

Neighborhood Health Plan of Rhode Island
Formulary Change Document



November 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
ABRYSVO INJ	Pharmacy Benefit	Adding product to formulary
AREXVY INJ 120MCG	Pharmacy Benefit	Adding product to formulary
BEYFORTUS INJ 100MG/ML	Pharmacy Benefit	Adding product to formulary
BEYFORTUS INJ 50/0.5ML	Pharmacy Benefit	Adding product to formulary
COSENTYX UNO INJ 300/2ML	Pharmacy Benefit	Adding product to formulary
LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Pharmacy Benefit	Adding product to formulary
TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	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.