

Neighborhood Health Plan of Rhode Island
Formulary Change Document



May 2022 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
AFINITOR DIS TAB 2MG	Pharmacy	Removed From the Formulary
AFINITOR DIS TAB 3MG	Pharmacy	Removed From the Formulary
AFINITOR DIS TAB 5MG	Pharmacy	Removed From the Formulary
AFINITOR TAB 10MG	Pharmacy	Removed From the Formulary
BETAINE ANHY POW	Pharmacy	Added Prior Authorization
BP WASH LIQ 2.5%	Pharmacy	Removed From the Formulary
BYSTOLIC TAB 10MG	Pharmacy	Removed From the Formulary
BYSTOLIC TAB 2.5MG	Pharmacy	Removed From the Formulary
BYSTOLIC TAB 20MG	Pharmacy	Removed From the Formulary
BYSTOLIC TAB 5MG	Pharmacy	Removed From the Formulary
CONCEPTROL GEL 4%	Pharmacy	Removed From the Formulary
DOXYCYCL HYC TAB 150MG DR	Pharmacy	Removed From the Formulary
DOXYCYCL HYC TAB 75MG DR	Pharmacy	Removed From the Formulary
DUREZOL EMU 0.05%	Pharmacy	Removed From the Formulary
MARAVIROC TAB 150MG	Pharmacy	Updated Quantity Limit
MARAVIROC TAB 300MG	Pharmacy	Updated Quantity Limit
MORPHINE SUL SUP 10MG	Pharmacy	Removed From the Formulary
MORPHINE SUL SUP 20MG	Pharmacy	Removed From the Formulary
MORPHINE SUL SUP 30MG	Pharmacy	Removed From the Formulary
MORPHINE SUL SUP 5MG	Pharmacy	Removed From the Formulary
PREDNISOLONE SOL 10MG/5ML	Pharmacy	Removed From the Formulary
PREDNISOLONE SOL 20MG/5ML	Pharmacy	Removed From the Formulary

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