

Neighborhood Health Plan of Rhode Island
Formulary Change Document



October 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
Vioice 50 mg Daily Dose Pack	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Vioice 125 mg Daily Dose Pack	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Vioice 250 mg Daily Dose Pack	Pharmacy Benefit	Added to Formulary with Prior Authorization and Quantity Limit
Cyclosporine ophth emulsion 0.05%	Pharmacy Benefit	Added to Formulary with Step Therapy and Quantity Limit
Restasis Emu 0.05% OP	Pharmacy Benefit	Removed from Formulary
Restasis MultiDose	Pharmacy Benefit	Removed from Formulary
Calcipotriene Cream 0.005%	Pharmacy Benefit	Added to Formulary with Quantity Limit
Pimecrolimus cream 1%	Pharmacy Benefit	Removed Step Therapy
Vimpat - Generic (lacosamide)	Pharmacy Benefit	Removed Step Therapy
Fleqsuvy	Pharmacy Benefit	Added to Formulary with Age Limit and Daily Dose Limit
Norliqva	Pharmacy Benefit	Added to Formulary with Age Limit
Baclofen 5mg/5mL solution	Pharmacy Benefit	Added to Formulary with Age Limit and Quantity Limit

Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Medicaid formulary.