

Neighborhood Health Plan of Rhode Island
Formulary Change Document



April 2026 Updates:

Drug Name	Benefit	Description of Coding Change
SHINGRIX INJ 50/0.5ML	Pharmacy Benefit	Adding product to formulary
OSPOMYV INJ 60MG/ML	Pharmacy Benefit	Adding product to formulary
STOBOCLO INJ 60MG/ML	Pharmacy Benefit	Adding product to formulary
FASENRA PEN INJ 30MG/ML	Pharmacy Benefit	Adding product to formulary

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