

Neighborhood Health Plan of Rhode Island
Formulary Change Document



December 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
COAGADEX INJ 250UNIT	Pharmacy Benefit	Removing product from formulary
COAGADEX INJ 500UNIT	Pharmacy Benefit	Removing product from formulary
FEIBA INJ	Pharmacy Benefit	Removing product from formulary
NOVOSEVEN RT INJ 1MG	Pharmacy Benefit	Removing product from formulary
NOVOSEVEN RT INJ 2MG	Pharmacy Benefit	Removing product from formulary
NOVOSEVEN RT INJ 5MG	Pharmacy Benefit	Removing product from formulary
NOVOSEVEN RT INJ 8MG	Pharmacy Benefit	Removing product from formulary
SEVENFACT INJ 1MG	Pharmacy Benefit	Removing product from formulary
SEVENFACT INJ 5MG	Pharmacy Benefit	Removing product from formulary
TRETTEN INJ	Pharmacy Benefit	Removing product from formulary
VORANIGO TAB 10MG	Pharmacy Benefit	Adding product to formulary
VORANIGO TAB 40MG	Pharmacy Benefit	Adding product to formulary
ZORYVE CRE 0.15%	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.