

Neighborhood Health Plan of Rhode Island
Formulary Change Document



May 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
CLEMASTINE TAB 2.68MG	Pharmacy Benefit	Removing product from formulary
DAYBUE STIX POW 5000MG	Pharmacy Benefit	Adding product to formulary
DAYBUE STIX POW 6000MG	Pharmacy Benefit	Adding product to formulary
DAYBUE STIX POW 8000MG	Pharmacy Benefit	Adding product to formulary
DAYHIST ALRG TAB 12 HOUR	Pharmacy Benefit	Removing product from formulary
EPOGEN INJ 10000/ML	Pharmacy Benefit	Adding product to formulary
EPOGEN INJ 20000/ML	Pharmacy Benefit	Adding product to formulary
ESLICARBAZEP TAB 200MG	Pharmacy Benefit	Adding product to formulary
ESLICARBAZEP TAB 400MG	Pharmacy Benefit	Adding product to formulary
ESLICARBAZEP TAB 600MG	Pharmacy Benefit	Adding product to formulary
ESLICARBAZEP TAB 800MG	Pharmacy Benefit	Adding product to formulary
FORZINITY INJ 280/3.5	Pharmacy Benefit	Adding product to formulary
FOSFOMYCIN POW 3GM	Pharmacy Benefit	Adding product to formulary
GLUCAGON KIT 1MG	Pharmacy Benefit	Removing product from formulary
JASCAYD TAB 18MG	Pharmacy Benefit	Adding product to formulary
JASCAYD TAB 9MG	Pharmacy Benefit	Adding product to formulary
MULTIPLE VIT CHW	Pharmacy Benefit	Removing product from formulary
NUTRIENTS TAB PRENATAL	Pharmacy Benefit	Removing product from formulary
OFEV CAP 100MG	Pharmacy Benefit	Adding product to formulary
OFEV CAP 150MG	Pharmacy Benefit	Adding product to formulary
PALSONIFY TAB 20MG	Pharmacy Benefit	Adding product to formulary
PALSONIFY TAB 30MG	Pharmacy Benefit	Adding product to formulary
POLY-VITAMIN DRO	Pharmacy Benefit	Removing product from formulary
PRENATAL TAB FORMULA	Pharmacy Benefit	Removing product from formulary
REDEMPLO SOL 25/0.5ML	Pharmacy Benefit	Adding product to formulary
RHAPSIDO TAB 25MG	Pharmacy Benefit	Adding product to formulary
SOD OXYBATE SOL 0.5G/ML	Pharmacy Benefit	Adding product to formulary
STAVUDINE CAP 15MG	Pharmacy Benefit	Removing product from formulary
STAVUDINE CAP 20MG	Pharmacy Benefit	Removing product from formulary
STAVUDINE CAP 30MG	Pharmacy Benefit	Removing product from formulary
STAVUDINE CAP 40MG	Pharmacy Benefit	Removing product from formulary
VOYXACT INJ 400/2ML	Pharmacy Benefit	Adding product to formulary
VRAYLAR CAP 0.5MG	Pharmacy Benefit	Adding product to formulary
VRAYLAR CAP 0.75MG	Pharmacy Benefit	Adding product to formulary
XCOPRI PAK 50-200MG	Pharmacy Benefit	Removing product from formulary
XENLETA TAB 600MG	Pharmacy Benefit	Removing product from formulary
ZOO CHEWS CHW GUMMIES	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.