

Neighborhood Health Plan of Rhode Island
Formulary Change Document



June 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 |
|-----------------------|------------------|-------------------------------------|
| COBENFY CAP 100-20MG | Pharmacy Benefit | Adding product to formulary |
| COBENFY CAP 125-30MG | Pharmacy Benefit | Adding product to formulary |
| COBENFY CAP 50-20MG | Pharmacy Benefit | Adding product to formulary |
| COBENFY STRT CAP PACK | Pharmacy Benefit | Adding product to formulary |