Neighborhood Health Plan OF RHODE ISLAND™

910 Douglas Pike, Smithfield, RI 02917

Pharmacy Benefit Medicaid Drug Rebate Program

Neighborhood News – October 2025

As mandated by the Centers for Medicare & Medicaid Services, only drugs manufactured or distributed by labelers participating in a drug rebate agreement with the United States Department of Health and Human Services (HHS) are eligible for billing under Medicaid.

Neighborhood Health Plan of Rhode Island (Neighborhood) will reject retail pharmacy claims for medications produced by manufacturers that have not entered into a rebate agreement with HHS.

This policy applies to both brand-name and generic medications:

- **Brand-name medications:** Please identify and prescribe a comparable alternative for the member.
- **Generic medications:** The dispensing pharmacy should reprocess the claim using the same product from a manufacturer that participates in the rebate agreement.

Effective October 1, 2025, the following drug products will be excluded from Neighborhood's Medicaid coverage as their manufacturers will no longer participate in the Medicaid Drug Rebate Program:

- Cromolyn Spray 5.2/ACT
- Relistor Tablet 150MG
- Trulance Tablet 3MG
- Xifaxan Tablet 550MG
- Xifaxan Tablet 200MG

Please review Neighborhood's Medicaid Formulary for covered alternatives.

Note: This requirement does not apply to Neighborhood's Commercial or INTEGRITY Medicare-Medicaid plans.