

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



October 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.

<b>Drug Name</b>	<b>Benefit</b>	<b>Description of Coding Change</b>
BASAGLAR INJ 100UNIT	Pharmacy Benefit	Removing product from formulary
CAPVAXIVE INJ 0.5ML	Pharmacy Benefit	Adding product to the formulary
FABHALTA CAP 200MG	Pharmacy Benefit	Adding product to the formulary
FASENRA INJ 30MG/ML	Pharmacy Benefit	Removing product from formulary
FASENRA PEN INJ 30MG/ML	Pharmacy Benefit	Removing product from formulary
OJEMDA SUS 25MG/ML	Pharmacy Benefit	Adding product to the formulary
OJEMDA TAB 100MG	Pharmacy Benefit	Adding product to the formulary
SEMGLEE INJ 100U/ML	Pharmacy Benefit	Removing product from formulary
SEMGLEE SOL 100U/ML	Pharmacy Benefit	Removing product from formulary
SPEVIGO INJ 150/1ML	Pharmacy Benefit	Adding product to the formulary
SPEVIGO INJ 450/7.5	Pharmacy Benefit	Adding product to the 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.