

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



May 2024 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>
ALPHAGAN P SOL 0.1%	Pharmacy Benefit	Removing product from formulary due to generic availability
DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	Pharmacy Benefit	Adding product to formulary
DEFLAZACORT TAB 6 MG	Pharmacy Benefit	Adding product to formulary
DEFLAZACORT TAB 18 MG	Pharmacy Benefit	Adding product to formulary
DEFLAZACORT TAB 30 MG	Pharmacy Benefit	Adding product to formulary
DEFLAZACORT TAB 36 MG	Pharmacy Benefit	Adding product to formulary
DEXAMETHASONE SODIUM PHOSPHATE INJ 4 MG/ML	Pharmacy Benefit	Adding product to formulary
HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Pharmacy Benefit	Adding product to formulary
NITROGLYCERIN OINT 0.4%	Pharmacy Benefit	Adding product to formulary
PERMETHRIN LOTION 1%	Pharmacy Benefit	Adding product to formulary
SPIRIVA CAP HANDIHLR	Pharmacy Benefit	Removing product from formulary due to generic availability
VOTRIENT TAB 200MG	Pharmacy Benefit	Removing product from formulary due to generic availability

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