

Neighborhood Health Plan of Rhode Island
Formulary Change Document



February 2025 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
HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	Pharmacy Benefit	Adding product to formulary
ITOVEBI TAB 3MG	Pharmacy Benefit	Adding product to formulary
ITOVEBI TAB 9MG	Pharmacy Benefit	Adding product to formulary
LOFEXIDINE HCL TAB 0.18 MG (BASE EQUIVALENT)	Pharmacy Benefit	Adding product to formulary
OMNIPOD 5 DX MIS POD G7G6	Pharmacy Benefit	Adding product to formulary
ZITHROMAX POW 1GM PAK	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.