

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



April 2022 Updates

The following changes to the Neighborhood Medicaid 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.

<b>Drug Name</b>	<b>Benefit</b>	<b>Description of Coding Change</b>
Aminocaproic Acid	Pharmacy Benefit	Added to the Formulary without restriction
Aztarys	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
Benznidazole	Pharmacy Benefit	Added to the Formulary without restriction
Breo Ellipta	Pharmacy Benefit	Added Quantity Limit
Bylvay	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
Incruse Ellipta	Pharmacy Benefit	Added Quantity Limit
Kloxxado	Pharmacy Benefit	Added to the Formulary without restriction
Livmarli	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
Lumizyme	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Pharmacy Benefit Only Designation
Methylphenidate LA	Pharmacy Benefit	Added to the Formulary with a Quantity Limit
Myalept	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
Myfembree	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
Nexviazyme	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Pharmacy Benefit Only Designation
Norditropin	Pharmacy Benefit	Added to the Formulary with a Prior Authorization
Nutropin	Pharmacy Benefit	Removed from the Formulary
Opzelura	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
Siklos	Pharmacy Benefit	Added to the Formulary with a Prior Authorization
Somatuline Depot	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Pharmacy Benefit Only Designation
Taltz	Pharmacy Benefit	Removed from the Formulary
Tavneos	Pharmacy Benefit	Added to the Formulary with a Prior Authorization and Quantity Limit
Tranexamic Acid	Pharmacy Benefit	Removed Quantity Limit

Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Medicaid formulary.