

Changes to Neighborhood INTEGRITY's Formulary October 2020

Neighborhood INTEGRITY may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, you or your prescriber can ask us to make an exception and continue to cover the drug in the way you would like. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your Evidence of Coverage, or call Customer Care at 1-844-812-6896 (TTY: 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day.

The table below outlines changes to our formulary that may impact you.

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
ADRUCIL INJ 2.5/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUOROURACIL INJ 2.5/50ML	Tier 1	07/01/2020
ADRUCIL INJ 500/10ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUOROURACIL INJ 500/10ML	Tier 1	07/01/2020
AFINITOR TAB 2.5MG	Deletion Of Drug From Formulary	Generic Available	EVEROLIMUS TAB 2.5MG	Tier 2	05/01/2020
AFINITOR TAB 5MG	Deletion Of Drug From Formulary	Generic Available	EVEROLIMUS TAB 5MG	Tier 2	05/01/2020
AFINITOR TAB 7.5MG	Deletion Of Drug From Formulary	Generic Available	EVEROLIMUS TAB 7.5MG	Tier 2	05/01/2020
AMINOSYN-PF INJ 10%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	AMINOSYN II INJ 10%	Tier 2	08/01/2020

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
CIPROFLOXACIN SUSP 500MG/5	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXACIN TAB 500MG	Tier 1	03/01/2020
COLOCORT ENEMA 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 1	11/01/2020
COUMADIN TAB 10MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 1MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	12/01/2020
COUMADIN TAB 2.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 2MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 4MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 6MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 7.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
D5W/NAACL INJ 0.225%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	D5W/NAACL INJ 0.2%	Tier 1	10/01/2020
D5W/NAACL INJ 0.33%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	D5W/NAACL INJ 0.225%	Tier 1	02/01/2020
DAPTOMYCIN SOLN 350MG (brand)	Deletion Of Drug From Formulary	Generic Available	DAPTOMYCIN SOLN 350MG	Tier 2	01/01/2020
DELYLA TAB 0.1-0.02	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	Tier 1	02/01/2020
DEPEN TITRA TAB 250MG	Deletion Of Drug From Formulary	Generic Available	PENICILLAMIN TAB 250MG	Tier 2	05/01/2020
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	APRI TAB	Tier 1	10/01/2020
E.E.S. 400 TAB 400MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	Tier 1	09/01/2020
EPROSARTAN MES TAB 600MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LOSARTAN POT TAB	Tier 1	06/01/2020
FARYDAK CAP 15MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FARYDAK CAP 20MG	Tier 2	05/01/2020
FASLODEX INJ 250/5ML	Deletion Of Drug From Formulary	Generic Available	FULVESTRANT INJ 250 MG/5ML	Tier 2	01/01/2020
FIRAZYR INJ 30MG/3ML	Deletion Of Drug From Formulary	Generic Available	ICATIBANT INJ 30 MG/3ML	Tier 2	01/01/2020
FLURBIPROFEN TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLURBIPROFEN TAB 100MG	Tier 1	05/01/2020
HUMIRA PEDIATRIC INJ CROHNS	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA KIT 40MG/0.8 ML	Tier 2	04/01/2020
IONOSOL-MB INJ D5W	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	NORMOSOL -M INJ /D5W	Tier 2	05/01/2020

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
ISOSORBIDE DINITRATE TAB ER 40 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ISOSORBIDE DINITRATE TAB	Tier 1	03/01/2020
JADENU TAB 360MG	Deletion Of Drug From Formulary	Generic Available	DEFERASIROX TAB 360MG	Tier 2	05/01/2020
JADENU TAB 90MG	Deletion Of Drug From Formulary	Generic Available	DEFERASIROX TAB 90MG	Tier 2	05/01/2020
KCL/D5W/NACL INJ .15/.33%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KCL/D5W/NACL INJ .15-.45%	Tier 1	02/01/2020
LYRICA CAP	Deletion Of Drug From Formulary	Generic Available	PREGABALIN CAP	Tier 1	01/01/2020
LYRICA SOL 20MG/ML	Deletion Of Drug From Formulary	Generic Available	PREGABALIN SOLN 20 MG/ML	Tier 1	01/01/2020
MORGIDOX CAP 1X50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOXYCYCLINE HYCLATE CAP 50 MG	Tier 1	02/01/2020
MOXEZA SOLN 0.5%	Deletion Of Drug From Formulary	Generic Available	MOXIFLOXACIN HCL OPHTH SOLN 0.5%	Tier 1	03/01/2020
NEBUPENT INH 300MG	Deletion Of Drug From Formulary	Generic Available	PENTAMIDINE INH 300MG	Tier 1	05/01/2020
NORETH/ETHIN TAB FE 1/20	Deletion Of Drug From Formulary	Manufacturer Discontinuation	JUNEL FE 24 TAB 1/20	Tier 1	04/01/2020
NORLYROC TAB 0.35MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CAMILA TAB 0.35MG	Tier 1	02/01/2020
NORMOSOL -R INJ /D5W	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ISOLYTE-S INJ	Tier 2	10/01/2020
NOXAFIL TAB 100MG	Deletion Of Drug From Formulary	Generic Available	POSACONAZOLE TAB 100MG DR	Tier 2	05/01/2020
NUVARING	Deletion Of Drug From Formulary	Generic Available	ELURYNG MIS	Tier 1	05/01/2020
PENTAM 300 INJ 300MG	Deletion Of Drug From Formulary	Generic Available	PENTAMIDINE ISETHIONATE FOR SOLN 300 MG	Tier 1	05/01/2020
POTASSIUM CHLORIDE/D5W INJ 40MEQ/L	Deletion Of Drug From Formulary	Manufacturer Discontinuation	POTASSIUM CHLORIDE/D5W INJ 20MEQ/L	Tier 1	09/01/2020
RANITIDINE INJ	Deletion Of Drug From Formulary	Market Removal	FAMOTIDINE INJ	Tier 1	06/01/2020
RANITIDINE SYP 75MG/5ML	Deletion Of Drug From Formulary	Market Removal	FAMOTIDINE SUS 40MG/5ML	Tier 1	06/01/2020
RANITIDINE TAB	Deletion Of Drug From Formulary	Market Removal	FAMOTIDINE TAB	Tier 1	06/01/2020
REBETOL SOLN 40MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIBAVIRIN TAB 200MG	Tier 1	02/01/2020
RESCRIPTOR TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EFAVIRENZ TAB 600MG	Tier 2	06/01/2020
RIBASPHERE CAP 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIBAVIRIN CAP 200MG	Tier 1	02/01/2020
RIBASPHERE TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIBAVIRIN TAB 200MG	Tier 1	02/01/2020
RIBASPHERE TAB 600MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIBAVIRIN CAP 200MG	Tier 1	02/01/2020
RIFATER TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ISONIAZID TAB	Tier 1	09/01/2020
SILENOR TAB	Deletion Of Drug From Formulary	Generic Available	DOXEPIN TAB	Tier 1	05/01/2020

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
SYLATRON KIT 600MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SYLATRON KIT 300MCG	Tier 2	04/01/2020
THEOPHYLLINE TAB 100MG CR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	THEOPHYLLINE TAB 400MG ER	Tier 1	01/01/2020
THEOPHYLLINE TAB 200MG CR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	THEOPHYLLINE TAB 400MG ER	Tier 1	01/01/2020
TRAVATAN Z DROPS 0.004%	Deletion Of Drug From Formulary	Generic Available	TRAVOPROST DROPS 0.004%	Tier 1	05/01/2020
VIDEX EC CAP 125MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIDANOSINE CAP 250MG	Tier 1	07/01/2020
VIDEX SOL 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIDANOSINE CAP 200MG	Tier 1	07/01/2020
ZYKADIA CAP 150MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ZYKADIA TAB 150MG	Tier 2	02/01/2020

*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your physician can determine if one of the alternatives listed here is appropriate for you given the individualized nature of drug therapy. Please consult your physician to confirm if this is an appropriate drug for you.

Medical Benefit Changes

Drug Name	Benefit	Description of Change
Injection, daratumumab 10 mg and hyaluronidase-fihj	Medical Benefit	Authorization Required
Mitomycin pyelocalyceal instillation, 1 mg	Medical Benefit	Authorization Required
Injection, romidepsin, non-lyophilized (e.g. liquid), 1 mg	Medical Benefit	Authorization Required
Injection, sacituzumab govitecan-hziy, 10 mg	Medical Benefit	Authorization Required
Injection, ferric derisomaltose, 10 mg	Medical Benefit	No Authorization Required
Injection, brexanolone, 1 mg	Medical Benefit	Authorization Required
Injection, meloxicam, 1 mg	Medical Benefit	Authorization Required
Injection, eptinezumab-jjmr, 1 mg	Medical Benefit	Authorization Required
Injection, teprotumumab-trbw, 10 mg	Medical Benefit	Authorization Required
Injection, bimatoprost, intracameral implant, 1 mcg	Medical Benefit	Authorization Required
Injection, isatuximab-irfc, 10 mg	Medical Benefit	Authorization Required
Injection, pemetrexed (Pemfexy), 10 mg	Medical Benefit	Authorization Required

