

Neighborhood Health Plan of Rhode Island
Formulary Change Document



April 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
ADALIMU-ADAZ INJ 80/0.8ML	Pharmacy Benefit	Adding product to formulary
ADALIMU-FKJP KIT 20/0.4ML	Pharmacy Benefit	Adding product to formulary
ADALIMU-FKJP KIT 40/0.8ML	Pharmacy Benefit	Adding product to formulary
EBGLYSS INJ 250/2ML	Pharmacy Benefit	Adding product to formulary
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG	Pharmacy Benefit	Adding product to formulary
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG	Pharmacy Benefit	Adding product to formulary
FIASP PMPCRT INJ U-100	Pharmacy Benefit	Adding product to formulary
MESNA TAB 400 MG	Pharmacy Benefit	Adding product to formulary
TIMOLOL OPTH SOLN 0.5%	Pharmacy Benefit	Adding product to formulary
TOPIRAMATE SPRINKLE CAP 50 MG	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.