

Neighborhood Health Plan of Rhode Island
Formulary Change Document



June 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
BENAZEP/HCTZ TAB 5-6.25	Pharmacy	Added to Formulary
CARB/LEVO TAB 10-100MG	Pharmacy	Added to Formulary
CARB/LEVO TAB 25-100MG	Pharmacy	Added to Formulary
CARB/LEVO TAB 25-250MG	Pharmacy	Added to Formulary
Deferiprone 1000mg Tab	Pharmacy	Added to Formulary with Prior Authorization
Descovy 120/15mg Tab	Pharmacy	Added to Formulary with Quantity Limit
ICOSAPENT CAP 1GM	Pharmacy	Removed from Formulary
Lacosamide	Pharmacy	Added to Formulary
Nylia Tab	Pharmacy	Added to Formulary
Phexxi	Pharmacy	Added to Formulary
Rinvoq 45mg Tab	Pharmacy	Added to Formulary with Prior Authorization and Quantity Limit
TRANDO/VERAP TAB 2-180 ER	Pharmacy	Added to Formulary
TRANDO/VERAP TAB 4-240 ER	Pharmacy	Added to Formulary
Zarah	Pharmacy	Removed from Formulary

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