

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



March 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>
CARGLUMIC TAB 200MG	Pharmacy Benefit	Adding generic product to the formulary with Prior Authorization
ADAPALENE-BENZOYL PEROXIDE GEL 0.3-2.5%	Pharmacy Benefit	Adding generic product to the formulary with Step Therapy
BIKTARVY TAB	Pharmacy Benefit	Add to the Formulary with Quantity Limit
DEXLANSOPRAZ CAP 30MG DR	Pharmacy Benefit	Adding generic product to the formulary with Quantity Limit
DEXLANSOPRAZ CAP 60MG DR	Pharmacy Benefit	Adding generic product to the formulary with Quantity Limit
GLYCOPYRROLA SOL 1MG/5ML	Pharmacy Benefit	Adding generic product to the formulary
KERENDIA TAB 10MG	Pharmacy Benefit	Add to the Formulary with Prior Authorization
KERENDIA TAB 20MG	Pharmacy Benefit	Add to the Formulary with Prior Authorization

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