

Neighborhood Health Plan of Rhode Island
Formulary Change Document



November 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
SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
UPTRAVI INJ 1800MCG	Pharmacy Benefit	Added to the Formulary with a Prior Authorization
FLUMIST QUAD SUS 2021-22	Pharmacy Benefit	Added to the Formulary
FLULAVAL QUA INJ 2021-22	Pharmacy Benefit	Added to the Formulary
AFLURIA QUAD INJ 2021-22 0.25ML	Pharmacy Benefit	Added to the Formulary
AFLURIA QUAD INJ 2021-22 0.5ML	Pharmacy Benefit	Added to the Formulary
AFLURIA QUAD INJ 2021-22 IM	Pharmacy Benefit	Added to the Formulary
FLUARIX QUAD INJ 2021-22	Pharmacy Benefit	Added to the Formulary
FLUAD QUADRI INJ 2021-22	Pharmacy Benefit	Added to the Formulary
FLUCLVX QUAD INJ 2021-22 0.5ML	Pharmacy Benefit	Added to the Formulary
FLUCLVX QUAD INJ 2021-22 IM	Pharmacy Benefit	Added to the Formulary
FLUZONE INJ 2021-22 0.7ML	Pharmacy Benefit	Added to the Formulary
FLUZONE QUAD INJ 2021-22 0.5ML	Pharmacy Benefit	Added to the Formulary
FLUZONE QUAD INJ 2021-22 IM	Pharmacy Benefit	Added to the Formulary
FLUBLOK QUAD INJ 2021-22	Pharmacy Benefit	Added to the Formulary
AFLURIA QUAD INJ 2020-21 IM	Pharmacy Benefit	Removed from the Formulary

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AFLURIA QUAD INJ 2020-21 0.25ML	Pharmacy Benefit	Removed from the Formulary
AFLURIA QUAD INJ 2020-21 0.5ML	Pharmacy Benefit	Removed from the Formulary
FLUAD INJ 2020-21 0.5ML	Pharmacy Benefit	Removed from the Formulary
FLUAD QUADRI INJ 0.5ML	Pharmacy Benefit	Removed from the Formulary
FLUARIX QUAD INJ 2020-21	Pharmacy Benefit	Removed from the Formulary
FLUBLOK QUAD INJ 2020-21	Pharmacy Benefit	Removed from the Formulary
FLUCLVX QUAD INJ 2020-21 0.5ML	Pharmacy Benefit	Removed from the Formulary
FLUCLVX QUAD INJ 2020-21 IM	Pharmacy Benefit	Removed from the Formulary
FLULAVAL QUA INJ 2020-21	Pharmacy Benefit	Removed from the Formulary
FLUMIST QUAD SUS 2020-21	Pharmacy Benefit	Removed from the Formulary
FLUZONE HD INJ PF 20-21	Pharmacy Benefit	Removed from the Formulary
FLUZONE QUAD INJ 2020-21 IM	Pharmacy Benefit	Removed from the Formulary
FLUZONE QUAD INJ 2020-21 0.5ML	Pharmacy Benefit	Removed from the Formulary

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