

Neighborhood Health Plan of Rhode Island
Formulary Change Document



May 2022 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
Brexafemme	Pharmacy	Add to Formulary with Prior Authorization and Quantity Limit
Invega Hafyera	Pharmacy	Add to Formulary with Prior Authorization
Ruzurgi	Pharmacy	Remove from Formulary
Firdapse	Pharmacy	Add to Formulary with Prior Authorization and Quantity Limit
Voxzogo	Pharmacy	Add to Formulary with Prior Authorization and Quantity Limit
Spiriva Handihaler	Pharmacy	Added Quantity Limit
Spiriva Respimat	Pharmacy	Added Quantity Limit
Pediasure/Fiber Liquid Vanilla	Pharmacy	Add to Formulary with Quantity Limit
Ranolazine ER 1000mg	Pharmacy	Add 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.