

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



December 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
AKEEGA TAB 50/500MG	Pharmacy benefit	Adding product to the formulary
AKEEGA TAB 100/500	Pharmacy benefit	Adding product to the formulary
CALASOOTHE OIN	Pharmacy benefit	Removing NDC from from the formulary
COMFORT EZ MIS 31GX5MM	Pharmacy benefit	Removing NDC from from the formulary
CRESEMBA CAP 74.5MG	Pharmacy benefit	Adding product to the formulary
DIFICID SUS	Pharmacy benefit	Adding product to the formulary
DIFICID TAB 200MG	Pharmacy benefit	Adding product to the formulary
FLURAZEPAM CAP 15MG	Pharmacy benefit	Removing product from the formulary
FLURAZEPAM CAP 30MG	Pharmacy benefit	Removing product from the formulary
INSULIN SYRG MIS 0.5/30G	Pharmacy benefit	Removing NDC from from the formulary
INSULIN SYRG MIS 1ML/29G	Pharmacy benefit	Removing NDC from from the formulary
JOENJA TAB 70MG	Pharmacy benefit	Adding product to the formulary
PREDNISOLONE SOL 15MG/5ML	Pharmacy benefit	Removing NDC from from the formulary
TEPEZZA INJ 500MG	Pharmacy benefit	Adding product to the formulary
THEOPHYLLINE TAB 100MG ER	Pharmacy benefit	Removing NDC from from the formulary
THEOPHYLLINE TAB 200MG ER	Pharmacy benefit	Removing NDC from from the formulary
VOTRIENT TAB 200MG	Pharmacy benefit	Adding generic product to the formulary
VOWST CAP	Pharmacy benefit	Adding product to the 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.