

Neighborhood Health Plan of Rhode Island
Formulary Change Document



January 2024 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
ACCU-CHEK TES GUI	Pharmacy Benefit	Removing non-preferred NDC from formulary
ALBUTEROL AER HFA	Pharmacy Benefit	Removing repackaged NDCs from formulary
BRIXADI SOL 8/0.16ML	Pharmacy Benefit	Adding product to formulary
BRIXADI SOL 16/0.32	Pharmacy Benefit	Adding product to formulary
BRIXADI SOL 24/0.48	Pharmacy Benefit	Adding product to formulary
BRIXADI SOL 32/0.64	Pharmacy Benefit	Adding product to formulary
BRIXADI SOL 64/0.18	Pharmacy Benefit	Adding product to formulary
BRIXADI SOL 96/0.27	Pharmacy Benefit	Adding product to formulary
BRIXADI SOL 128/0.36	Pharmacy Benefit	Adding product to formulary
CORTROPHIN GEL 80UNIT	Pharmacy Benefit	Adding product to formulary
KALYDECO GRA 5.8MG	Pharmacy Benefit	Adding product to formulary
TRIMETHOPRIM TAB 100MG	Pharmacy Benefit	Adding product to formulary
ZYPREXA RELP INJ 210MG	Pharmacy Benefit	Removing product from formulary
ZYPREXA RELP INJ 300MG	Pharmacy Benefit	Removing product from formulary
ZYPREXA RELP INJ 405MG	Pharmacy Benefit	Removing 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.