Neighborhood Health Plan of Rhode Island
Formulary Change Document

November 2026 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.
Please call Member Services at 1-855-321-9244 for pharmacy authorization requests or for further information on the Neighborhood Commercial formulary.

Drug Name	Benefit	Description of Coding change
COMIRNATY 5- INJ 11/25-26	Pharmacy Benefit	Removing product from formulary
COMIRNATY 5- INJ 11/26-27	Pharmacy Benefit	Adding product to formulary
FREESTYLE LB MIS 3/READER	Pharmacy Benefit	Adding product to formulary
FREESTYLE LB MIS 3/READER	Pharmacy Benefit	Adding product to formulary
GWYN LO DIS 220-20	Pharmacy Benefit	Adding product to formulary
MNEXSPIKE INJ 2025-26	Pharmacy Benefit	Removing product from formulary
MNEXSPIKE INJ 2026-27	Pharmacy Benefit	Adding product to formulary
NUVAXOVID INJ 2025-26	Pharmacy Benefit	Removing product from formulary
NUVAXOVID INJ 2026-27	Pharmacy Benefit	Adding product to formulary
SPIKEVAX INJ 2025-26	Pharmacy Benefit	Removing product from formulary
SPIKEVAX INJ 2026-27	Pharmacy Benefit	Adding product to formulary
TRUQAP PAK 200MG	Pharmacy Benefit	Adding product to formulary