

Neighborhood Health Plan of Rhode Island
Formulary Change Document



December 2021 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.

Drug Name	Benefit	Description of Coding Change
PREVNAR 20 INJ	Pharmacy Benefit	Added to the Formulary
VAXNEUVANCE INJ	Pharmacy Benefit	Added to the Formulary
NEBIVOLOL TAB 2.5MG	Pharmacy Benefit	Added to the Formulary
NEBIVOLOL TAB 5MG	Pharmacy Benefit	Added to the Formulary
NEBIVOLOL TAB 10MG	Pharmacy Benefit	Added to the Formulary
NEBIVOLOL TAB 20MG	Pharmacy Benefit	Added to the Formulary
DIFLUPREDNAT OPTH EMU 0.05%	Pharmacy Benefit	Added to the Formulary
GAVILYTE-H KIT	Pharmacy Benefit	Removed from Formulary
PEG-PREP KIT	Pharmacy Benefit	Added to the Formulary
VARENICLINE TAB 0.5MG	Pharmacy Benefit	Added to the Formulary
VARENICLINE TAB 1MG	Pharmacy Benefit	Added to the Formulary
CLOBETASOL E CRE 0.05%	Pharmacy Benefit	Added to the Formulary with Quantity Limit
BOOSTRIX	Pharmacy Benefit	Added to the Formulary
QUADRACEL INJ	Pharmacy Benefit	Added to the Formulary
MENQUADFI INJ	Pharmacy Benefit	Added to the Formulary

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