

Neighborhood Health Plan of Rhode Island
Formulary Change Document



February 2019 Updates

The following changes to the Neighborhood Exchange 6T Individual 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.

Product (generic)	Formulary Changes
AZELAIC ACID GEL 15%	ADD to formulary Tier 2
ABIRATERONE ACETATE TAB 250 MG	ADD to formulary with Quantity Limit of 120 tablets per 30 days
SILODOSIN CAP 4 MG	ADD to formulary Tier 2
SILODOSIN CAP 8 MG	ADD to formulary Tier 2
HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML	Medication Changed to Non-Formulary
HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	Medication Changed to Non-Formulary
BENZOYL PEROXIDE LIQ 10%	Medication Changed to Non-Formulary
NORDIPEN 5 MIS DEVICE	Medication Changed to Non-Formulary
NORDIPEN DEL MIS SYSTEM	Medication Changed to Non-Formulary
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	ADD to formulary Tier 2
ARSENIC TRIOXIDE INJ 10 MG/10ML (1 MG/ML)	Change from Tier 3 to Tier 2

Please call Member Services at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Exchange formulary.