

Neighborhood Health Plan of Rhode Island
Formulary Change Document



May 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 |
|---|------------------|---|
| CLINDAMYCIN PHOSPHATE GEL 1% | Pharmacy Benefit | Adding product to formulary |
| CORLANOR TAB 5MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| CORLANOR TAB 7.5MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| EMFLAZA SUS 22.75/ML | Pharmacy Benefit | Removing product from formulary due to generic availability |
| LIDOCAINE HCL (CARDIAC) IV SOLN PREF SYR 100 | Pharmacy Benefit | Adding product to formulary |
| PRADAXA CAP 75MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| SPRYCEL TAB 100MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| SPRYCEL TAB 140MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| SPRYCEL TAB 20MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| SPRYCEL TAB 50MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| SPRYCEL TAB 70MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| SPRYCEL TAB 80MG | Pharmacy Benefit | Removing product from formulary due to generic availability |
| TAZORAC CRE 0.05% | Pharmacy Benefit | Removing product from formulary due to generic availability |
| VICTOZA INJ 18MG/3ML | 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.