



Neighborhood Integrity Drug Formulary Changes

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

Effective Date: 10-1-2017

Drug Name	Formulary Change	Coverage Restrictions
AMNESTEEM 10 MG CAPSULE	Add to Formulary / Tier 1	N/A
AMNESTEEM 20 MG CAPSULE	Add to Formulary / Tier 1	N/A
AMNESTEEM 40 MG CAPSULE	Add to Formulary / Tier 1	N/A
buprenorphine 10 mcg/hour weekly transdermal patch	Add to Formulary / Tier 1	Quantity Limit
buprenorphine 15 mcg/hour weekly transdermal patch	Add to Formulary / Tier 1	Quantity Limit
buprenorphine 20 mcg/hour weekly transdermal patch	Add to Formulary / Tier 1	Quantity Limit
buprenorphine 5 mcg/hour weekly transdermal patch	Add to Formulary / Tier 1	Quantity Limit
buprenorphine 7.5 mcg/hour weekly transdermal patch	Add to Formulary / Tier 1	Quantity Limit
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	Add to Formulary / Tier 1	N/A
fluticasone 113 mcg-salmeterol 14 mcg/actuation breath activated powder	Add to Formulary / Tier 1	N/A
fluticasone 232 mcg-salmeterol 14 mcg/actuation breath activated powder	Add to Formulary / Tier 1	N/A
fluticasone 55 mcg-salmeterol 14 mcg/actuation breath activated powder	Add to Formulary / Tier 1	N/A
Isibloom 0.15 MG-0.03 MG TABLET	Add to Formulary / Tier 1	N/A
meropenem 1 gram intravenous solution	Add to Formulary / Tier 1	N/A
mesalamine 1.2 gram tablet,delayed release	Add to Formulary / Tier 1	N/A
moxifloxacin 0.5 % eye drops	Add to Formulary / Tier 1	N/A
olmesartan 5 mg tablet	Removed Step Therapy	N/A
olmesartan 20 mg tablet	Removed Step Therapy	N/A
olmesartan 40 mg tablet	Removed Step Therapy	N/A
olmesartan 20 mg-HCTZ 12.5 mg tablet	Removed Step Therapy	N/A

Drug Name	Formulary Change	Coverage Restrictions
olmesartan 40 mg-HCTZ 12.5 mg tablet	Removed Step Therapy	N/A
olmesartan 40 mg-HCTZ 25 mg tablet	Removed Step Therapy	N/A
ORFADIN 20 MG CAPSULE	Add to Formulary / Tier 2	Prior Authorization
sevelamer carbonate 800 mg tablet	Add to Formulary / Tier 1	N/A
SYNDROS 5 MG/ML ORAL SOLUTION	Add to Formulary / Tier 2	Prior Authorization
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR	Add to Formulary / Tier 2	Prior Authorization
XATMEP 2.5 MG/ML ORAL SOLUTION	Add to Formulary / Tier 2	Prior Authorization

Drug Name	Formulary Change	Alternative on Formulary
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML IM SOLUTION	Removed from Formulary	Menactra (PF) 4 mcg/0.5mL IM soln

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.