

Neighborhood Health Plan of Rhode Island
Formulary Change Document



July 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
LANTUS INJ 100/ML	Pharmacy Benefit	Adding product to formulary
LANTUS SOLOS INJ 100/ML	Pharmacy Benefit	Adding product to formulary
LIBERVANT MIS 5MG	Pharmacy Benefit	Adding product to formulary
LIBERVANT MIS 7.5MG	Pharmacy Benefit	Adding product to formulary
LIBERVANT MIS 10MG	Pharmacy Benefit	Adding product to formulary
LIBERVANT MIS 12.5MG	Pharmacy Benefit	Adding product to formulary
LIBERVANT MIS 15MG	Pharmacy Benefit	Adding product to formulary
OMNIPOD 5 G7 KIT INTRO	Pharmacy Benefit	Adding product to formulary
PENICILLAMIN TAB 250MG	Pharmacy Benefit	Adding product to formulary
REXULTI TAB 0.25MG	Pharmacy Benefit	Adding product to formulary
REXULTI TAB 0.5MG	Pharmacy Benefit	Adding product to formulary
REXULTI TAB 1MG	Pharmacy Benefit	Adding product to formulary
REXULTI TAB 2MG	Pharmacy Benefit	Adding product to formulary
REXULTI TAB 3MG	Pharmacy Benefit	Adding product to formulary
REXULTI TAB 4MG	Pharmacy Benefit	Adding product to formulary
REZVOGLAR INJ 100UT/ML	Pharmacy Benefit	Adding product to formulary
VOYDEYA TAB 50-100MG	Pharmacy Benefit	Adding product to formulary
VOYDEYA TAB 100MG	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.