



Neighborhood Integrity Drug Formulary Changes

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

Effective Date: 8-1-2017

Drug Name	Formulary Change	Coverage Restrictions	Alternatives Covered on Formulary
Alunbrig 30mg tablet	Add to Formulary	Prior Authorization	N/A
Clofarabine 20mg/20ml intravenous soln	Add to Formulary	Prior Authorization	N/A
ezetimibe-simvastatin tablet	Add to Formulary	N/A	N/A
Infinzi intravenous solution	Add to Formulary	Prior Authorization	N/A
Ingrezza 40mg capsule	Add to Formulary	Prior Authorization	N/A
Kisquali-Femara Co-Pack	Add to Formulary	Prior Authorization	N/A
Rydapt 25mg capsule	Add to Formulary	Prior Authorization	N/A
Zatmep 2.5mg/ml soln	Add to Formulary	Prior Authorization	N/A
Zejula 100mg capsule	Add to Formulary	Prior Authorization	N/A
Aminosyn II 7% intravenous soln	Removed from Formulary	N/A	Aminosyn II 8.5% intravenous 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.