

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



August 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
DEXCOM G7 MIS RECEIVER	Pharmacy Benefit	Adding product to formulary
DEXCOM G7 MIS SENSOR	Pharmacy Benefit	Adding product to formulary
KALYDECO GRA 13.4MG	Pharmacy Benefit	Adding new strength or formulation of existing formulary product
ORENITRAM TAB MONTH 1	Pharmacy Benefit	Adding new strength or formulation of existing formulary product
ORENITRAM TAB MONTH 2	Pharmacy Benefit	Adding new strength or formulation of existing formulary product
ORENITRAM TAB MONTH 3	Pharmacy Benefit	Adding new strength or formulation of existing formulary product
TRIKAFTA PAK 59.5MG	Pharmacy Benefit	Adding new strength or formulation of existing formulary product
TRIKAFTA PAK 75MG	Pharmacy Benefit	Adding new strength or formulation of existing formulary product
TRINATE TAB	Pharmacy Benefit	Adding product to formulary
PRENATAL 19 CHW TAB	Pharmacy Benefit	Adding product to formulary
PNV-SELECT TAB	Pharmacy Benefit	Adding product to formulary
INATAL GT TAB	Pharmacy Benefit	Adding product to formulary
METHSUXIMIDE CAP 300MG	Pharmacy Benefit	Adding new generic product to formulary
DARUNAVIR TAB 600MG	Pharmacy Benefit	Adding new generic product to formulary
DARUNAVIR TAB 800MG	Pharmacy Benefit	Adding new generic product to formulary
PNV-DHA CAP	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.