

Neighborhood Health Plan of Rhode Island
Formulary Change Document



December 2023 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
BREO ELLIPTA INH 50-25MCG	Pharmacy Benefit	Adding product to formulary
BRIMONIDINE TARTRATE OPTH SOLN 0.1%	Pharmacy Benefit	Adding product to formulary
COMIRNATY INJ 30/0.3ML	Pharmacy Benefit	Adding product to formulary
CRESEMBA CAP 74.5MG	Pharmacy Benefit	Adding product to formulary
ENOXAPARIN SODIUM INJ 150 MG/ML	Pharmacy Benefit	Adding product to formulary
FRAGMIN INJ 2500/ML	Pharmacy Benefit	Adding product to formulary
LITHIUM SOL 8MEQ/5ML	Pharmacy Benefit	Adding product to formulary
MODERNA INJ 6MO-11Y	Pharmacy Benefit	Adding product to formulary
NOVAVAX VAC INJ COVID-19	Pharmacy Benefit	Adding product to formulary
PAXLOVID TAB 150-100	Pharmacy Benefit	Adding product to formulary
PAXLOVID TAB 300-100	Pharmacy Benefit	Adding product to formulary
PFIZER 5-11Y INJ 2023-24	Pharmacy Benefit	Adding product to formulary
PFIZER 6M-4Y INJ 2023-24	Pharmacy Benefit	Adding product to formulary
SHUR-SEAL GEL 2%	Pharmacy Benefit	Removing product from formulary
SPIKEVAX INJ 50/0.5ML	Pharmacy Benefit	Adding product to formulary

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