

Neighborhood Health Plan of Rhode Island
Formulary Change Document



March 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
ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)	Add to Tier 4 with Prior Authorization if member is over 70 years old
POLYETHYLENE GLYCOL 3350 ORAL POWDER	Medication changed to Non Formulary due to lack of active FDA approved prescription NDCs in the marketplace
POLYETHYLENE GLYCOL 3350 ORAL POWDER	Adding to Tier 2 - OTC product to replace the prescription product that is no longer available in the market
POLYETHYLENE GLYCOL 3350 ORAL PACKET	Medication changed to Non Formulary due to lack of active FDA approved prescription NDCs in the marketplace
MESALAMINE SUPPOS 1000 MG	Add to Formulary Tier 2 with a Quantity Limit of 90 suppositories every 25 days
MORPHINE SULFATE SUPPOS 30 MG	Move from Formulary Tier 3 to Formulary Tier 2
POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL TABLETS 15 MEQ	Move from Formulary Tier 3 to Formulary Tier 2
ALBUTEROL SULFATE INHALER AEROSOL 108 MCG/ACT (90MCG BASE EQUIV)	Add to Formulary Tier 2 with a Quantity Limit of 2 inhalers every 25 days

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