharmacy	Add to Formulary Prior Authorization Required
Enoxaparin	Pharmacy	Remove Quantity Limits
Neupogen	Pharmacy	Remove from formulary
Nivestym	Pharmacy	Add to formulary
Neulasta	Pharmacy	Remove from formulary
Fulphila	Pharmacy	Add to Formulary
Nicotrol Inhaler	Pharmacy	Add to Formulary Prior Authorization Required
Nicotrol Nasal Spray	Pharmacy	Add to Formulary Prior Authorization Required
Felbamate	Pharmacy	Add to Formulary
Epidiolex	Pharmacy	Add to Formulary Prior Authorization Required
Diacomit	Pharmacy	Add to Formulary Prior Authorization Required
Ajovy	Pharmacy	Add to Formulary Prior Authorization Required
Emgality	Pharmacy	Add to Formulary Prior Authorization Required
Orilissa	Pharmacy	Add to Formulary Prior Authorization Required
Symdeko	Pharmacy	Add to Formulary Prior Authorization Required
Promacta	Pharmacy	Add to Formulary Prior Authorization Required
Braftovi	Pharmacy	Add to Formulary Prior Authorization Required
Mektovi	Pharmacy	Add to Formulary Prior Authorization Required
Zelboraf	Pharmacy	Add to Formulary Prior Authorization Required
Cotellic	Pharmacy	Add to Formulary Prior Authorization Required
Tafinlar	Pharmacy	Add to Formulary Prior Authorization Required
Mekinist	Pharmacy	Add to Formulary Prior Authorization Required
Banzel	Pharmacy	Add to Formulary
Dsuvia	Medical	Auth Required
Ablysinol	Medical	No Auth Required
Perseris Kit	Medical	Authorization Required
Andexxa	Medical	No Auth Required

Neupogen	Medical	Auth Required
Nivestym	Medical	No Auth Required
Neulasta/Neulasta OnPro	Medical	No Auth Required
Fulphila	Medical	No Auth Required
Udenyca	Medical	No Auth Required
Spinraza	Medical	Auth Required

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

