

Neighborhood Health Plan of Rhode Island
Formulary Change Document



July 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
ENSURE HP LIQ CHOCOLAT	Pharmacy Benefit	Adding product to formulary
ENSURE HP LIQ MILK CHO	Pharmacy Benefit	Adding product to formulary
ENSURE HP LIQ VANILLA	Pharmacy Benefit	Adding product to formulary
EPLERENONE TAB 25MG	Pharmacy Benefit	Adding product to formulary
EPLERENONE TAB 50MG	Pharmacy Benefit	Adding product to formulary
ESTRAD VAL INJ 10MG/ML	Pharmacy Benefit	Adding product to formulary
ESTRAD VAL INJ 20MG/ML	Pharmacy Benefit	Adding product to formulary
ESTRAD VAL INJ 40MG/ML	Pharmacy Benefit	Adding product to formulary
EVRYSDI TAB 5MG	Pharmacy Benefit	Adding product to formulary
GALANTAMINE TAB 4MG	Pharmacy Benefit	Adding product to formulary
GALANTAMINE TAB 12MG	Pharmacy Benefit	Adding product to formulary
GLYCOPYRROLA SOL 1MG/5ML	Pharmacy Benefit	Adding product to formulary
GOMEKLI CAP 1MG	Pharmacy Benefit	Adding product to formulary
GOMEKLI CAP 2MG	Pharmacy Benefit	Adding product to formulary
GOMEKLI TAB 1MG	Pharmacy Benefit	Adding product to formulary
INSULIN GLAR INJ 300/ML	Pharmacy Benefit	Adding product to formulary
PREVYMIS PAK 120MG	Pharmacy Benefit	Adding product to formulary
PREVYMIS PAK 20MG	Pharmacy Benefit	Adding product to formulary
RIVASTIGMINE DIS 4.6MG/24	Pharmacy Benefit	Adding product to formulary
RIVASTIGMINE DIS 9.5MG/24	Pharmacy Benefit	Adding product to formulary
RIVASTIGMINE DIS 13.3/24	Pharmacy Benefit	Adding product to formulary
ROMVIMZA CAP 14MG	Pharmacy Benefit	Adding product to formulary
ROMVIMZA CAP 20MG	Pharmacy Benefit	Adding product to formulary
ROMVIMZA CAP 30MG	Pharmacy Benefit	Adding product to formulary
TOUJEO MAX INJ 300/ML	Pharmacy Benefit	Removing Product from formulary
TOUJEO SOLO INJ 300/ML	Pharmacy Benefit	Removing Product from formulary
TWIST KIT REFILL	Pharmacy Benefit	Adding product to formulary
TWIST REFIL KIT INFUSION	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.