

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 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
ADALIMU-ADAZ INJ 40/0.4ML	Pharmacy Benefit	Adding product to formulary
ADALIMU-ADAZ INJ 40/0.4ML	Pharmacy Benefit	Adding product to formulary
ADALIMU-ADAZ INJ 40/0.4ML	Pharmacy Benefit	Adding product to formulary
ADALIMU-ADAZ INJ 40/0.4ML	Pharmacy Benefit	Adding product to formulary
ASTAGRAF XL CAP 0.5MG	Pharmacy Benefit	Adding product to formulary
ASTAGRAF XL CAP 1MG	Pharmacy Benefit	Adding product to formulary
ASTAGRAF XL CAP 5MG	Pharmacy Benefit	Adding product to formulary
AUBAGIO TAB 14MG	Pharmacy Benefit	Removing brand product due to generic availability
AUBAGIO TAB 7MG	Pharmacy Benefit	Removing brand product due to generic availability
CARDIZEM LA TAB 120MG	Pharmacy Benefit	Removing brand product due to generic availability
CELLCEPT CAP 250MG	Pharmacy Benefit	Adding product to formulary
CELLCEPT IV INJ 500MG	Pharmacy Benefit	Adding product to formulary
CELLCEPT SUS 200MG/ML	Pharmacy Benefit	Adding product to formulary
CELLCEPT TAB 500MG	Pharmacy Benefit	Adding product to formulary
CELONTIN CAP 300MG	Pharmacy Benefit	Removing brand product due to generic availability
ENVARUSUS XR TAB 0.75MG	Pharmacy Benefit	Adding product to formulary
ENVARUSUS XR TAB 1MG	Pharmacy Benefit	Adding product to formulary
ENVARUSUS XR TAB 4MG	Pharmacy Benefit	Adding product to formulary
FLUMIST QUAD SUS 2022-23	Pharmacy Benefit	Removing product from formulary
FLUMIST QUAD SUS 2023-24	Pharmacy Benefit	Adding product to formulary
FLUZONE QUAD INJ 2022-23	Pharmacy Benefit	Removing product from formulary
FLUZONE QUAD INJ 2023-24	Pharmacy Benefit	Adding product to formulary
HYRIMOZ INJ 10/0.1ML	Pharmacy Benefit	Adding product to formulary
HYRIMOZ INJ 20/0.2ML	Pharmacy Benefit	Adding product to formulary
HYRIMOZ INJ 40/0.4ML	Pharmacy Benefit	Adding product to formulary

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HYRIMOZ INJ 40/0.4ML	Pharmacy Benefit	Adding product to formulary
HYRIMOZ INJ 80/0.8ML	Pharmacy Benefit	Adding product to formulary
HYRIMOZ-CROH INJ UC SP	Pharmacy Benefit	Adding product to formulary
HYRIMOZ-PED INJ CROHNS	Pharmacy Benefit	Adding product to formulary
HYRIMOZ-PED INJ CROHNS	Pharmacy Benefit	Adding product to formulary
HYRIMOZ-PLAQ INJ PSORIASI	Pharmacy Benefit	Adding product to formulary
LATUDA TAB 120MG	Pharmacy Benefit	Removing brand product due to generic availability
LATUDA TAB 20MG	Pharmacy Benefit	Removing brand product due to generic availability
LATUDA TAB 40MG	Pharmacy Benefit	Removing brand product due to generic availability
LATUDA TAB 60MG	Pharmacy Benefit	Removing brand product due to generic availability
LATUDA TAB 80MG	Pharmacy Benefit	Removing brand product due to generic availability
MYFORTIC TAB 180MG	Pharmacy Benefit	Adding product to formulary
MYFORTIC TAB 360MG	Pharmacy Benefit	Adding product to formulary
NEORAL CAP 100MG	Pharmacy Benefit	Adding product to formulary
NEORAL CAP 25MG	Pharmacy Benefit	Adding product to formulary
NEORAL SOL 100MG/ML	Pharmacy Benefit	Adding product to formulary
NOXAFIL SUS 40MG/ML	Pharmacy Benefit	Removing brand product due to generic availability
NULOJIX INJ 250MG	Pharmacy Benefit	Adding product to formulary
PROGRAF CAP 0.5MG	Pharmacy Benefit	Adding product to formulary
PROGRAF CAP 1MG	Pharmacy Benefit	Adding product to formulary
PROGRAF CAP 5MG	Pharmacy Benefit	Adding product to formulary
PROGRAF GRA 0.2MG	Pharmacy Benefit	Adding product to formulary
PROGRAF GRA 1MG	Pharmacy Benefit	Adding product to formulary
RAPAMUNE SOL 1MG/ML	Pharmacy Benefit	Adding product to formulary
RAPAMUNE TAB 0.5MG	Pharmacy Benefit	Adding product to formulary
RAPAMUNE TAB 1MG	Pharmacy Benefit	Adding product to formulary
RAPAMUNE TAB 2MG	Pharmacy Benefit	Adding product to formulary
SANDIMMUNE CAP 100MG	Pharmacy Benefit	Adding product to formulary
SANDIMMUNE CAP 25MG	Pharmacy Benefit	Adding product to formulary
SANDIMMUNE INJ 50MG/ML	Pharmacy Benefit	Adding product to formulary
SUFLAVE SOL	Pharmacy Benefit	Adding product to formulary
TOLMETIN SOD CAP 400MG	Pharmacy Benefit	Adding product to formulary
ZORTRESS TAB 0.25MG	Pharmacy Benefit	Adding product to formulary
ZORTRESS TAB 0.5MG	Pharmacy Benefit	Adding product to formulary
ZORTRESS TAB 0.75MG	Pharmacy Benefit	Adding product to formulary
ZORTRESS TAB 1MG	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.