

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



November 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
ACTHAR INJ GEL	Pharmacy Benefit	Adding product to formulary
AGAMREE SUS 40MG/ML	Pharmacy Benefit	Adding product to formulary
AUSTEDO XR TAB TITR KIT	Pharmacy Benefit	Adding product to formulary
DEFLAZACORT SUS 22.75MG	Pharmacy Benefit	Adding product to formulary
DUVYZAT SUS 8.86MG	Pharmacy Benefit	Adding product to formulary
FILSUVEZ GEL 10%	Pharmacy Benefit	Adding product to formulary
LIVMARLI SOL 19MG/ML	Pharmacy Benefit	Adding product to formulary
OTEZLA TAB 10/20	Pharmacy Benefit	Adding product to formulary
OTEZLA TAB 20MG	Pharmacy Benefit	Adding product to formulary
WINREVAIR INJ 45MG	Pharmacy Benefit	Adding product to formulary
WINREVAIR INJ 60MG	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.