

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



May 2025 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
CLINDAMYCIN PHOSPHATE GEL 1%	Pharmacy Benefit	Adding product to formulary
CORLANOR TAB 5MG	Pharmacy Benefit	Removing product from formulary due to generic availability
CORLANOR TAB 7.5MG	Pharmacy Benefit	Removing product from formulary due to generic availability
EMFLAZA SUS 22.75/ML	Pharmacy Benefit	Removing product from formulary due to generic availability
LIDOCAINE HCL (CARDIAC) IV SOLN PREF SYR 100	Pharmacy Benefit	Adding product to formulary
PRADAXA CAP 75MG	Pharmacy Benefit	Removing product from formulary due to generic availability
SPRYCEL TAB 100MG	Pharmacy Benefit	Removing product from formulary due to generic availability
SPRYCEL TAB 140MG	Pharmacy Benefit	Removing product from formulary due to generic availability
SPRYCEL TAB 20MG	Pharmacy Benefit	Removing product from formulary due to generic availability
SPRYCEL TAB 50MG	Pharmacy Benefit	Removing product from formulary due to generic availability
SPRYCEL TAB 70MG	Pharmacy Benefit	Removing product from formulary due to generic availability
SPRYCEL TAB 80MG	Pharmacy Benefit	Removing product from formulary due to generic availability
TAZORAC CRE 0.05%	Pharmacy Benefit	Removing product from formulary due to generic availability
VICTOZA INJ 18MG/3ML	Pharmacy Benefit	Removing product from formulary due to generic availability

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