

Neighborhood Health Plan of Rhode Island
Formulary Change Document



April 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
MENEST TAB 2.5MG	Pharmacy Benefit	Adding product to formulary
TASIMELTEON CAP 20MG	Pharmacy Benefit	Adding generic product to formulary
BRIMONIDINE GEL 0.33%	Pharmacy Benefit	Adding generic product to formulary
PIRFENIDONE CAP 267MG	Pharmacy Benefit	Adding generic product to formulary
PRIORIX INJ	Pharmacy Benefit	Adding product to formulary
ROTARIX SUS	Pharmacy Benefit	Adding product to formulary
PREHEVBRIO SUS 10MCG/ML	Pharmacy Benefit	Adding product to formulary
PHOSPHOLINE SOL 0.125%OP	Pharmacy Benefit	Adding product to formulary
ACCU-CHEK MIS AVIVA	Pharmacy Benefit	Removing inactive product from formulary
ACCU-CHEK NANO SMARTVIEW	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.