

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



July 2019 Updates

The following changes to the Neighborhood Medicaid 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	Change
Sublocade	Add to formulary Authorization Required
VANCOMYCIN CAP 125MG	Remove from Formulary (Firvanq now preferred)
VANCOMYCIN CAP 250MG	Remove from Formulary (Firvanq now preferred)
NORETHINDRON TAB 0.35MG	Cover 365 day supply
MEDROXYPR AC INJ 150MG/ML	Cover 365 day supply
MEDROXYPR AC INJ 150MG/ML	Cover 365 day supply
LEVONORGESTR TAB 1.5MG	Cover 365 day supply
ELLA TAB 30MG	Cover 365 day supply
XULANE DIS 150-35	Cover 365 day supply
NUVARING MIS	Cover 365 day supply
APRI TAB	Cover 365 day supply
DROSPIR/ETHI TAB 3-0.03MG	Cover 365 day supply
ETHY ETH EST TAB 1-35	Cover 365 day supply
ETHYNODIOL TAB 1-50	Cover 365 day supply
LEVONOR/ETHI TAB 0.1-0.02	Cover 365 day supply
LEVORA-28 TAB 0.15/30	Cover 365 day supply
NECON TAB 0.5/35	Cover 365 day supply
NECON TAB 1/35	Cover 365 day supply
NORETH/ETHIN TAB 1/20	Cover 365 day supply
MICROGESTIN TAB 1.5/30	Cover 365 day supply
NECON TAB 1/50-28	Cover 365 day supply
LOW-OGESTREL TAB	Cover 365 day supply
OGESTREL TAB	Cover 365 day supply
NORGEST/ETHI TAB 0.25/35	Cover 365 day supply
MICROGESTIN TAB FE 1/20	Cover 365 day supply
MICROGESTIN TAB FE1.5/30	Cover 365 day supply
AZURETTE TAB 28 DAY	Cover 365 day supply
NECON TAB 10/11-21	Cover 365 day supply
VELIVET PAK	Cover 365 day supply
TRIVORA-28 TAB	Cover 365 day supply
NORTREL TAB 7/7/7	Cover 365 day supply
ARANELLE TAB	Cover 365 day supply
TRI-LO- TAB SPRINTec	Cover 365 day supply
TRI-SPRINTec TAB	Cover 365 day supply
QUASENSE TAB	Cover 365 day supply

Letairis	Remove Brand From Formulary
Ambrisentan	Add Generic to Formulary, Authorization Required
Tarceva	Remove Brand From Formulary
Erlotinib	Add Generic to Formulary

Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Integrity formulary.