

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 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
BOSULIF TAB 100MG	Pharmacy Benefit	Removing product from formulary due to generic availability
BOSULIF TAB 400MG	Pharmacy Benefit	Removing product from formulary due to generic availability
BOSULIF TAB 500MG	Pharmacy Benefit	Removing product from formulary due to generic availability
INCRUSE ELPT INH 62.5MCG	Pharmacy Benefit	Removing product from formulary due to generic availability
OMEPR/BIAR POW 20-1680	Pharmacy Benefit	Adding product to formulary
OMEPR/BIAR POW 40-1680	Pharmacy Benefit	Adding product to formulary
OPSUMIT TAB 10MG	Pharmacy Benefit	Removing product from formulary due to generic availability
PENTASA CAP 250MG CR	Pharmacy Benefit	Removing product from formulary due to generic availability
PENTASA CAP 500MG CR	Pharmacy Benefit	Removing product from formulary due to generic availability
SKIN TAC ADH MIS WIPE	Pharmacy Benefit	Adding product to formulary
VEPPANU TAB 100MG	Pharmacy Benefit	Adding product to formulary
VEPPANU TAB 200MG	Pharmacy Benefit	Adding product to formulary
VYVANSE CHW 10MG	Pharmacy Benefit	Removing product from formulary due to generic availability
VYVANSE CHW 20MG	Pharmacy Benefit	Removing product from formulary due to generic availability
VYVANSE CHW 30MG	Pharmacy Benefit	Removing product from formulary due to generic availability
VYVANSE CHW 40MG	Pharmacy Benefit	Removing product from formulary due to generic availability
VYVANSE CHW 50MG	Pharmacy Benefit	Removing product from formulary due to generic availability
VYVANSE CHW 60MG	Pharmacy Benefit	Removing product from formulary due to generic availability
XOCOVA TAB 125MG	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.