

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



April 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
AUBAGIO TAB 7MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
AUBAGIO TAB 14MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
CICLOPIROX SHAMPOO 1%	Pharmacy Benefit	Adding product to formulary
DAXXIFY INJ 100U	Pharmacy Benefit	Adding product to formulary
FARXIGA TAB 5MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
FARXIGA TAB 10MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
FLOVENT DISK AER 50MCG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
FLOVENT DISK AER 100MCG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
FLOVENT DISK AER 250MCG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
HYDROCOD/HOM SYP 5-1.5/5	Pharmacy Benefit	Removing product from formulary
ISOSORB DIN TAB 10MG	Pharmacy Benefit	Adding product to formulary
ISOSORB DIN TAB 20MG	Pharmacy Benefit	Adding product to formulary
JADENU TAB 90MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
IWILFIN TAB 192MG	Pharmacy Benefit	Adding product to formulary
JADENU TAB 180MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
JADENU TAB 360MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
MIFEPRISTONE TAB 200MG	Pharmacy Benefit	Adding product to formulary
OPILL TAB 0.075MG	Pharmacy Benefit	Adding product to formulary
QNAPRIL/HCTZ TAB 10-12.5	Pharmacy Benefit	Removing non-preferred NDC from formulary
RAPAMUNE SOL 1MG/ML	Pharmacy Benefit	Removing brand product from formulary due to generic availability
RISPERDAL INJ 12.5MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
RISPERDAL INJ 25MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
RISPERDAL INJ 37.5MG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
RISPERDAL INJ 50MG	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.