

Neighborhood Health Plan of Rhode Island
Formulary Change Document



November 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
ADACEL INJ	Pharmacy Benefit	Adding product to formulary
BOSENTAN TAB FOR ORAL SUSP 32 MG	Pharmacy Benefit	Adding product to formulary
COMIRNATY 5- INJ 11/25-26	Pharmacy Benefit	Adding product to formulary
COMIRNATY INJ 2024-25	Pharmacy Benefit	Removing product from formulary
COMIRNATY INJ 30/.3ML	Pharmacy Benefit	Adding product to formulary
ENFLONSIA INJ 105MG	Pharmacy Benefit	Adding product to formulary
ENTYVIO PEN INJ 108/0.68	Pharmacy Benefit	Adding product to formulary
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT	Pharmacy Benefit	Adding product to formulary
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT	Pharmacy Benefit	Adding product to formulary
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT	Pharmacy Benefit	Adding product to formulary
LITFULO CAP 50MG	Pharmacy Benefit	Adding product to formulary
MNEXSPIKE INJ 2025-26	Pharmacy Benefit	Adding product to formulary
NOVAVAX INJ 2024-25	Pharmacy Benefit	Removing product from formulary
NUVAXOVID INJ 2025-26	Pharmacy Benefit	Adding product to formulary
OLUMIANT TAB 1MG	Pharmacy Benefit	Adding product to formulary
OLUMIANT TAB 2MG	Pharmacy Benefit	Adding product to formulary
OLUMIANT TAB 4MG	Pharmacy Benefit	Adding product to formulary
PENMENVY INJ	Pharmacy Benefit	Adding product to formulary
PFIZER 5-11Y INJ 2024-25	Pharmacy Benefit	Removing product from formulary
PREZCOBIX TAB 675/150	Pharmacy Benefit	Adding product to formulary
PYZCHIVA INJ 45/0.5ML	Pharmacy Benefit	Adding product to formulary
SCEMBLIX TAB 20MG	Pharmacy Benefit	Adding product to formulary
SCEMBLIX TAB 40MG	Pharmacy Benefit	Adding product to formulary
SCEMBLIX TAB 100MG	Pharmacy Benefit	Adding product to formulary
SKYRIZI for Psoriasis or Psoriatic Arthritis*	Pharmacy Benefit	Removing product from formulary
TREMFYA INJ 100MG/ML	Pharmacy Benefit	Adding product to formulary
TRUQAP PAK 160MG	Pharmacy Benefit	Adding product to formulary
TRUQAP PAK 200MG	Pharmacy Benefit	Adding product to formulary
TRUQAP TAB 160MG	Pharmacy Benefit	Adding product to formulary
TRUQAP TAB 200MG	Pharmacy Benefit	Adding product to formulary
VAQTA INJ 25/0.5ML	Pharmacy Benefit	Adding product to formulary
VAQTA INJ 50UNT/ML	Pharmacy Benefit	Adding product to formulary

* SKYRIZI for Ulcerative Colitis or Crohn's Disease will remain on formulary. Please reference the formulary for applicable utilization management criteria.

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Please call Member Services at 1-855-321-9244 for pharmacy authorization requests or for further information on the Neighborhood Commercial formulary.