

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



July 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.

<b>Drug Name</b>	<b>Benefit</b>	<b>Description of Coding Change</b>
ADAPAL/BEN P GEL 0.1-2.5%	Pharmacy Benefit	Adding Product to Formulary
BRIVIACT SOL 10MG/ML	Pharmacy Benefit	Adding Product to Formulary
BRIVIACT TAB 10MG	Pharmacy Benefit	Adding Product to Formulary
BRIVIACT TAB 25MG	Pharmacy Benefit	Adding Product to Formulary
BRIVIACT TAB 50MG	Pharmacy Benefit	Adding Product to Formulary
BRIVIACT TAB 75MG	Pharmacy Benefit	Adding Product to Formulary
BRIVIACT TAB 100MG	Pharmacy Benefit	Adding Product to Formulary
DAPAG/MET ER TAB 10-500MG	Pharmacy Benefit	Adding Product to Formulary
DAPAG/MET ER TAB 5-500MG	Pharmacy Benefit	Adding Product to Formulary
JYNARQUE TAB 15MG	Pharmacy Benefit	Removing product from formulary due to generic availability
JYNARQUE TAB 30MG	Pharmacy Benefit	Removing product from formulary due to generic availability
PHOSPHO-TRIN TAB 250 NEUT	Pharmacy Benefit	Adding Product to Formulary
STEQEYMA INJ 45/0.5ML	Pharmacy Benefit	Adding Product to Formulary
TOLVAPTAN TAB 15MG	Pharmacy Benefit	Adding Product to Formulary
TOLVAPTAN TAB 30MG	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.