

Neighborhood Health Plan of Rhode Island
Formulary Change Document



July 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
ALLERGY EYE DROP	Pharmacy	Add to Formulary with no restriction
ALUMINUM ACE POW ASTRINGN	Pharmacy	Add to Formulary with no restriction
BRONKAID TAB 25-400MG	Pharmacy	Add to Formulary with no restriction
Bydureon	Pharmacy	Remove from Formulary
Byetta	Pharmacy	Remove from Formulary
Cholbam	Pharmacy	Add to Formulary with Prior Authorization
CLEMASTINE TAB 1.34MG	Pharmacy	Add to Formulary with no restriction
EYE ALLERGY SOL RELIEF	Pharmacy	Add to Formulary with no restriction
Fenofibrate 160mg	Pharmacy	Add to Formulary with no restriction
FERRETTS TAB 325MG	Pharmacy	Add to Formulary with no restriction
Livtency	Pharmacy	Add to Formulary with Prior Authorization and Quantity Limit
Lybalvi	Pharmacy	Add to Formulary with Prior Authorization and Quantity Limit
Naproxen suspension	Pharmacy	Remove Step Therapy
Nuplazid 10mg and 34mg	Pharmacy	Add to Formulary with Prior Authorization and Quantity Limit
ORAL RELIEF SPR DRY MOUT	Pharmacy	Add to Formulary with no restriction
Qulipta (all strengths)	Pharmacy	Add to Formulary with Prior Authorization and Quantity Limit
Tyblume	Pharmacy	Add to Formulary with no restriction
Victoza	Pharmacy	Remove 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.