

Changes to Neighborhood INTEGRITY's Formulary January 2021

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 of Change
ALINIA SUS 100/5ML	Added Quantity Limit
ALINIA TAB 500MG	Added Quantity Limit
ALOSETRON TAB 0.5MG	Added Quantity Limit
ALOSETRON TAB 1MG	Added Quantity Limit
AMETHIA LO TAB	Removed From Formulary
AMINOSYN II INJ 10%	Removed From Formulary
AMITIZA CAP 24MCG	Removed From Formulary
AMITIZA CAP 8MCG	Removed From Formulary
AMLODIPINE/BENAZEPRIL CAP 10-20MG	Added Quantity Limit
AMLODIPINE/BENAZEPRIL CAP 10-40MG	Added Quantity Limit
AMLODIPINE/BENAZEPRIL CAP 2.5-10MG	Added Quantity Limit

AMLODIPINE/BENAZEPRIL CAP 5-10MG	Added Quantity Limit
AMLODIPINE/BENAZEPRIL CAP 5-20MG	Added Quantity Limit
AMLODIPINE/BENAZEPRIL CAP 5-40MG	Added Quantity Limit
AMLODIPINE/OLMESARTAN TAB 10-20MG	Added Quantity Limit
AMLODIPINE/OLMESARTAN TAB 10-40MG	Added Quantity Limit
AMLODIPINE/OLMESARTAN TAB 5-20MG	Added Quantity Limit
AMLODIPINE/OLMESARTAN TAB 5-40MG	Added Quantity Limit
AMLODIPINE/VALSARTAN/HCT'Z TAB	Added Quantity Limit
AMLODIPINE/VALSARTAN TAB 10-160MG	Added Quantity Limit
AMLODIPINE/VALSARTAN TAB 10-320MG	Added Quantity Limit
AMLODIPINE/VALSARTAN TAB 5-160MG	Added Quantity Limit
AMLODIPINE/VALSARTAN TAB 5-320MG	Added Quantity Limit
AMPHETAMINE/DEXTROAMPHETAMINE CAP 10MG ER	Added Prior Authorization and Updated Quantity Limit
AMPHETAMINE/DEXTROAMPHETAMINE CAP 15MG ER	Added Prior Authorization
AMPHETAMINE/DEXTROAMPHETAMINE CAP 20MG ER	Added Prior Authorization
AMPHETAMINE/DEXTROAMPHETAMINE CAP 25MG ER	Added Prior Authorization
AMPHETAMINE/DEXTROAMPHETAMINE CAP 30MG ER	Added Prior Authorization
AMPHETAMINE/DEXTROAMPHETAMINE CAP 5MG ER	Added Prior Authorization and Updated Quantity Limit
AMPHETAMINE/DEXTROAMPHETAMINE TAB 10MG	Added Prior Authorization and Updated Quantity Limit
AMPHETAMINE/DEXTROAMPHETAMINE TAB 12.5MG	Added Prior Authorization and Updated Quantity Limit
AMPHETAMINE/DEXTROAMPHETAMINE TAB 15MG	Added Prior Authorization and Updated Quantity Limit
AMPHETAMINE/DEXTROAMPHETAMINE TAB 20MG	Added Prior Authorization
AMPHETAMINE/DEXTROAMPHETAMINE TAB 30MG	Added Prior Authorization
AMPHETAMINE/DEXTROAMPHETAMINE TAB 5MG	Added Prior Authorization and Updated Quantity Limit
AMPHETAMINE/DEXTROAMPHETAMINE TAB 7.5MG	Added Prior Authorization and Updated Quantity Limit
ATORVASTATIN TAB 10MG	Added Quantity Limit
ATORVASTATIN TAB 20MG	Added Quantity Limit
ATORVASTATIN TAB 40MG	Added Quantity Limit
ATORVASTATIN TAB 80MG	Added Quantity Limit
AZASITE SOL 1%	Removed From Formulary

BRIVIACT SOL 10MG/ML	Added Quantity Limit
BRIVIACT TAB 100MG	Added Quantity Limit
BRIVIACT TAB 10MG	Added Quantity Limit
BRIVIACT TAB 25MG	Added Quantity Limit
BRIVIACT TAB 50MG	Added Quantity Limit
BRIVIACT TAB 75MG	Added Quantity Limit
BUDESONIDE SUS 0.25MG/2	Added Quantity Limit
BUDESONIDE SUS 0.5MG/2	Added Quantity Limit
CANDESARTAN/HCTZ TAB 16-12.5	Added Quantity Limit
CANDESARTAN/HCTZ TAB 32-12.5	Added Quantity Limit
CANDESARTAN/HCTZ TAB 32-25MG	Added Quantity Limit
CANDESARTAN TAB 16MG	Added Quantity Limit
CANDESARTAN TAB 32MG	Added Quantity Limit
CANDESARTAN TAB 4MG	Added Quantity Limit
CANDESARTAN TAB 8MG	Added Quantity Limit
CEFADROXIL TAB 1GM	Removed From Formulary
CIPRODEX SUS 0.3-0.1%	Removed From Formulary
CLINDAMYCIN LOT 10MG/ML	Added Quantity Limit
CLOBAZAM SUS 2.5MG/ML	Added Quantity Limit
CLOBAZAM TAB 10MG	Added Quantity Limit
CLOBAZAM TAB 20MG	Added Quantity Limit
CLOTRIMAZOLE/BETAMETHASONE CREAM DIPROP	Added Quantity Limit
CLOTRIMAZOLE CREAM 1%	Added Quantity Limit
CLOTRIMAZOLE TROCHE 10MG	Added Quantity Limit
COLCRYS TAB 0.6MG	Removed From Formulary
DEXMETHYLPHENIDATE TAB 10MG	Added Prior Authorization
DEXMETHYLPHENIDATE TAB 2.5MG	Added Prior Authorization
DEXMETHYLPHENIDATE TAB 5MG	Added Prior Authorization
DIASTAT ACDL GEL 12.5-20	Removed From Formulary
DIASTAT ACDL GEL 5-10MG	Removed From Formulary

DIASTAT PED GEL 2.5M GEL	Removed From Formulary
DIGITEK TAB 0.25MG	Added Quantity Limit
DIGOX TAB 0.25MG	Added Quantity Limit
DIGOXIN TAB 0.25MG	Added Quantity Limit
DRIZALMA CAP 40MG DR	Updated Quantity Limit
ELETRIPTAN TAB 20MG	Removed From Formulary
ELETRIPTAN TAB 40MG	Removed From Formulary
EMGALITY INJ 120MG/ML	Removed From Formulary
EMGALITY INJ 120MG/ML	Removed From Formulary
EMTRICITABINE CAP 200MG	Removed From Formulary
ERYTHROMYCIN GEL 2%	Removed From Formulary
ERYTHROMYCIN SOL 2%	Added Quantity Limit
ESBRIET CAP 267MG	Added Quantity Limit
ESBRIET TAB 267MG	Added Quantity Limit
ESBRIET TAB 801MG	Added Quantity Limit
EZETIMIBE/SIMVASTATIN TAB 10-10MG	Added Quantity Limit
EZETIMIBE/SIMVASTATIN TAB 10-20MG	Added Quantity Limit
EZETIMIBE/SIMVASTATIN TAB 10-40MG	Added Quantity Limit
EZETIMIBE/SIMVASTATIN TAB 10-80MG	Added Quantity Limit
FAMOTIDINE SUS 40MG/5ML	Added Quantity Limit
FAMOTIDINE TAB 20MG	Added Quantity Limit
FAMOTIDINE TAB 40MG	Added Quantity Limit
GAVRETO CAP 100MG	Removed From Formulary
GENTAMICIN CREAM 0.1%	Added Quantity Limit
GEODON INJ 20MG	Removed From Formulary
GLEOSTINE CAP 100MG	Removed From Formulary
GLEOSTINE CAP 10MG	Removed From Formulary
GLEOSTINE CAP 40MG	Removed From Formulary
GLUCAGEN INJ HYPOKIT	Removed From Formulary
GLUCAGON KIT 1MG	Removed From Formulary

GLYBURIDE/METFORMIN TAB 1.25-250	Removed From Formulary
GLYBURIDE/METFORMIN TAB 2.5-500	Removed From Formulary
GLYBURIDE/METFORMIN TAB 5-500MG	Removed From Formulary
GLYBURIDE MICRONIZED TAB 1.5MG	Removed From Formulary
GLYBURIDE MICRONIZED TAB 3MG	Removed From Formulary
GLYBURIDE MICRONIZED TAB 6MG	Removed From Formulary
GLYBURIDE TAB 1.25MG	Removed From Formulary
GLYBURIDE TAB 2.5MG	Removed From Formulary
GLYBURIDE TAB 5MG	Removed From Formulary
GUANFACINE TAB 1MG ER	Added Quantity Limit
GUANFACINE TAB 2MG ER	Added Quantity Limit
GUANFACINE TAB 3MG ER	Added Quantity Limit
GUANFACINE TAB 4MG ER	Added Quantity Limit
HYDROCORTISONE BUTYRATE CRE 0.1%	Removed From Formulary
HYDROCORTISONE BUTYRATE OIN 0.1%	Removed From Formulary
HYDROMORPHONE INJ 10MG/ML	Removed From Formulary
HYDROMORPHONE INJ 10MG/ML	Removed From Formulary
ICLUSIG TAB 15MG	Added Quantity Limit
ICLUSIG TAB 45MG	Added Quantity Limit
IMBRUVICA CAP 140MG	Added Quantity Limit
IMBRUVICA CAP 70MG	Added Quantity Limit
IMBRUVICA TAB 140MG	Added Quantity Limit
IMBRUVICA TAB 280MG	Added Quantity Limit
IMBRUVICA TAB 420MG	Added Quantity Limit
IMBRUVICA TAB 560MG	Added Quantity Limit
IRBESARTAN/HCTZ TAB 150-12.5	Added Quantity Limit
IRBESARTAN/HCTZ TAB 300-12.5	Added Quantity Limit
IRBESARTAN TAB 150MG	Added Quantity Limit
IRBESARTAN TAB 300MG	Added Quantity Limit
IRBESARTAN TAB 75MG	Added Quantity Limit

JADENU SPRKL GRA 180MG	Removed From Formulary
JADENU SPRKL GRA 360MG	Removed From Formulary
JADENU SPRKL GRA 90MG	Removed From Formulary
JADENU TAB 180MG	Removed From Formulary
KALYDECO PAK 25MG	Added Quantity Limit
KALYDECO PAK 50MG	Added Quantity Limit
KALYDECO PAK 75MG	Added Quantity Limit
KALYDECO TAB 150MG	Added Quantity Limit
KETOCONAZOLE SHAMPOO 2%	Added Quantity Limit
LINEZOLID SUS 100/5ML	Added Quantity Limit
LINEZOLID TAB 600MG	Added Quantity Limit
LOTEMAX GEL 0.5%	Removed From Formulary
LOTEPREDNOL SUS 0.5%	Removed From Formulary
LOVASTATIN TAB 10MG	Added Quantity Limit
LOVASTATIN TAB 20MG	Added Quantity Limit
LOVASTATIN TAB 40MG	Added Quantity Limit
LYNPARZA TAB 100MG	Added Quantity Limit
LYNPARZA TAB 150MG	Added Quantity Limit
MENQUADFI INJ	Removed From Formulary
MESALAMINE CAP 400MG DR	Added Quantity Limit
MESALAMINE TAB 1.2GM	Added Quantity Limit
METHYLPHENIDATE SOL 10MG/5ML	Added Prior Authorization
METHYLPHENIDATE SOL 5MG/5ML	Added Prior Authorization
METHYLPHENIDATE TAB 10MG	Added Prior Authorization
METHYLPHENIDATE TAB 10MG ER	Added Prior Authorization
METHYLPHENIDATE TAB 20MG	Added Prior Authorization
METHYLPHENIDATE TAB 20MG ER	Added Prior Authorization
METHYLPHENIDATE TAB 5MG	Added Prior Authorization
MIGLUSTAT CAP 100MG	Added Quantity Limit
MOXEZA SOL 0.5%	Removed From Formulary

MYCAMINE INJ 100MG	Removed From Formulary
MYCAMINE INJ 50MG	Removed From Formulary
NIACIN ER TAB 1000MG	Added Quantity Limit
NIACIN ER TAB 750MG	Added Quantity Limit
NIACOR TAB 500MG	Removed From Formulary
NITYR TAB 10MG	Removed From Formulary
NITYR TAB 2MG	Removed From Formulary
NITYR TAB 5MG	Removed From Formulary
NUCALA INJ 100MG	Removed From Formulary
NUCALA INJ 100MG/ML	Removed From Formulary
NUCALA INJ 100MG/ML	Removed From Formulary
NUCYNTA ER TAB 100MG	Removed From Formulary
NUCYNTA ER TAB 150MG	Removed From Formulary
NUCYNTA ER TAB 200MG	Removed From Formulary
NUCYNTA ER TAB 250MG	Removed From Formulary
NUCYNTA ER TAB 50MG	Removed From Formulary
NYSTATIN CREAM 100000	Added Quantity Limit
NYSTATIN OINTMENT 100000	Added Quantity Limit
OFEV CAP 100MG	Added Quantity Limit
OFEV CAP 150MG	Added Quantity Limit
OLMESARTAN/AMLODIPINE/HCTZ TAB	Added Quantity Limit
OLMESARTAN/HCTZ TAB 20-12.5	Added Quantity Limit
OLMESARTAN/HCTZ TAB 40-12.5	Added Quantity Limit
OLMESARTAN/HCTZ TAB 40-25MG	Added Quantity Limit
OLMESARTAN TAB 20MG	Added Quantity Limit
OLMESARTAN TAB 40MG	Added Quantity Limit
OLMESARTAN TAB 5MG	Added Quantity Limit
ORFADIN CAP 10MG	Removed From Formulary
ORFADIN CAP 20MG	Removed From Formulary
ORFADIN CAP 2MG	Removed From Formulary

ORFADIN CAP 5MG	Removed From Formulary
ORFADIN SUS 4MG/ML	Removed From Formulary
ORKAMBI GRA 100-125	Added Quantity Limit
ORKAMBI GRA 150-188	Added Quantity Limit
ORKAMBI TAB 100-125	Added Quantity Limit
ORKAMBI TAB 200-125	Added Quantity Limit
OXANDROLONE TAB 10MG	Added Quantity Limit
OXANDROLONE TAB 2.5MG	Added Quantity Limit
PANRETIN GEL 0.1%	Removed From Formulary
PRADAXA CAP 110MG	Removed From Formulary
PRADAXA CAP 150MG	Removed From Formulary
PRADAXA CAP 75MG	Removed From Formulary
PRAVASTATIN TAB 10MG	Added Quantity Limit
PRAVASTATIN TAB 20MG	Added Quantity Limit
PRAVASTATIN TAB 40MG	Added Quantity Limit
PRAVASTATIN TAB 80MG	Added Quantity Limit
PROGLYCEM SUS 50MG/ML	Removed From Formulary
RASAGILINE TAB 0.5MG	Added Quantity Limit
RASAGILINE TAB 1MG	Added Quantity Limit
RESTASIS EMU 0.05%	Removed From Formulary
SIMVASTATIN TAB 10MG	Added Quantity Limit
SIMVASTATIN TAB 20MG	Added Quantity Limit
SIMVASTATIN TAB 40MG	Added Quantity Limit
SIMVASTATIN TAB 5MG	Added Quantity Limit
SYMDEKO TAB 100-150	Added Quantity Limit
SYMDEKO TAB 50-75MG	Added Quantity Limit
SYMPAZAN MIS 10MG	Added Quantity Limit
SYMPAZAN MIS 20MG	Added Quantity Limit
SYMPAZAN MIS 5MG	Added Quantity Limit
TELMISARTAN/AMLODIPINE TAB 40-10MG	Added Quantity Limit

TELMISARTAN/AMLODIPINE TAB 40-5MG	Added Quantity Limit
TELMISARTAN/AMLODIPINE TAB 80-10MG	Added Quantity Limit
TELMISARTAN/AMLODIPINE TAB 80-5MG	Added Quantity Limit
TELMISARTAN/HCTZ TAB 40-12.5	Added Quantity Limit
TELMISARTAN/HCTZ TAB 80-12.5	Added Quantity Limit
TELMISARTAN/HCTZ TAB 80-25MG	Added Quantity Limit
TELMISARTAN TAB 20MG	Added Quantity Limit
TELMISARTAN TAB 40MG	Added Quantity Limit
TELMISARTAN TAB 80MG	Added Quantity Limit
TETRABENAZINE TAB 12.5MG	Updated Quantity Limit
TETRACYCLINE CAP 250MG	Added Prior Authorization
TETRACYCLINE CAP 500MG	Added Prior Authorization
TEXACORT SOL 2.5%	Removed From Formulary
TOLTERODINE TAB 1MG	Added Quantity Limit
TOLTERODINE TAB 2MG	Added Quantity Limit
TRAVOPROST DRO 0.004%	Removed From Formulary
TRIDERM CRE 0.5%	Removed From Formulary
TRIKAFTA TAB	Added Quantity Limit
TRULICITY INJ 3/0.5	Removed From Formulary
TRULICITY INJ 4.5/0.5	Removed From Formulary
VALSARTAN/HCTZ TAB 160-12.5	Added Quantity Limit
VALSARTAN/HCTZ TAB 160-25MG	Added Quantity Limit
VALSARTAN/HCTZ TAB 320-12.5	Added Quantity Limit
VALSARTAN/HCTZ TAB 320-25MG	Added Quantity Limit
VALSARTAN/HCTZ TAB 80-12.5	Added Quantity Limit
VALSARTAN TAB 160MG	Added Quantity Limit
VALSARTAN TAB 320MG	Added Quantity Limit
VALSARTAN TAB 40MG	Added Quantity Limit
VALSARTAN TAB 80MG	Added Quantity Limit
VANCOMYCIN CAP 125MG	Updated Quantity Limit

VANCOMYCIN CAP 250MG	Updated Quantity Limit
VELTASSA POW 16.8GM	Added to Limited Access
VELTASSA POW 25.2GM	Added to Limited Access
VELTASSA POW 8.4GM	Added to Limited Access
VEMLIDY TAB 25MG	Added Prior Authorization
VENCLEXTA TAB 100MG	Added Quantity Limit
VENCLEXTA TAB 10MG	Added Quantity Limit
VENCLEXTA TAB 50MG	Added Quantity Limit
VENCLEXTA TAB START PK	Added Quantity Limit
VORICONAZOLE TAB 200MG	Added Prior Authorization and Quantity Limit
VORICONAZOLE TAB 50MG	Added Prior Authorization and Quantity Limit
ZORTRESS TAB 0.25MG	Removed From Formulary
ZORTRESS TAB 0.5MG	Removed From Formulary
ZORTRESS TAB 0.75MG	Removed From Formulary

*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

HCPCS Code Description	Benefit	Description of Change
Afamelanotide implant, 1 mg	Medical Benefit	Prior Authorization Required
Brexucabtagene autoleucel	Medical Benefit	Prior Authorization Required
Esketamine, nasal spray, 1 mg	Medical Benefit	Prior Authorization Required
Factor viia (antihemophilic factor, recombinant)- jncw (sevenfact), 1 microgram	Medical Benefit	Prior Authorization Required
HEMOSTATIC AGT GASTROINTESTINAL TOP	Medical Benefit	Prior Authorization Required
INJ CASIRIVIMAB & IMDEVIMAB 2400 MG	Medical Benefit	Product - Not Covered Administration – No Authorization Required
INJECTION BAMLANIVIMAB- 700 MG	Medical Benefit	Product - Not Covered Administration –No Authorization Required

Injection, belantamab mafodotin-blmf, 0.5 mg	Medical Benefit	Prior Authorization Required
Injection, cefiderocol, 5 mg	Medical Benefit	No Authorization Required
Injection, daratumumab, 10 mg and hyaluronidase-fihj	Medical Benefit	Prior Authorization Required
Injection, immune globulin (asceniv), 500 mg	Medical Benefit	Prior Authorization Required
Injection, inebilizumab-cdon, 1 mg	Medical Benefit	Prior Authorization Required
Injection, lurbinectedin, 0.1 mg	Medical Benefit	Prior Authorization Required
Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Medical Benefit	Prior Authorization Required
Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Medical Benefit	Prior Authorization Required
Injection, sacituzumab govitecan-hziy, 2.5 mg	Medical Benefit	Prior Authorization Required
Injection, tafasitamab-cxix, 2 mg	Medical Benefit	Prior Authorization Required
Injection, viltolarsen, 10 mg	Medical Benefit	Prior Authorization Required
Mitomycin pyelocalyceal instillation, 1 mg	Medical Benefit	Prior Authorization Required