

Neighborhood Health Plan of Rhode Island
Formulary Change Document



April 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
BASAGLAR INJ TEMPO PN	Pharmacy Benefit	Adding product to formulary
HEMLIBRA INJ 300/2ML	Pharmacy Benefit	Adding product to formulary
HYRIMOZ SENS INJ 80/0.8ML	Pharmacy Benefit	Adding product to formulary
NITISINONE CAP 20 MG	Pharmacy Benefit	Adding product to formulary
PADCEV INJ 20MG	Pharmacy Benefit	Adding product to formulary
PADCEV INJ 30MG	Pharmacy Benefit	Adding product to formulary
PENBRAYA INJ	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.