

Neighborhood Health Plan of Rhode Island
Formulary Change Document



November 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
DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	Pharmacy Benefit	Adding product to formulary
DEFLAZACORT SUSP 22.75 MG/ML	Pharmacy Benefit	Adding product to formulary
FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN TAB 2.5-25-2 MG	Pharmacy Benefit	Removing product from formulary
IVABRADINE HCL TAB 5 MG (BASE EQUIV)	Pharmacy Benefit	Adding product to formulary
IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	Pharmacy Benefit	Adding product to formulary
MODERNA INJ 2024-25	Pharmacy Benefit	Adding product to formulary
NOVAVAX INJ 2024-25	Pharmacy Benefit	Adding product to formulary
OTEZLA TAB 10/20	Pharmacy Benefit	Adding product to formulary
OTEZLA TAB 20MG	Pharmacy Benefit	Adding product to formulary
SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML	Pharmacy Benefit	Adding product to formulary
TALTZ INJ 20/0.25	Pharmacy Benefit	Adding product to formulary
TALTZ INJ 40/0.5ML	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.