

Neighborhood Health Plan of Rhode Island
Formulary Change Document



June 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
BACLOFEN SUS 25MG/5ML	Pharmacy Benefit	Added generic product to formulary
HETLIOZ LQ SUS 4MG/ML	Pharmacy Benefit	Added to formulary
MIRCERA INJ 120MCG	Pharmacy Benefit	Added to formulary
OTC ESOMEPRAZOLE TAB 20MG	Pharmacy Benefit	Removed from formulary
SOD OXYBATE SOL 500MG/ML	Pharmacy Benefit	Added generic product to formulary
TAFLUPROST SOL 0.0015%	Pharmacy Benefit	Added to formulary
TAKHZYRO INJ 150MG/ML	Pharmacy Benefit	Added to formulary
TESTOPEL MIS PELLETS	Pharmacy Benefit	Added to formulary
TRINTELLIX TAB 10MG	Pharmacy Benefit	Added to formulary
TRINTELLIX TAB 20MG	Pharmacy Benefit	Added to formulary
VILAZODONE TAB 10MG	Pharmacy Benefit	Added to formulary
VILAZODONE TAB 20MG	Pharmacy Benefit	Added to formulary
VILAZODONE TAB 40MG	Pharmacy Benefit	Added to formulary
XYREM SOL 500MG/ML	Pharmacy Benefit	Removed brand product from formulary

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