Neighborhood Health Plan of Rhode Island
Formulary Change Document

December 2025 Updates:

Drug Name	Benefit	Description of Coding Change
DEXCOM G7 MIS 15 DAY	Pharmacy Benefit	Adding product to formulary
DOPTELET SPR CAP 10MG	Pharmacy Benefit	Adding product to formulary
ELIQUIS CAP 0.15MG	Pharmacy Benefit	Adding product to formulary
ELIQUIS TAB 0.5MG	Pharmacy Benefit	Adding product to formulary
ELIQUIS TAB 1.5MG	Pharmacy Benefit	Adding product to formulary
ELIQUIS TAB 2MG	Pharmacy Benefit	Adding product to formulary
LABETALOL HCL TAB 400 MG	Pharmacy Benefit	Adding product to formulary
OTEZLA XR TAB 75MG	Pharmacy Benefit	Adding product to formulary
OTEZLA/XR TAB 28 DAY	Pharmacy Benefit	Adding product to formulary

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