



## Neighborhood **INTEGRITY** (Medicare-Medicaid Plan) **2019 Formulary: List of covered drugs**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896, 8AM to 8PM, Monday – Friday; 8AM to 12PM 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 call is free. TTY/TDD: 711. For more information, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY). HPMS Approved Formulary File Submission ID: H9576, Version 1. We have made no changes to this formulary since 08/30/2018.

# Neighborhood INTEGRITY | 2019 *List of Covered Drugs* (Formulary)

## Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs are covered by Neighborhood INTEGRITY. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Neighborhood INTEGRITY. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

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## A. Disclaimers

This is a list of drugs that Members can get in Neighborhood INTEGRITY.

- ❖ Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees.
- ❖ Benefits as well as the List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Limitations and restrictions may apply. For more information, call Neighborhood INTEGRITY Member Services or read the Neighborhood INTEGRITY Member Handbook.
- ❖ You can always check Neighborhood INTEGRITY's up-to-date *List of Covered Drugs* online at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).
- ❖ ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call Member Services toll-free phone at 1-844-812-6896. Hours of operation are 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users should call TTY 711. The call is free.
- ❖ ATENCIÓN: Si habla [español], tenemos a su disposición servicios de asistencia gratuitos en su idioma. Llame al 1-844-812-6896 (TTY o TDD 711) de lunes a viernes de 8 a.m. a 8 p.m., y sábados de 8 a.m. a 12 mediodía. Los sábados por la tarde, domingos y días feriados nacionales puede dejar un mensaje y le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.
- ❖ ATENÇÃO: Se falar [Português], estão disponíveis para si serviços de apoio linguístico, gratuitamente. Ligue para o 1-844-812-6896 (TTY/TDD 711), das 8 am às 8 pm, de segunda a sexta-feira; das 8 am às 12 pm ao sábado. Aos sábados à tarde, domingos e feriados federais, poderá ser convidado a deixar uma mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é gratis.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Please call Member Services at 1-844-812-6896 (TTY 711), Hours of operation are 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. TTY users should call TTY 711. The call is free.
- ❖ Our plan can also give you materials in Spanish and Portuguese and in formats such as large print, braille, or audio. Call Member Services to make a standing request to receive your materials now and in the future, in your requested language or alternative format.

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## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

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**B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)**

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by Neighborhood INTEGRITY. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies”.

- Neighborhood INTEGRITY will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a Neighborhood INTEGRITY network pharmacy.
- Neighborhood INTEGRITY may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY) or call Member Services at 1-844-812-6896 (TTY 711).

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**B2. Does the Drug List ever change?**

Yes. Neighborhood INTEGRITY may add or remove drugs on the Drug List during the year. We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from Neighborhood INTEGRITY before you can get a drug.)
- Add or change the amount of drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

- You can always check Neighborhood INTEGRITY's up to date Drug List online at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).
- You can also call Member Services to check the current Drug List at 1-844-812-6896 (TTY 711).

### B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** *Sometimes, a new and cheaper drug comes along that works as well as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.*
  - We may not tell you before we make this change, but we will send you information about the specific change or changes we made.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will send you a letter and the letter will provide you with advice on how to follow up with your provider and pharmacist.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will tell you at least 30 days before we make the change to the Drug List **or** when you ask for a refill. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Then you can:

- Get a 30 day supply of the drug before the change to the Drug List is made, or
- Ask for an exception from these changes. Please see question B10 for more information about exceptions.

**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

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**B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Neighborhood INTEGRITY before you fill your prescription. Neighborhood INTEGRITY may not cover the drug if you do not get approval.
- **Quantity Limits:** Sometimes Neighborhood INTEGRITY limits the amount of a drug you can get.
- **Step therapy:** Sometimes Neighborhood INTEGRITY requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-152. You can also get more information by visiting our web site at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see questions B10 – B12 for more information about exceptions.

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**B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?**

The *List of Covered Drugs* on page 1 has a column labeled “Necessary actions, restrictions, or limits on use.”

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**B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY) .

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## **B7. How can you find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY) by clicking on the link to the Searchable List of Covered Drugs.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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## **B8. What if the drug you want to take is not on the Drug List?**

If you don't see your drug on the Drug List, call Member Services at 1-844-812-6896 (TTY 711) and ask about it. If you learn that Neighborhood INTEGRITY will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see questions B10-B12 for more information about exception.

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## **B9. What if you are a new Neighborhood INTEGRITY member and can't find your drug on the Drug List or have a problem getting your drug?**

We can help. We may cover a temporary 30-day supply of your Part D drug or 90-day supply of your Medicaid-covered drug during the first 90 days you are a Member of Neighborhood INTEGRITY. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of a Part D medication and 90 days of a Medicaid-covered medication.

We will cover a 30-day supply of your Part D drug or 90-day supply of your Medicaid-covered drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**

**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).



- the drug requires prior approval by Neighborhood INTEGRITY, **or** •
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Neighborhood INTEGRITY member.
- This is in addition to the temporary supply during the first 90 days you are a member of Neighborhood INTEGRITY.

If level of care changes then the member is able to receive a 30-day supply if non-long-term care and 31-day supply if in long-term care.

### **B10. Can you ask for an exception to cover your drug?**

Yes. You can ask Neighborhood INTEGRITY to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change rules on your drug.

- For example, Neighborhood INTEGRITY may limit the amount of drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

### **B11. How can you ask for an exception?**

To ask for an exception, call Member Services. Member Services will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

### **B12. How long does it take to get an exception?**

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

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### **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Neighborhood INTEGRITY covers both brand name drugs and generic drugs.

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### **B14. What are OTC drugs?**

OTC stands for “over-the-counter.” Neighborhood INTEGRITY covers some OTC drugs when they are written as prescriptions by your provider at no cost to you.

You can read the Neighborhood INTEGRITY Drug List to see what OTC drugs are covered.

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### **B15. What is your copay?**

As a Neighborhood INTEGRITY member, you have no copays for prescription and OTC drugs as long as you follow Neighborhood INTEGRITY's rules.

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### **B16. What are drug tiers?**

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are OTC drugs

All tiers have no copay.

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## **C. Overview of the *List of Covered Drugs***

The List of Covered Drugs gives you information about the drugs covered by Neighborhood INTEGRITY. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 153. The index alphabetically lists all drugs covered by Neighborhood INTEGRITY.

**Note:** The **DP** next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please see the call-out box below.

**Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

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- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-844-812-6896 (TTY 711). You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

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## C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular agents. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

**B/D** =This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**DP** =The drug is not a Part D drug.

**QL**=Quantity Limit. For certain drugs, Neighborhood INTEGRITY limits the amount of the drug that Neighborhood INTEGRITY will cover.

**ST**= Step Therapy. In some cases, Neighborhood INTEGRITY requires you to first try certain drugs to treat your medical condition before we will cover another drug for your condition. For example, if Drug A and Drug B both treat your medical condition, Neighborhood INTEGRITY may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Neighborhood INTEGRITY will then cover Drug B

**PA**=Prior authorization. Neighborhood INTEGRITY requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Neighborhood INTEGRITY before you fill your prescriptions. If you don't get approval, Neighborhood INTEGRITY may not cover the drug.

**NDS** =Non Extended Day Supply. This drug is not available for more than a 30-day supply.

**LA** =Limited Access. This drug is only available through certain specialty pharmacies.

**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).