



Neighborhood Integrity Drug Formulary Changes

Below is a listing of changes to Neighborhood's Integrity Formulary

Effective Date: 11-1-2017

| Drug Name | Formulary Change | Coverage Restrictions |
|---|---------------------------|---------------------------------------|
| casprofungin 50 mg intravenous solution | Add to Formulary / Tier 1 | Prior Authorization |
| casprofungin 70 mg intravenous solution | Add to Formulary / Tier 1 | Prior Authorization |
| diazepam 2.5 mg rectal kit | Add to Formulary / Tier 1 | Prior Authorization Quantity Limit |
| diazepam 5 mg-7.5 mg-10 mg rectal kit | Add to Formulary / Tier 1 | Prior Authorization Quantity Limit |
| estradiol 10 mcg vaginal tablet | Add to Formulary / Tier 1 | N/A |
| IDHIFA 100 MG TABLET | Add to Formulary / Tier 2 | Prior Authorization |
| IDHIFA 50 MG TABLET | Add to Formulary / Tier 2 | Prior Authorization |
| ISENTRESS HD 600 MG TABLET | Add to Formulary / Tier 2 | Quantity Limit |
| LYNPARZA 100 MG TABLET | Add to Formulary / Tier 2 | Prior Authorization |
| LYNPARZA 150 MG TABLET | Add to Formulary / Tier 2 | Prior Authorization |
| NERLYNX 40 MG TABLET | Add to Formulary / Tier 2 | Prior Authorization |
| prasugrel 10 mg tablet | Add to Formulary / Tier 1 | N/A |
| prasugrel 5 mg tablet | Add to Formulary / Tier 1 | N/A |
| RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK | Add to Formulary / Tier 2 | Prior Authorization |
| theophylline 80 mg/15 ml oral solution | Add to Formulary / Tier 1 | N/A |
| vigabatrin 500 mg oral powder packet | Add to Formulary / Tier 1 | Prior Authorization |
| VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION | Add to Formulary / Tier 2 | Prior Authorization |
| ZYTIGA 500 MG TABLET | Add to Formulary / Tier 2 | Prior Authorization |

| Drug Name | Formulary Change | Coverage Restrictions |
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Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood Integrity formulary.

Explanation of Terms: Products listed as “added” are available to most Neighborhood members at zero copay; if restrictions apply they will be indicated on this form and in the electronic formulary. Drugs may be limited to certain age groups (an AGE EDIT), by demonstrating prior therapies have been attempted (a STEP EDIT), in quantity allowed per 30 days (a QUANTITY LIMIT), or by requiring precertification for use from NHPRI (a PRIOR AUTHORIZATION). Products listed as “removed” are no longer available to Neighborhood members and are considered non-formulary or benefit exclusions. Physicians may request these products via the medical necessity request process only.