

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 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
ENTRESTO CAP 6-6MG	Pharmacy Benefit	Adding product to formulary
ENTRESTO CAP 15-16MG	Pharmacy Benefit	Adding product to formulary
ESTROGEL GEL	Pharmacy Benefit	Removing product from formulary due to generic availability
FLUAD INJ 2024-25	Pharmacy Benefit	Adding product to formulary
FLUMIST NASA LIQ 2024-25	Pharmacy Benefit	Adding product to formulary
FLUMIST QUAD SUS 2023-24	Pharmacy Benefit	Removing product from formulary
FLUZONE QUAD INJ 2023-24	Pharmacy Benefit	Removing product from formulary
JYNNEOS INJ	Pharmacy Benefit	Adding product to formulary
RECTIV OIN 0.4%	Pharmacy Benefit	Removing product from formulary due to generic availability

Please call Member Services at 1-855-321-9244 for pharmacy authorization requests or for further information on the Neighborhood Commercial formulary.