

Neighborhood Health Plan of Rhode Island
Formulary Change Document



July 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
ERLEADA TAB 240MG	Pharmacy Benefit	Adding to formulary
LUMAKRAS TAB 320MG	Pharmacy Benefit	Adding to formulary
PREZISTA TAB 75MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
PREZISTA TAB 150MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
PREZISTA TAB 600MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
PREZISTA TAB 800MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
TURALIO CAP 125MG	Pharmacy Benefit	Adding to formulary
UCERIS AER 2MG/ACT	Pharmacy Benefit	Removing brand product from formulary due to generic availability

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