

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



May 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.

<b>Drug Name</b>	<b>Benefit</b>	<b>Description of Coding Change</b>
B1 NATURAL TAB 250MG	Pharmacy Benefit	Removing brand product from formulary, generic available
BIMZELX INJ 160MG/ML	Pharmacy Benefit	Adding product to formulary
CEFPODOXIME TAB 100MG	Pharmacy Benefit	Adding product to formulary
CEFPODOXIME TAB 200MG	Pharmacy Benefit	Adding product to formulary
FREESTY LIBR MIS 3 READER	Pharmacy Benefit	Adding product to formulary
METHYLPHENID TAB 18MG ER	Pharmacy Benefit	Removing non-preferred NDC from formulary
METHYLPHENID TAB 27MG ER	Pharmacy Benefit	Removing non-preferred NDC from formulary
METHYLPHENID TAB 36MG ER	Pharmacy Benefit	Removing non-preferred NDC from formulary
METHYLPHENID TAB 54MG ER	Pharmacy Benefit	Removing non-preferred NDC from formulary
NTISINONE CAP 20MG	Pharmacy Benefit	Removing non-preferred NDC from formulary
OMVOH INJ 100MG/ML	Pharmacy Benefit	Adding product to formulary
ORFADIN CAP 20MG	Pharmacy Benefit	Removing brand product from formulary, generic available
RELYVRIO PAK 3-1GM	Pharmacy Benefit	Removing product from formulary
VELSIPITY TAB 2MG	Pharmacy Benefit	Adding product to formulary
XOLAIR INJ 75/0.5	Pharmacy Benefit	Adding product to formulary
XOLAIR INJ 150MG/ML	Pharmacy Benefit	Adding product to formulary
XOLAIR INJ 300/2ML	Pharmacy Benefit	Adding product to formulary
ZURZUVAE CAP 25MG	Pharmacy Benefit	Adding product to formulary
ZURZUVAE CAP 30MG	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.