

Neighborhood Health Plan of Rhode Island
Formulary Change Document



July 2019 Updates

The following changes to the Neighborhood Exchange 6T Individual 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.

Product	Formulary Changes
LORBRENA TAB 100MG	Add to Formulary with Authorization Required and Quantity Limit
LORBRENA TAB 25MG	Add to Formulary with Authorization Required and Quantity Limit
VIRAMUNE SUS 50MG/5ML	Removing From Formulary
ZYTIGA TAB 250MG	Removing From Formulary
RAPAFLO CAP 4MG	Removing From Formulary
RAPAFLO CAP 8MG	Removing From Formulary
CANASA SUP 1000MG	Removing From Formulary
ELIDEL CRE 1%	Removing From Formulary
FARESTON TAB 60MG	Removing From Formulary
RAPAMUNE SOL 1MG/ML	Removing From Formulary
SABRIL TAB 500MG	Removing From Formulary
SUBOXONE MIS 2-0.5MG	Removing From Formulary
SUBOXONE MIS 4-1MG	Removing From Formulary
SUBOXONE MIS 8-2MG	Removing From Formulary
SUBOXONE MIS 12-3MG	Removing From Formulary
GANIRELIX AC INJ 250/0.5	Removing From Formulary
RANEXA TAB 500MG	Removing From Formulary
RANEXA TAB 1000MG	Removing From Formulary
TEKTURN TAB 150MG	Removing From Formulary
TEKTURN TAB 300MG	Removing From Formulary
PRIMAQUINE TAB 26.3MG	Removing From Formulary
ERYTHROM ETH SUS 400/5ML	Adding Medication to Tier 2
ATROPINE SUL SOL 1% OP	Adding Medication to Tier 2
SOLIFENACIN TAB 5MG	Adding Medication to Tier 2
SOLIFENACIN TAB 10MG	Adding Medication to Tier 2
SUPREP BOWEL SOL PREP KIT	Moved Medication from Tier 4 to Tier 3

Please call Member Services at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Exchange formulary.