

Neighborhood Health Plan of Rhode Island
Formulary Change Document



August 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
DAPAGLIF-MET TAB 10-1000	Pharmacy Benefit	Adding product to formulary
DAPAGLIF-MET TAB 5-1000MG	Pharmacy Benefit	Adding product to formulary
EOHILIA SUS 2MG/10ML	Pharmacy Benefit	Adding product to formulary
GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	Pharmacy Benefit	Adding generic product to formulary
INVOKAMET TAB 50-500MG	Pharmacy Benefit	Removing product from formulary
INVOKAMET TAB 50-1000	Pharmacy Benefit	Removing product from formulary
INVOKAMET TAB 150-500	Pharmacy Benefit	Removing product from formulary
INVOKAMET TAB 150-1000	Pharmacy Benefit	Removing product from formulary
INVOKAMET XR TAB 50-500MG	Pharmacy Benefit	Removing product from formulary
INVOKAMET XR TAB 50-1000	Pharmacy Benefit	Removing product from formulary
INVOKAMET XR TAB 150-500	Pharmacy Benefit	Removing product from formulary
INVOKAMET XR TAB 150-1000	Pharmacy Benefit	Removing product from formulary
OGSIVEO TAB 100MG	Pharmacy Benefit	Adding product to formulary
OGSIVEO TAB 150MG	Pharmacy Benefit	Adding product to formulary
OMVOH INJ 100MG/ML	Pharmacy Benefit	Adding product to formulary
PENBRAYA INJ	Pharmacy Benefit	Adding product to formulary
REZDIFFRA TAB 60MG	Pharmacy Benefit	Adding product to formulary
REZDIFFRA TAB 80MG	Pharmacy Benefit	Adding product to formulary
REZDIFFRA TAB 100MG	Pharmacy Benefit	Adding product to formulary
RIVFLOZA INJ 80/0.5ML	Pharmacy Benefit	Adding product to formulary
RIVFLOZA INJ 128/0.8	Pharmacy Benefit	Adding product to formulary
RIVFLOZA INJ 160MG/ML	Pharmacy Benefit	Adding product to formulary
SAXENDA INJ 18MG/3ML	Pharmacy Benefit	Removing product from formulary
SOHONOS CAP 1MG	Pharmacy Benefit	Adding product to formulary
SOHONOS CAP 1.5MG	Pharmacy Benefit	Adding product to formulary
SOHONOS CAP 2.5MG	Pharmacy Benefit	Adding product to formulary
SOHONOS CAP 5MG	Pharmacy Benefit	Adding product to formulary
SOHONOS CAP 10MG	Pharmacy Benefit	Adding product to formulary
SOMATULINE INJ 60/0.2ML	Pharmacy Benefit	Removing product from formulary
SOMATULINE INJ 90/0.3ML	Pharmacy Benefit	Removing product from formulary
SOMATULINE INJ 120/.5ML	Pharmacy Benefit	Removing product from formulary
TRUMENBA INJ	Pharmacy Benefit	Adding product to formulary
WAINUA INJ 45/0.8ML	Pharmacy Benefit	Adding product to formulary

XCOPRI TAB 25MG	Pharmacy Benefit	Adding product to formulary
XDEMVY DRO 0.25%	Pharmacy Benefit	Adding product to formulary
ZILBRYSQ INJ 16.6MG	Pharmacy Benefit	Adding product to formulary
ZILBRYSQ INJ 23MG	Pharmacy Benefit	Adding product to formulary
ZILBRYSQ INJ 32.4MG	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.