

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 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
DEXCOM G7 MIS 15 DAY	Pharmacy Benefit	Adding product to formulary
ENTRESTO TAB 24-26MG	Pharmacy Benefit	Removing product from formulary due to generic availability
ENTRESTO TAB 49-51MG	Pharmacy Benefit	Removing product from formulary due to generic availability
ENTRESTO TAB 97-103MG	Pharmacy Benefit	Removing product from formulary due to generic availability
NUTROPIN AQ INJ 10MG/2ML	Pharmacy Benefit	Removing product from formulary
NUTROPIN AQ INJ 20MG/2ML	Pharmacy Benefit	Removing product from formulary
NUTROPIN AQ INJ NUSPIN 5	Pharmacy Benefit	Removing product from formulary
SYNAGIS INJ 100MG/ML	Pharmacy Benefit	Removing product from formulary
SYNAGIS INJ 50/0.5ML	Pharmacy Benefit	Removing product from 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.