

Neighborhood Health Plan of Rhode Island
Formulary Change Document



September 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
SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Pharmacy	Added to Formulary with Prior Authorization and Quantity Limit
VILAZODONE HCL TAB 10 MG	Pharmacy	Added to Formulary
VILAZODONE HCL TAB 20 MG	Pharmacy	Added to Formulary
VILAZODONE HCL TAB 40 MG	Pharmacy	Added to Formulary
PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)	Pharmacy	Added to Formulary
PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)	Pharmacy	Added to Formulary
PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG	Pharmacy	Added to Formulary
BEXAROTENE GEL 1%	Pharmacy	Added to Formulary with Prior Authorization

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