Neighborhood Health Plan of Rhode Island
Formulary Change Document

November 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**
BESREMI PEN INJ 500MCG	Pharmacy Benefit	Adding product to formulary
HYDRO SOD SU INJ 100MG	Pharmacy Benefit	Adding product to formulary
HYMPAVZI INJ 75/0.5ML	Pharmacy Benefit	Adding product to formulary
ICOTYDE TAB 200MG	Pharmacy Benefit	Adding product to formulary
IDVYNSO TAB 100-0.25	Pharmacy Benefit	Adding product to formulary
LOARGYS INJ 2/0.4ML	Pharmacy Benefit	Adding product to formulary
LYNAVOY TAB 40MG	Pharmacy Benefit	Adding product to formulary
SKYRIZI INJ 55/0.37	Pharmacy Benefit	Adding product to formulary
TRYNGOLZA INJ 50MG/0.8	Pharmacy Benefit	Adding product to formulary
UPTRAVI TAB 100MCG	Pharmacy Benefit	Adding product to formulary
UPTRAVI TAB 150MCG	Pharmacy Benefit	Adding product to formulary
WEGOVY TAB 1.5MG	Pharmacy Benefit	Adding product to formulary
WEGOVY TAB 4MG	Pharmacy Benefit	Adding product to formulary
WEGOVY TAB 9MG	Pharmacy Benefit	Adding product to formulary
WEGOVY TAB 25MG	Pharmacy Benefit	Adding product to formulary
YUVIWEL INJ 1.3MG	Pharmacy Benefit	Adding product to formulary
YUVIWEL INJ 2.8MG	Pharmacy Benefit	Adding product to formulary
YUVIWEL INJ 5.5MG	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.