



Important information

The following are changes that have been made to our formulary. Please keep this document with your Fallon Senior Plan Group 1 2019 Formulary (List of Covered Drugs).

These changes are reflected in formulary number 00019396, version 13, updated on May 23, 2019. The searchable formulary at fallonhealth.org/seniorplan always contains the most current information.

Drug Name	Drug Tier	Requirements/ Limits*	Reason for change	Effective date of change
Aliskiren Fumarate Tablet 150 MG Ora	Tier 2		Addition	05/01/2019
Aliskiren Fumarate Tablet 300 MG Oral	Tier 2		Addition	05/01/2019
Bijuva Capsule 1-100 MG Oral	Tier 4		Addition	05/01/2019
Dovato Tablet 50-300 MG Oral	Tier 5		Addition	05/01/2019
Krintafel Tablet 150 MG Oral	Tier 4		Addition	05/01/2019
Levorphanol Tartrate Tablet 3 MG Oral	Tier 2		Addition	05/01/2019
Prograf Packet 0.2 MG Oral	Tier 4	PA	Addition	05/01/2019
Prograf Packet 1 MG Oral	Tier 4	PA	Addition	05/01/2019
Pyridostigmine Bromide Solution 60MG/5ML Oral	Tier 1		Addition	05/01/2019
Ranolazine ER Tablet Extended Release 12 Hour 1000 MG Ora	Tier 1		Addition	05/01/2019
Ranolazine ER Tablet Extended Release 12 Hour 500 MG Oral	Tier 1		Addition	05/01/2019
Ribasphere RibaPak Tablet Therapy Pack 400 & 600 MG Oral	Tier 2		Addition	05/01/2019
Tarina 24 Fe Tablet 1-20 MG-MCG(24) Oral	Tier 2		Addition	05/01/2019
Versacloz Suspension 50 MG/ML Oral	Tier 4		Addition	05/01/2019
Tekturna Tablet 150 MG Oral			Removed	05/01/2019

Tekturna Tablet 300 MG Oral			Removed	05/01/2019
Mestinon Syrup 60MG/5ML Oral			Removed	05/01/2019

* Some drugs have coverage rules or have limits on the amount you can get. In some cases you must do something before you can get the drug. For example:

- Limited Access (LA): This prescription may be available only at certain pharmacies.
- Non Extended Day Supply (NEDS): This drug is limited to a 30-day supply per prescription fill.
- Quantity limits (QL): Sometimes Fallon Health limits the amount of a drug you can get. For example, the plan might limit how many refills you can get; or how much of a drug you can get each time you fill your prescription.
- Step therapy (ST): Sometimes Fallon Health requires you to do step therapy. This means the plan wants you to try lower-cost drugs (that often are just as effective) before the plan covers drugs that cost more.
- Part B versus Part D (B/D): This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- Prior authorization (PA): For some drugs, you or your doctor must get approval from Fallon Health before you fill your prescription. If you don't get approval, Fallon Health may not cover the drug.
- Mail Order Drug (MO): This prescription drug is available through our mail-order service.

Removing a drug from our formulary will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it until January 1 of the next year, as long as the drug continues to be medically necessary and was not removed for safety reasons.

This is not a complete list of drugs covered by our plan. For a complete listing, please call 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week.) or visit fallonhealth.org/seniorplan.

Fallon Health is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.