

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



July 2026 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.

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

<b>Drug Name</b>	<b>Benefit</b>	<b>Description of Coding Change</b>
BIMATOPROST OPTH SOLN 0.01%	Pharmacy Benefit	Adding product to formulary
COSENTYX INJ 125/5ML	Pharmacy Benefit	Adding product to formulary
FYCOMPA SUS 0.5MG/ML	Pharmacy Benefit	Removing product due to generic availability
GLEOSTINE CAP 10MG	Pharmacy Benefit	Removing product due to generic availability
GLEOSTINE CAP 40MG	Pharmacy Benefit	Removing product due to generic availability
GLEOSTINE CAP 100MG	Pharmacy Benefit	Removing product due to generic availability
INVEGA HAFYE INJ 1560MG	Pharmacy Benefit	Adding product to formulary
INVEGA SUST INJ 39/0.25	Pharmacy Benefit	Adding product to formulary
INVEGA SUST INJ 78/0.5ML	Pharmacy Benefit	Adding product to formulary
INVEGA SUST INJ 117/0.75	Pharmacy Benefit	Adding product to formulary
INVEGA SUST INJ 156MG/ML	Pharmacy Benefit	Adding product to formulary
INVEGA SUST INJ 234/1.5	Pharmacy Benefit	Adding product to formulary
INVEGA TRINZ INJ 273MG	Pharmacy Benefit	Adding product to formulary
INVEGA TRINZ INJ 410MG	Pharmacy Benefit	Adding product to formulary
INVEGA TRINZ INJ 546MG	Pharmacy Benefit	Adding product to formulary
INVEGA TRINZ INJ 819MG	Pharmacy Benefit	Adding product to formulary
LENALIDOMIDE CAPS 2.5 MG	Pharmacy Benefit	Adding product to formulary
LENALIDOMIDE CAP 5 MG	Pharmacy Benefit	Adding product to formulary
LENALIDOMIDE CAP 10 MG	Pharmacy Benefit	Adding product to formulary
LENALIDOMIDE CAP 15 MG	Pharmacy Benefit	Adding product to formulary
LENALIDOMIDE CAP 20 MG	Pharmacy Benefit	Adding product to formulary
LENALIDOMIDE CAP 25 MG	Pharmacy Benefit	Adding product to formulary
MANNITOL INJ 20%	Pharmacy Benefit	Removing product from formulary
MILNACIPRAN HCL TAB 100 MG	Pharmacy Benefit	Adding product to formulary
MILNACIPRAN HCL TAB 12.5 MG	Pharmacy Benefit	Adding product to formulary
MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK	Pharmacy Benefit	Adding product to formulary
MILNACIPRAN HCL TAB 25 MG	Pharmacy Benefit	Adding product to formulary

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MILNACIPRAN HCL TAB 50 MG	Pharmacy Benefit	Adding product to formulary
NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)	Pharmacy Benefit	Adding product to formulary
NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)	Pharmacy Benefit	Adding product to formulary
NITROGLYCERIN OINT 2%	Pharmacy Benefit	Adding product to formulary
POMALIDOMIDE CAP 1 MG	Pharmacy Benefit	Adding product to formulary
POMALIDOMIDE CAP 2 MG	Pharmacy Benefit	Adding product to formulary
POMALIDOMIDE CAP 3 MG	Pharmacy Benefit	Adding product to formulary
POMALIDOMIDE CAP 4 MG	Pharmacy Benefit	Adding product to formulary
SPRAVATO SOL 56MG DOS	Pharmacy Benefit	Adding product to formulary
SPRAVATO SOL 84MG DOS	Pharmacy Benefit	Adding product to formulary
TYRUKO CON 300/15ML	Pharmacy Benefit	Adding product to formulary
ZYLET SUS 0.5-0.3%	Pharmacy Benefit	Removing product due to generic availability