

Neighborhood Health Plan of Rhode Island
Formulary Change Document



February 2023 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
FINGOLIMOD CAP 0.5MG	Pharmacy	Generic added to the formulary
ESTRADIOL GEL 0.25MG	Pharmacy	Generic added to the formulary
ESTRADIOL GEL 1.25MG	Pharmacy	Generic added to the formulary
PENCICLOVIR CRE 1%	Pharmacy	Generic added to the formulary
T AFLUPROST SOL 0.0015%	Pharmacy	Generic added to the formulary
BASAGLAR INJ TEMPO PN	Pharmacy	Added to the formulary
MENVEO SOL	Pharmacy	Added to the formulary
CVS IVERMECT LOT 0.5%	Pharmacy	Adding OTC product to the formulary
CHANTIX PAK 1MG	Pharmacy	Removed brand product from the formulary
CHANTIX TAB 0.5& 1MG	Pharmacy	Removed brand product from the formulary
CHANTIX TAB 0.5MG	Pharmacy	Removed brand product from the formulary
CHANTIX TAB 1MG	Pharmacy	Removed brand product 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.