

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



February 2025 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
ABILIFY ASIM INJ 720MG	Pharmacy Benefit	Adding product to formulary
ABILIFY ASIM INJ 960MG	Pharmacy Benefit	Adding product to formulary
AMOX-POT CLA TAB ER	Pharmacy Benefit	Adding product to formulary
AUGTYRO CAP 160MG	Pharmacy Benefit	Adding product to formulary
BOSULIF CAP 100MG	Pharmacy Benefit	Adding product to formulary
BOSULIF CAP 50MG	Pharmacy Benefit	Adding product to formulary
IQIRVO TAB 80MG	Pharmacy Benefit	Adding product to formulary
ITOVEBI TAB 3MG	Pharmacy Benefit	Adding product to formulary
ITOVEBI TAB 9MG	Pharmacy Benefit	Adding product to formulary
IVABRADINE TAB 5MG	Pharmacy Benefit	Adding product to formulary
IVABRADINE TAB 7.5MG	Pharmacy Benefit	Adding product to formulary
LAZCLUZE TAB 240MG	Pharmacy Benefit	Adding product to formulary
LAZCLUZE TAB 80MG	Pharmacy Benefit	Adding product to formulary
LIVDELZI CAP 10MG	Pharmacy Benefit	Adding product to formulary
LUMAKRAS TAB 120MG	Pharmacy Benefit	Adding product to formulary
LUMAKRAS TAB 240MG	Pharmacy Benefit	Adding product to formulary
SPIRIVA CAP HANDIHALER	Pharmacy Benefit	Adding product to formulary
TREMFYA INJ 100MG/ML	Pharmacy Benefit	Adding product to formulary
TREMFYA INJ 200/2ML	Pharmacy Benefit	Adding product to formulary
VELTASSA POW 1GM	Pharmacy Benefit	Adding product to formulary
XOLREMDI CAP 100MG	Pharmacy Benefit	Adding product to formulary
ZYMFENTRA INJ 120MG/ML	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.