

Neighborhood Health Plan of Rhode Island
Formulary Change Document



January 2026 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
BILDYOS INJ 60MG/ML	Pharmacy Benefit	Adding product to formulary
BILPREVDA INJ 120/1.7	Pharmacy Benefit	Adding product to formulary
EDURANT PED TAB 2.5MG	Pharmacy Benefit	Adding product to formulary
FREESTY LIBR KIT 2 SENSOR	Pharmacy Benefit	Removing product from formulary
FREESTY LIBR MIS 2 READER	Pharmacy Benefit	Removing product from formulary
FREESTY LIBR MIS 3 READER	Pharmacy Benefit	Removing product from formulary
FREESTY LIBR MIS READER	Pharmacy Benefit	Removing product from formulary
HERNEXEOS TAB 60MG	Pharmacy Benefit	Adding product to formulary
MODEYSO CAP 125MG	Pharmacy Benefit	Adding product to formulary
MYOBLOC INJ 10000/2	Pharmacy Benefit	Removing product from formulary
MYOBLOC INJ 2500/0.5	Pharmacy Benefit	Removing product from formulary
MYOBLOC INJ 5000/ML	Pharmacy Benefit	Removing product from formulary
VYVGART INJ HYTRULO	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.