

Neighborhood Health Plan of Rhode Island
Formulary Change Document



May 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
ADCIRCA TAB 20MG	Brand Product moving to Non Formulary
Tadalafil 20mg	Formulary with Prior Authorization and Quantity Limit
AMPYRA TAB 10MG	Brand Product moving to Non Formulary
Dalfampridine 10mg	Formulary with Prior Authorization and Quantity Limit
BICNU INJ 100MG	Brand Product moving to Non Formulary
Carmustine Inj 100mg	Formulary without Authorization
INVANZ INJ 1GM	Brand Product moving to Non Formulary
Ertapenem Inj 1gm	Formulary without Authorization
SPORANOX SOL 10MG/ML	Brand Product moving to Non Formulary
Itraconazole Oral Solution 10mg/ml	Formulary with Prior Authorization
CIALIS TAB 2.5MG	Brand Product moving to Non Formulary
Tadalafil 2.5mg	Formulary with Prior Authorization and Quantity Limit
CIALIS TAB 5MG	Brand Product moving to Non Formulary
Tadalafil 5mg	Formulary with Prior Authorization and Quantity Limit
ONFI TAB 10MG	Brand Product moving to Non Formulary
Clobazam 10mg	Formulary with Prior Authorization
ONFI TAB 20MG	Brand Product moving to Non Formulary
Clobazam 20mg	Formulary with Prior Authorization
ONFI SUS 2.5MG/ML	Brand Product moving to Non Formulary
Clobazam Sus 2.5mg/ml	Formulary with Prior Authorization
FINACEA GEL 15%	Brand Product moving to Non Formulary
Azalaic Acid Gel 15%	Add to Formulary no restriction
PIMECROLIMUS CRE 1%	Add to Formulary no restriction
ARGATRB/NAACL INJ 50MG/50	Formulary no restriction
GANIRELIX AC INJ 250/0.5	Formulary with Prior Authorization
VIGABATRIN TAB 500MG	Formulary with Prior Authorization and Quantity Limit
BUPREN/NALOX MIS 8-2MG	Formulary with Quantity Limit
BUPREN/NALOX MIS 12-3MG	Formulary with Quantity Limit
BUPREN/NALOX MIS 2-0.5MG	Formulary with Quantity Limit
BUPREN/NALOX MIS 4-1MG	Formulary with Quantity Limit

Neighborhood Health Plan of Rhode Island
Formulary Change Document

RANOLAZINE TAB 500MG ER	Formulary with Step Therapy
RANOLAZINE TAB 1000MG	Formulary with Step Therapy
ALISKIREN TAB 150MG	Formulary no restriction
ALISKIREN TAB 300MG	Formulary no restriction
PRIMAQUINE TAB 26.3MG	Formulary no restriction

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