

Neighborhood Health Plan of Rhode Island
Formulary Change Document



January 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
ACTEMRA INJ ACTPEN	Pharmacy Benefit	Adding product to formulary
CARBAMAZEPINE CHEW TAB 200 MG	Pharmacy Benefit	Adding product to formulary
CARBAMAZEPINE SUSP 100 MG/5ML	Pharmacy Benefit	Adding product to formulary
DICLOFENAC POTASSIUM TAB 50 MG	Pharmacy Benefit	Removing hyperinflated NDC from formulary
DOXYLAMINE SUCCINATE (SLEEP) TAB 25 MG	Pharmacy Benefit	Removing hyperinflated NDC from formulary
EBGLYSS INJ 250/2ML	Pharmacy Benefit	Adding product to formulary
FEMLYV TAB 1/0.02MG	Pharmacy Benefit	Adding product to formulary
FLURBIPROFEN TAB 100 MG	Pharmacy Benefit	Removing hyperinflated NDC from formulary
ISONIAZID TAB 100 MG	Pharmacy Benefit	Removing hyperinflated NDC from formulary
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	Pharmacy Benefit	Adding product to formulary
PREDNISOLONE SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE)	Pharmacy Benefit	Adding product to formulary
ROSUVASTATIN CALCIUM TAB 40 MG	Pharmacy Benefit	Removing hyperinflated NDC from formulary
TIMOLOL OPHTH SOLN 0.5%	Pharmacy Benefit	Removing hyperinflated NDC from formulary
TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	Pharmacy Benefit	Removing hyperinflated NDC from formulary
TREMFYA INJ 200/20ML	Pharmacy Benefit	Adding product to formulary
TREMFYA INJ 200/2ML	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.