

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



March 2023 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
ZTALMY    SUS 50MG/ML	Pharmacy Benefit	Added to formulary with Prior Authorization and Quantity Limit
RELYVRIO    PAK 3-1GM	Pharmacy Benefit	Added to formulary with Prior Authorization and Quantity Limit
VIVJOA    CAP 150MG	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.