

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



February 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
AUGTYRO CAP 40MG	Pharmacy Benefit	Adding product to formulary
COMFORT TCH MIS LANC 30G	Pharmacy Benefit	Removing non-preferred NDC from formulary
FRUZAQLA CAP 1MG	Pharmacy Benefit	Adding product to formulary
FRUZAQLA CAP 5MG	Pharmacy Benefit	Adding product to formulary
OGSIVEO TAB 50MG	Pharmacy Benefit	Adding product to formulary
PRAZQUANTEL TAB 600 MG	Pharmacy Benefit	Adding product to formulary
ROZLYTREK PAK 50MG	Pharmacy Benefit	Adding product to formulary
SAFETY 30G MIS LANCETS	Pharmacy Benefit	Removing non-preferred NDC from formulary
TRUQAP TAB 160MG	Pharmacy Benefit	Adding product to formulary
TRUQAP TAB 200MG	Pharmacy Benefit	Adding product to formulary
XALKORI CAP 20MG	Pharmacy Benefit	Adding product to formulary
XALKORI CAP 50MG	Pharmacy Benefit	Adding product to formulary
XALKORI CAP 150MG	Pharmacy Benefit	Adding product to formulary
ZEPBOUND INJ 2.5MG	Pharmacy Benefit	Adding product to formulary
ZEPBOUND INJ 5/0.5ML	Pharmacy Benefit	Adding product to formulary
ZEPBOUND INJ 7.5MG	Pharmacy Benefit	Adding product to formulary
ZEPBOUND INJ 10/0.5ML	Pharmacy Benefit	Adding product to formulary
ZEPBOUND INJ 12.5MG	Pharmacy Benefit	Adding product to formulary
ZEPBOUND INJ 15/0.5ML	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.