Neighborhood Health Plan of Rhode Island
Formulary Change Document

March 2026 Updates:

Drug Name	Benefit	Description of Coding Change
PERAMPANEL SUSP 0.5 MG/ML	Pharmacy Benefit	Adding product to formulary
PHEXX GEL	Pharmacy Benefit	Adding product to formulary
TACROLIMUS INJ 5 MG/ML	Pharmacy Benefit	Adding product to formulary
VRAYLAR CAP 0.5MG	Pharmacy Benefit	Adding product to formulary
VRAYLAR CAP 0.75MG	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.