

Fallon Health NaviCare[®] SCO and NaviCare[®] HMO SNP

2024 *List of Covered Drugs* (Formulary)

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

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Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by NaviCare. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by NaviCare.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

This formulary was updated on 06/27/2024. For more recent information or other questions, contact us at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/navicare.

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

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If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

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A. Disclaimers

This is a list of drugs that members can get in NaviCare.

- ❖ NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS.
- ❖ MassOptions is a free resource that connects elders, individuals with disabilities and their caregivers with information on plan choices that can best meet their needs. You can call MassOptions at 1-800-243-4636 (TRS 711), 9 a.m.–5 p.m., Monday–Friday.
- ❖ You can always check NaviCare’s up-to-date *List of Covered Drugs* online at fallonhealth.org/navicare or by calling Enrollee Services at 1-877-700-6996 (TRS 711).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free.
- ❖ This document is available for free in Spanish, other languages are available upon request.
- ❖ A member’s preferred language, both written and spoken, or request for information in an alternate format is requested by the Plan on each member’s enrollment form. The member’s language preference will be captured and stored in the Plan’s central operating system for all communications, so the member will not need to make a separate request each time.
- ❖ Enrolled members may change their preferred language or communications format by informing a member of their Care Team or by calling NaviCare Enrollee Services at 1-877-700-6996 (TRS 711).

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.

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 3 are the drugs covered by NaviCare. The 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.” The prescription drugs included on this *List of Covered Drugs* are covered by NaviCare.

- NaviCare 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,

(This section is continued on the next page).



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

- NaviCare agrees that the drug is medically necessary for you, **and** you fill the prescription at a NaviCare network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at fallonhealth.org/navicare or call Enrollee Services at 1-877-700-6996 (TRS 711).

B2. Does the Drug List ever change?

Yes, and NaviCare must follow Medicare and MassHealth rules when making changes. We 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 authorization is permission from NaviCare before you can get a drug.)
- Add or change the amount of a 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, refer to 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 on the market 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.

- You can always check NaviCare's up-to-date Drug List online at fallonhealth.org/navicare.
- You can also call Enrollee Services at 1-877-700-6996 (TRS 711) to check the current Drug List.

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

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

(This section is continued on the next page).



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

A new generic drug becomes available. Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name 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 we made once it happens.
- 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. Please refer to questions B10-B12 for more information on exceptions.
- **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.

If you still have medication that is not safe or has been taken off the market, please return it to the pharmacy that filled your prescription. If you received this medication through a mail-order pharmacy, please contact the pharmacy for instructions on how to return it. Also, please call your doctor. They will be able to suggest the appropriate alternative treatment for you, if necessary.

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**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They 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 from these changes. To learn more about exceptions, refer to questions B10-B12.



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

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 authorization:** For some drugs, you or your doctor or other prescriber must get authorization from NaviCare before you fill your prescription. Prior authorization is different from a referral. NaviCare may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes NaviCare limits the amount of a drug you can get.
- **Step therapy:** Sometimes NaviCare 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 beginning on page xii. You can also get more information by visiting our website at fallonhealth.org/navicare. 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. They 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. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by Medical Condition on page xii has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if NaviCare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to 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.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

(This section is continued on the next page).



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it starting on page 97. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page xii. 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.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Enrollee Services at 1-877-700-6996 (TRS 711) and ask about it. If you learn that NaviCare will not cover the drug, you can do one of these things:

- Ask Enrollee Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask NaviCare to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new NaviCare member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of NaviCare. This will give you time to talk to your doctor or other prescriber. They 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 refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by NaviCare **or**
- you are taking a drug that is part of a step therapy restriction

(This section is continued on the next page).



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

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 NaviCare member.
- This is in addition to the temporary supply during the first 90 days you are a member of NaviCare.

If you are a current member of NaviCare affected by a formulary change from one year to the next, we will provide you with a 30-day transition supply (unless the prescription is written for fewer days) during the first 90 days of the plan year. You should talk to your doctor about switching to a medication that we cover or requesting a formulary exception. You can get early refills if you are entering or leaving a long-term care facility. You can refer to the Evidence of Coverage or call our Enrollee Services team for more information about how to request a formulary exception.

B10. Can I ask for an exception to cover my drug?

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

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

- For example, NaviCare may limit the amount of a 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 authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Enrollee Services. An Enrollee Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the Evidence of Coverage to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. This may be sent to us by mail or fax. Send by mail to OptumRx, Prior Authorization Department, PO Box 2975, Mission, KS 66201 or fax to 1-844-403-1028.

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.



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

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).

NaviCare covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". NaviCare covers some OTC drugs when they are written as prescriptions by your provider.

You can read the NaviCare SCO and NaviCare HMO SNP Over-the-Counter Drug List to find out what OTC drugs are covered.

B15. Does NaviCare cover non-drug OTC products?

NaviCare covers some non-drug OTC products when they are written as prescriptions by your provider. Examples of non-drug OTC products include simple syrup and zinc oxide.

You can read the NaviCare SCO and NaviCare HMO SNP Over-the-Counter Drug List to find out what non-drug OTC products are covered.

B16. Does NaviCare cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs.

B17. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B18. What is my copayment/copay?

NaviCare members have no copays/copayments for prescription and (OTC) drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

All drugs on our Drug List have no copay.

- Generic drugs have \$0 copay.
- Brand name drugs have \$0 copay.

(This section is continued on the next page).



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

OTCs have a \$0 copay.

If you have questions, call Enrollee Services at 1-877-700-6996 (TRS 711).

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by NaviCare. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 97. The index alphabetically lists all drugs covered by NaviCare.



If you have questions, please call NaviCare at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

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:

| Abbreviation | Explanation |
|--------------|--|
| 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. (This applies to NaviCare HMO SNP only. Drugs for members of NaviCare SCO are covered under MassHealth.) |
| HI | Home Infusion. This prescription drug is covered under our medical benefit. For more information, call Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/navicare . |
| LA | Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). |
| MO | Mail-Order Drug. This prescription drug is available through our mail-order service. |
| NEDS | Non-Extended Day Supply. This drug is limited to a 30-day supply per prescription fill. |
| PA | Prior Authorization. NaviCare requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Health before you fill your prescriptions. If you don’t get approval, NaviCare may not cover the drug. |
| PA NS | Prior Authorization for New Starts only. NaviCare requires a prior authorization for certain drugs for new prescriptions only. This means that if you are newly starting on this drug, you need to get approval from NaviCare before you fill your prescriptions. If you don’t get approval, NaviCare may not cover the drug. Prior authorization is not required if you have been previously filling this drug with NaviCare. |
| QL | Quantity limit. For certain drugs, NaviCare limits the amount of the drug that NaviCare will cover. For example, only 30 each of LYBALVI per 30 days. This may be in addition to a standard one-month or three-month supply. |
| ST | Step Therapy. In some cases, NaviCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, NaviCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, NaviCare will then cover Drug B. |

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *amoxicillin*) and brand name drugs are capitalized (for example, LYBALVI). The information in the “Necessary actions, restrictions, or limits on use” column tells you if NaviCare has any rules for covering your drug.



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