

Neighborhood Health Plan of Rhode Island
Formulary Change Document



June 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% (ONCE-DAILY)	Pharmacy Benefit	Removing product from formulary
RIVAROXABAN TAB 2.5 MG	Pharmacy Benefit	Adding product to formulary

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