

Neighborhood Health Plan of Rhode Island
Formulary Change Document



February 2024 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
HYRIMOZ INJ 40/0.8ML	Pharmacy Benefit	Adding product to formulary
ISOSORBIDE DINITRATE- HYDRALAZINE HCL TAB 20-37.5 MG	Pharmacy Benefit	Adding product to formulary
PAXLOVID TAB 150-100	Pharmacy Benefit	Adding product to formulary
PAXLOVID TAB 300-100	Pharmacy Benefit	Adding product to formulary
PITAVASTATIN CALCIUM TAB 1 MG	Pharmacy Benefit	Adding product to formulary
PITAVASTATIN CALCIUM TAB 2 MG	Pharmacy Benefit	Adding product to formulary
PITAVASTATIN CALCIUM TAB 4 MG	Pharmacy Benefit	Adding product to formulary
VCF VAGINAL AER CONTRACP	Pharmacy Benefit	Removing Product from formulary
XALKORI CAP 20MG	Pharmacy Benefit	Adding product to formulary
XALKORI CAP 50MG	Pharmacy Benefit	Adding product to formulary
XALKORI CAP 150MG	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.