Neighborhood Health Plan of Rhode Island
Formulary Change Document

March 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**
BRUKINSA TAB 160MG	Pharmacy Benefit	Adding product to formulary
FYCOMPA SUS 0.5MG/ML	Pharmacy Benefit	Removing product from formulary due to generic availability
INLURIYO TAB 200MG	Pharmacy Benefit	Adding product to formulary
INVOKANA TAB 100MG	Pharmacy Benefit	Removing product from formulary
INVOKANA TAB 300MG	Pharmacy Benefit	Removing product from formulary
OMVOH INJ 200/2ML	Pharmacy Benefit	Adding product to formulary
XPOVIO PAK 80MG	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.