

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



June 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	Benefit	Description of Coding Change
ADALIMU-ADAZ INJ 80/0.8ML	Pharmacy Benefit	Adding product to formulary
CORTROPHIN INJ 40/0.5ML	Pharmacy Benefit	Adding product to formulary
CORTROPHIN INJ 80UNT/ML	Pharmacy Benefit	Adding product to formulary
REVUFORJ TAB 25MG	Pharmacy Benefit	Adding product to formulary
STELARA INJ 45MG/0.5	Pharmacy Benefit	Removing product from formulary
STELARA INJ 90MG/ML	Pharmacy Benefit	Removing product from formulary
XPOVIO PAK 40MG	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.