

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



December 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.

<b>Drug Name</b>	<b>Benefit</b>	<b>Description of Coding Change</b>
CALQUENCE TAB 100MG	Pharmacy	Added to the formulary
DENGVAXIA SUS	Pharmacy	Added to the formulary
ICOSAPENT CAP 0.5GM	Pharmacy	Generic added to the formulary
IMBRUVICA SUS 70MG/ML	Pharmacy	Added to the formulary
ORKAMBI GRA 75-94MG	Pharmacy	Added to the formulary
SODIUM/POTAS SOL MAGNESIU	Pharmacy	Generic added to the formulary
TAZAROTENE GEL 0.05%	Pharmacy	Generic added to the formulary
TAZAROTENE GEL 0.1%	Pharmacy	Generic 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.