

Neighborhood Health Plan of Rhode Island
Formulary Change Document



February 2023 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
BEVESPI AER 9-4.8 MCG	Pharmacy Benefit	Added to formulary
LYTGOBI TAB 4 MG - FUTIBATINIB TAB THERAPY PACK 4 MG (12 MG DAILY DOSE)	Pharmacy Benefit	Added to formulary with Prior Authorization and Quantity Limit
LYTGOBI TAB 4 MG - FUTIBATINIB TAB THERAPY PACK 4 MG (16 MG DAILY DOSE)	Pharmacy Benefit	Added to formulary with Prior Authorization and Quantity Limit
LYTGOBI TAB 4 MG - FUTIBATINIB TAB THERAPY PACK 4 MG (20 MG DAILY DOSE)	Pharmacy Benefit	Added to formulary with Prior Authorization and Quantity Limit
THYROID TAB 90 MG (1 1/2 GRAIN)	Pharmacy Benefit	Added generic to formulary
AZO 600 MG BORIC ACID VAGINAL SUPPOSITORY	Pharmacy Benefit	Added 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.