



Neighborhood Integrity Drug Formulary Changes

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

Effective Date: 9-1-2017

| Drug Name | Formulary Change | Coverage Restrictions |
|--|----------------------------------|--------------------------------------|
| Aristada 1.064mg/3.9ml susp ER IM Syringe | Add to Formulary / Tier 2 | Prior Authorization & Quantity Limit |
| Atomoxetine 100mg capsule | Add to Formulary / Tier 1 | N/A |
| Atomoxetine 10mg capsule | Add to Formulary / Tier 1 | N/A |
| Atomoxetine 18mg capsule | Add to Formulary / Tier 1 | N/A |
| Atomoxetine 25mg capsule | Add to Formulary / Tier 1 | N/A |
| Atomoxetine 40mg capsule | Add to Formulary / Tier 1 | N/A |
| Atomoxetine 60mg capsule | Add to Formulary / Tier 1 | N/A |
| Atomoxetine 80mg capsule | Add to Formulary / Tier 1 | N/A |
| Diastat Acudial 12.5mg-15mg-17.5mg-20mg Rectal Kit | Add to Formulary / Tier 2 | Prior Authorization & Quantity Limit |
| Diastat Acudial 5mg-7.5mg-10mg Rectal Kit | Add to Formulary / Tier 2 | Prior Authorization & Quantity Limit |
| Diatstat 2.5mg Rectal Kit | Add to Formulary / Tier 2 | Prior Authorization & Quantity Limit |
| Lidocaine (PF) 10mg/ml (1%) injection soln | Add to Formulary / Tier 1 | N/A |
| Orencia 50mg/0.4ml SC Syringe | Add to Formulary / Tier 2 | Prior Authorization |
| Orencia 87.5mg/0.7ml SC Syringe | Add to Formulary / Tier 2 | Prior Authorization |
| Sevelamer carbonate 0.8g oral powder packet | Add to Formulary / Tier 1 | N/A |
| Sevelamer carbonate 2.4g oral powder packet | Add to Formulary / Tier 1 | N/A |
| Varizig 125 unit/1.2ml IM soln | Add to Formulary / Tier 2 | N/A |

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.