

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



March 2024 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
DM/GG LIQ	Pharmacy Benefit	Removing non-preferred NDC from formulary
ENTYVIO INJ 108/0.68	Pharmacy Benefit	Adding product to formulary
FLUTIC/SALME AER 45-21MCG	Pharmacy Benefit	Removing brand product from formulary due to generic availability
FLUTIC/SALME AER 115-21	Pharmacy Benefit	Removing brand product from formulary due to generic availability
FLUTIC/SALME AER 230-21	Pharmacy Benefit	Removing brand product from formulary due to generic availability
FLUTIC/VILAN INH 100-25	Pharmacy Benefit	Removing brand product from formulary due to generic availability
FLUTIC/VILAN INH 200-25	Pharmacy Benefit	Removing brand product from formulary due to generic availability
LIDOCAINE TO PAD 4%	Pharmacy Benefit	Removing non-preferred NDC from formulary
LIDOCORE PAD 4%	Pharmacy Benefit	Removing non-preferred NDC from formulary
QUINAPRIL TAB 5MG	Pharmacy Benefit	Removing non-preferred NDC from formulary
QUINAPRIL TAB 20MG	Pharmacy Benefit	Removing non-preferred NDC from formulary
SOGROYA INJ 5MG/1.5	Pharmacy Benefit	Adding product to formulary
SOGROYA INJ 10MG/1.5	Pharmacy Benefit	Adding product to formulary
SOGROYA INJ 15MG/1.5	Pharmacy Benefit	Adding product to formulary
TASIGNA CAP 50MG	Pharmacy Benefit	Adding generic product to formulary
TASIGNA CAP 150MG	Pharmacy Benefit	Adding generic product to formulary
TASIGNA CAP 200MG	Pharmacy Benefit	Adding generic 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.