

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.

Drug Name	Benefit	Description of Coding Change
ADMELOG INJ 100U/ML	Pharmacy Benefit	Removing product from formulary
ADMELOG SOLO INJ 100U/ML	Pharmacy Benefit	Removing product from formulary
APIDRA INJ U-100	Pharmacy Benefit	Removing product from formulary
AZELAIC ACID GEL 15%	Pharmacy Benefit	Adding product to formulary
HEMLIBRA SOL 12/0.04	Pharmacy Benefit	Adding product to formulary
INVOKANA TAB 100MG	Pharmacy Benefit	Removing product from formulary
INVOKANA TAB 300MG	Pharmacy Benefit	Removing product from formulary
JARDIANCE TAB 10MG	Pharmacy Benefit	Removing product from formulary
JARDIANCE TAB 25MG	Pharmacy Benefit	Removing product from formulary
PRASUGREL TAB 5MG	Pharmacy Benefit	Adding product to formulary
PRASUGREL TAB 10MG	Pharmacy Benefit	Adding product to formulary
TEGSEDI INJ 284/1.5	Pharmacy Benefit	Removing product from formulary
TETRACYCLINE CAP 250MG	Pharmacy Benefit	Adding product to formulary
TETRACYCLINE CAP 500MG	Pharmacy Benefit	Adding product to formulary
ZORYVE MIS 0.3%	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.