

Neighborhood Health Plan of Rhode Island
Formulary Change Document



July 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
PRADAXA CAP 150MG	Pharmacy Benefit	Removing product due to generic availability
DENAVIR CRE 1%	Pharmacy Benefit	Removing product due to generic availability
ZIOPTAN DRO 0.0015%	Pharmacy Benefit	Removing product due to generic availability
HETLIOZ CAP 20MG	Pharmacy Benefit	Removing product due to generic availability
MIRVASO GEL 0.33%	Pharmacy Benefit	Removing product due to generic availability
ESBRIET CAP 267MG	Pharmacy Benefit	Removing product due to generic availability
QULIPTA TAB 10MG	Pharmacy Benefit	Adding product to formulary
QULIPTA TAB 30MG	Pharmacy Benefit	Adding product to formulary
QULIPTA TAB 60MG	Pharmacy Benefit	Adding product to formulary
SOD OXYBATE SOL 500MG/ML	Pharmacy Benefit	Adding product to formulary
POSACONAZOLE SUS 40MG/ML	Pharmacy Benefit	Adding generic product to formulary
MIRCERA INJ 120MCG	Pharmacy Benefit	Adding new strength of existing formulary product
POLIVY INJ 140MG	Pharmacy Benefit	Adding product to formulary
POLIVY INJ 30MG	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.