

Neighborhood Health Plan of Rhode Island
Formulary Change Document



November 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
BREO ELLIPTA INH 100-25	Pharmacy benefit	Removing brand product from formulary
BREO ELLIPTA INH 200-25	Pharmacy benefit	Removing brand product from formulary
CGH/CLD/SORE LIQ THR/CHLD	Pharmacy benefit	Removing product from formulary
COLD/ALLERGY ELX	Pharmacy benefit	Removing product from formulary
ED A-HIST TAB 4-10MG	Pharmacy benefit	Removing product from formulary
EXKIVITY CAP 40MG	Pharmacy benefit	Removing product from formulary
FLOVENT HFA AER 44MCG	Pharmacy benefit	Removing brand product from formulary
FLOVENT HFA AER 110MCG	Pharmacy benefit	Removing brand product from formulary
FLOVENT HFA AER 220MCG	Pharmacy benefit	Removing brand product from formulary
GNP SINUS TAB 5-325MG	Pharmacy benefit	Removing product from formulary
POT CHLORIDE TAB 20MEQ ER	Pharmacy benefit	Adding product to formulary
ROPINIROLE TAB 2MG ER	Pharmacy benefit	Adding product to formulary
ROPINIROLE TAB 4MG ER	Pharmacy benefit	Adding product to formulary
ROPINIROLE TAB 6MG ER	Pharmacy benefit	Adding product to formulary
ROPINIROLE TAB 8MG ER	Pharmacy benefit	Adding product to formulary
ROPINIROLE TAB 12MG ER	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.