

Neighborhood Health Plan of Rhode Island
Formulary Change Document



August 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
PYRIMETHAMINE TAB 25MG	Pharmacy Benefit	Added Generic product to Formulary with Prior Authorization
SULCONAZOLE NITRATE SOLUTION 1%	Pharmacy Benefit	Added Generic product to Formulary with Quantity Limit
XELJANZ SOL 1MG/ML	Pharmacy Benefit	Added Product for Formulary with Prior Authorization and Quantity Limit
XTANDI TAB 40MG	Pharmacy Benefit	Added Product for Formulary with Prior Authorization and Quantity Limit
XTANDI TAB 80MG	Pharmacy Benefit	Added Product for Formulary with Prior Authorization and Quantity Limit

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