

Neighborhood Health Plan of Rhode Island  
Formulary Change Document



August 2023 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
ATORVASTATIN TAB 10MG	Pharmacy Benefit	Adding to 90 Day Supply List
ATORVASTATIN TAB 20MG	Pharmacy Benefit	Adding to 90 Day Supply List
ATORVASTATIN TAB 40MG	Pharmacy Benefit	Adding to 90 Day Supply List
ATORVASTATIN TAB 80MG	Pharmacy Benefit	Adding to 90 Day Supply List
LOVASTATIN TAB 10MG	Pharmacy Benefit	Adding to 90 Day Supply List
LOVASTATIN TAB 20MG	Pharmacy Benefit	Adding to 90 Day Supply List
LOVASTATIN TAB 40MG	Pharmacy Benefit	Adding to 90 Day Supply List
PRAVASTATIN TAB 10MG	Pharmacy Benefit	Adding to 90 Day Supply List
PRAVASTATIN TAB 20MG	Pharmacy Benefit	Adding to 90 Day Supply List
PRAVASTATIN TAB 40MG	Pharmacy Benefit	Adding to 90 Day Supply List
PRAVASTATIN TAB 80MG	Pharmacy Benefit	Adding to 90 Day Supply List
ZIEXTENZO INJ 6/0.6ML	Pharmacy Benefit	Removing product from 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.