

Neighborhood Health Plan of Rhode Island

Formulary Change Document



February 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
ANDEMBRY INJ 200/1.2	Pharmacy Benefit	Adding product to formulary
ANZUPGO CRE 2%	Pharmacy Benefit	Adding product to formulary
AQUORAL SPR	Pharmacy Benefit	Removing product from formulary
ARNUITY ELPT INH 100MCG	Pharmacy Benefit	Removing product from formulary due to generic availability
ARNUITY ELPT INH 200MCG	Pharmacy Benefit	Removing product from formulary due to generic availability
ARNUITY ELPT INH 50MCG	Pharmacy Benefit	Removing product from formulary due to generic availability
BIOTENE DRY SPR MOIST	Pharmacy Benefit	Removing product from formulary
BRINSUPRI TAB 10MG	Pharmacy Benefit	Adding product to formulary
BRINSUPRI TAB 25MG	Pharmacy Benefit	Adding product to formulary
CAPHOSOL SOL	Pharmacy Benefit	Removing product from formulary
DAWNZERA INJ 80/0.8ML	Pharmacy Benefit	Adding product to formulary
DOPTELET SPR CAP 10MG	Pharmacy Benefit	Adding product to formulary
DRY MOUTH SOL ORAL RIN	Pharmacy Benefit	Removing product from formulary
DULERA AER 100-5MCG	Pharmacy Benefit	Removing product from formulary
DULERA AER 200-5MCG	Pharmacy Benefit	Removing product from formulary
EKTERLY TAB 300MG	Pharmacy Benefit	Adding product to formulary
EPINEPHRINE INJ 1MG/ML	Pharmacy Benefit	Removing product from formulary
EPIPEN 2-PAK INJ 0.3MG	Pharmacy Benefit	Removing product from formulary
INSULIN LISP INJ 100/ML	Pharmacy Benefit	Removing product from formulary
IVERMECTIN LOT 0.5%	Pharmacy Benefit	Removing product from formulary
JUBBONTI INJ 60MG/ML	Pharmacy Benefit	Removing product from formulary
KOSELUGO CAP 5MG	Pharmacy Benefit	Adding product to formulary
KOSELUGO CAP 7.5MG	Pharmacy Benefit	Adding product to formulary
LAGEVRIO CAP 200MG	Pharmacy Benefit	Removing product from formulary
MELATONEX TAB	Pharmacy Benefit	Adding product to formulary
MOI-STIR SOL	Pharmacy Benefit	Removing product from formulary
MYNATAL PLUS TAB	Pharmacy Benefit	Removing product from formulary
MYNATAL-Z TAB	Pharmacy Benefit	Removing product from formulary
NARCAN SPR 4MG	Pharmacy Benefit	Removing product from formulary
NUMOISYN LIQ	Pharmacy Benefit	Removing product from formulary
ORAL RELIEF SPR DRY MOUT	Pharmacy Benefit	Removing product from formulary
PAZOPANIB TAB 400MG	Pharmacy Benefit	Adding product to formulary
PROLIA INJ 60MG/ML	Pharmacy Benefit	Removing product from formulary
RA CALCIUM TAB HIGH POT	Pharmacy Benefit	Adding product to formulary
RA DRY MOUTH SPR	Pharmacy Benefit	Removing product from formulary
REVLIMID CAP 10MG	Pharmacy Benefit	Removing product from formulary due to generic availability

REVLIMID	CAP 15MG	Pharmacy Benefit	Removing product from formulary due to generic availability
REVLIMID	CAP 2.5MG	Pharmacy Benefit	Removing product from formulary due to generic availability
REVLIMID	CAP 20MG	Pharmacy Benefit	Removing product from formulary due to generic availability
REVLIMID	CAP 25MG	Pharmacy Benefit	Removing product from formulary due to generic availability
REVLIMID	CAP 5MG	Pharmacy Benefit	Removing product from formulary due to generic availability
SELARSDI	INJ 45/0.5ML	Pharmacy Benefit	Adding product to formulary
SEPHIENCE	POW 1000MG	Pharmacy Benefit	Adding product to formulary
SEPHIENCE	POW 250MG	Pharmacy Benefit	Adding product to formulary
SKIN TAC ADH MIS WIPE		Pharmacy Benefit	Removing product from formulary
SKYTROFA	INJ 0.7MG	Pharmacy Benefit	Adding product to formulary
SKYTROFA	INJ 1.4MG	Pharmacy Benefit	Adding product to formulary
SKYTROFA	INJ 1.8MG	Pharmacy Benefit	Adding product to formulary
SKYTROFA	INJ 2.1MG	Pharmacy Benefit	Adding product to formulary
SKYTROFA	INJ 2.5MG	Pharmacy Benefit	Adding product to formulary
SYNJARDY	TAB 12.5-500	Pharmacy Benefit	Adding product to formulary
SYNJARDY	TAB 5-1000MG	Pharmacy Benefit	Adding product to formulary
SYNJARDY	TAB 5-500MG	Pharmacy Benefit	Adding product to formulary
SYNJARDY XR	TAB 10-1000	Pharmacy Benefit	Adding product to formulary
SYNJARDY XR	TAB 25-1000	Pharmacy Benefit	Adding product to formulary
SYNJARDY XR	TAB 5-1000MG	Pharmacy Benefit	Adding product to formulary
TYVASO DPI	POW 80MCG	Pharmacy Benefit	Adding product to formulary
TYVASO DPI	POW MAIN KIT	Pharmacy Benefit	Adding product to formulary
WAYRILZ	TAB 400MG	Pharmacy Benefit	Adding product to formulary
WYOST	INJ 120/1.7	Pharmacy Benefit	Removing product from formulary
XGEVA	INJ	Pharmacy Benefit	Removing product from formulary
ZORYVE	CRE 0.05%	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.