

Neighborhood Health Plan of Rhode Island
Formulary Change Document



August 2022 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
PIRFENIDONE TAB 267 MG	Pharmacy	Added to Formulary with Prior Authorization and Quantity Limit
PIRFENIDONE TAB 801 MG	Pharmacy	Added to Formulary with Prior Authorization and Quantity Limit
NUCALA SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	Pharmacy	Added to Formulary with Prior Authorization and Quantity Limit
LACOSAMIDE ORAL SOLUTION 10 MG/ML	Pharmacy	Added to Formulary without restriction

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