

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



September 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.

Drug Name	Benefit	Description of Coding Change
Adbry	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
BISMUTH SUBSALICYLATE SUSP 262 MG/15ML	Pharmacy Benefit	Added to Formulary without Restriction
BISMUTH SUBSALICYLATE SUSP 525 MG/15ML	Pharmacy Benefit	Added to Formulary without Restriction
Camzyos	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Cibinqo	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Citalopram 10mg	Pharmacy Benefit	Updated Quantity Limit
Citalopram 20	Pharmacy Benefit	Updated Quantity Limit
Citalopram 40mg	Pharmacy Benefit	Updated Quantity Limit
Ibsrela	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Omnipod Dash Kit and Omnipod 5 Kit	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Omnipod PDM Kit Classic	Pharmacy Benefit	Updated Quantity Limit
PHENYLEPHRINE-DM-GG W/ APAP LIQ 5-10-200-325 MG/10ML	Pharmacy Benefit	Added to Formulary without Restriction
Quiviq	Pharmacy Benefit	Added to Formulary with Prior Authorization and 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.