

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



November 2020 Updates

The following changes to the Neighborhood Exchange 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.

Product	Benefit	Description of Coding Change
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Pharmacy Benefit	Adding generic product to formulary
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Pharmacy Benefit	Adding generic product to formulary with Prior Authorization and Quantity Limit
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Pharmacy Benefit	Adding generic product to formulary with Prior Authorization and Quantity Limit
IRINOTECAN INJ 300/15ML (20 MG/ML)	Pharmacy Benefit	Adding generic product to formulary
PEG 3350-KCL-NACL-NA SULFATE- NA ASCORBATE-C FOR SOLN 100 GM	Pharmacy Benefit	Adding generic product to formulary
TWIRLA DIS 120-30	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 Exchange formulary.