

Neighborhood Health Plan of Rhode Island
Formulary Change Document



March 2025 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
BIMZELX INJ 320MG/2	Pharmacy Benefit	Adding product to formulary
FENSOLVI INJ 45MG	Pharmacy Benefit	Removing product from formulary
QELBREE CAP 100MG ER	Pharmacy Benefit	Adding product to formulary
QELBREE CAP 150MG ER	Pharmacy Benefit	Adding product to formulary
QELBREE CAP 200MG ER	Pharmacy Benefit	Adding product to formulary
REVUFORJ TAB 110MG	Pharmacy Benefit	Adding product to formulary
REVUFORJ TAB 160MG	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.