

Neighborhood Health Plan of Rhode Island
Formulary Change Document



May 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	Benefit	Description of Coding Change
ALTUVIII O INJ 1000UNIT	Pharmacy Benefit	Adding product to formulary
ALTUVIII O INJ 2000UNIT	Pharmacy Benefit	Adding product to formulary
ALTUVIII O INJ 250 UNIT	Pharmacy Benefit	Adding product to formulary
ALTUVIII O INJ 3000UNIT	Pharmacy Benefit	Adding product to formulary
ALTUVIII O INJ 4000UNIT	Pharmacy Benefit	Adding product to formulary
ALTUVIII O INJ 500UNIT	Pharmacy Benefit	Adding product to formulary
ALTUVIII O INJ 750IU	Pharmacy Benefit	Adding product to formulary
AQNEURSA POW 1GM	Pharmacy Benefit	Adding product to formulary
AURYXIA TAB 210MG	Pharmacy Benefit	Removing product from formulary due to generic availability
CAPZASIN-P CRE 0.035%	Pharmacy Benefit	Removing product from formulary
CARB/LEVO ER TAB 50-200MG	Pharmacy Benefit	Adding product to formulary
COBENFY CAP 100-20MG	Pharmacy Benefit	Adding product to formulary
COBENFY CAP 125-30MG	Pharmacy Benefit	Adding product to formulary
COBENFY CAP 50-20MG	Pharmacy Benefit	Adding product to formulary
COBENFY STRT CAP PACK	Pharmacy Benefit	Adding product to formulary
EBGLYSS INJ 250/2ML	Pharmacy Benefit	Adding product to formulary
ENALAPRIL SOL 1MG/ML	Pharmacy Benefit	Adding product to formulary
ENDARI POW 5GM	Pharmacy Benefit	Removing product from formulary due to generic availability
HYMPAVZI INJ 150MG/ML	Pharmacy Benefit	Adding product to formulary
MIPLYFFA CAP 124MG	Pharmacy Benefit	Adding product to formulary
MIPLYFFA CAP 47MG	Pharmacy Benefit	Adding product to formulary
MIPLYFFA CAP 62MG	Pharmacy Benefit	Adding product to formulary
MIPLYFFA CAP 93MG	Pharmacy Benefit	Adding product to formulary
NEMLUVIO INJ 30MG	Pharmacy Benefit	Adding product to formulary
OPFOLDA CAP 65MG	Pharmacy Benefit	Adding product to formulary
PURIXANS US 20MG/ML	Pharmacy Benefit	Removing product from formulary due to generic availability
RINVOQ LQ SOL 1MG/ML	Pharmacy Benefit	Adding product to formulary
RYBELSUS TAB 1.5MG	Pharmacy Benefit	Adding product to formulary
RYBELSUS TAB 4MG	Pharmacy Benefit	Adding product to formulary
RYBELSUS TAB 9MG	Pharmacy Benefit	Adding product to formulary
TRYVIO TAB 12.5MG	Pharmacy Benefit	Adding product to formulary
XARELTO TAB 2.5MG	Pharmacy Benefit	Removing product from formulary due to generic availability
XROMI SOL 100MG/ML	Pharmacy Benefit	Adding product to formulary
YORVIPATH INJ 168/0.56	Pharmacy Benefit	Adding product to formulary
YORVIPATH INJ 294/0.98	Pharmacy Benefit	Adding product to formulary
YORVIPATH INJ 420/1.4	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.