

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 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
AMJEVITA INJ 40/0.8ML	Pharmacy Benefit	Removing product from formulary
AMJEVITA INJ 40/0.8ML	Pharmacy Benefit	Removing product from formulary
AMJEVITA INJ 40/0.8ML	Pharmacy Benefit	Removing product from formulary
AQUORAL SPR	Pharmacy Benefit	Removing NDC from formulary
HUMIRA INJ 10MG/0.1ML	Pharmacy Benefit	Removing product from formulary
HUMIRA INJ 20MG/0.2ML	Pharmacy Benefit	Removing product from formulary
HUMIRA INJ 40MG/0.4ML	Pharmacy Benefit	Removing product from formulary
HUMIRA INJ 40MG/0.8ML	Pharmacy Benefit	Removing product from formulary
HUMIRA INJ 80MG/0.8ML	Pharmacy Benefit	Removing product from formulary
HUMIRA INJ CD/UC/HS STARTER KIT	Pharmacy Benefit	Removing product from formulary
HUMIRA INJ PS/UV KIT 80MG/0.8ML & 40MG/0.4ML	Pharmacy Benefit	Removing product from formulary
HUMIRA INJ PS/UV STARTER KIT	Pharmacy Benefit	Removing product from formulary
HUMIRA PEDIA INJ CROHNS 80MG/0.8ML	Pharmacy Benefit	Removing product from formulary
HUMIRA PEDIA INJ CROHNS KIT 80MG/0.8ML & 40MG/0.4ML	Pharmacy Benefit	Removing product from formulary
MENCYLATE CRE 2%-10%	Pharmacy Benefit	Removing NDC from formulary
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML OTC	Pharmacy Benefit	Adding product to formulary
PURE COMFORT MIS 31GX5MM	Pharmacy Benefit	Removing NDC from formulary
PURE COMFORT MIS 32GX4MM	Pharmacy Benefit	Removing NDC from formulary
QSYMIA CAP 3.75-23MG	Pharmacy Benefit	Removing product from formulary
QSYMIA CAP 7.5-46MG	Pharmacy Benefit	Removing product from formulary
QSYMIA CAP 11.25-69MG	Pharmacy Benefit	Removing product from formulary
QSYMIA CAP 15-92MG	Pharmacy Benefit	Removing product from formulary
TRIKAFTA PAK 59.5MG	Pharmacy Benefit	Adding product to formulary
TRIKAFTA PAK 75MG	Pharmacy Benefit	Adding product to formulary
VIVOTIF CAP EC	Pharmacy Benefit	Adding product to 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.