

Neighborhood Health Plan of Rhode Island
Formulary Change Document



April 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
ALVAIZ TAB 9MG	Pharmacy Benefit	Adding product to formulary
ALVAIZ TAB 18MG	Pharmacy Benefit	Adding product to formulary
ALVAIZ TAB 36MG	Pharmacy Benefit	Adding product to formulary
ALVAIZ TAB 54MG	Pharmacy Benefit	Adding product to formulary
ESPEROCT INJ 4000IU	Pharmacy Benefit	Adding product to formulary
JIVI INJ 4000UNIT	Pharmacy Benefit	Adding product to formulary
PROMETH VC/ SYP CODEINE	Pharmacy Benefit	Removing product from formulary
PROMETH/PE SOL 6.25-5/5	Pharmacy Benefit	Removing product from formulary
RAMELTEON TAB 8MG	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.