

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



September 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.

<b>Drug Name</b>	<b>Benefit</b>	<b>Description of Coding Change</b>
BEPOTASTINE BESILATE OPHTH SOLN 1.5%	Pharmacy Benefit	Added Generic product to Formulary with Step Therapy
COSENTYX INJ 75MG/0.5	Pharmacy Benefit	Added Product to Formulary with Prior Authorization and Quantity Limit
ETRAVIRINE TAB 100 MG	Pharmacy Benefit	Added Generic Product to Formulary with Quantity Limit
ETRAVIRINE TAB 200 MG	Pharmacy Benefit	Added Generic Product to Formulary with Quantity Limit
NEXTSTELLIS TAB 3-14.2MG	Pharmacy Benefit	Added Product to Formulary
TRIKAFTA TAB	Pharmacy Benefit	Added Product to 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.