



Important information

The following are changes that have been made to our formulary. Please keep this document with your NaviCare® HMO SNP and NaviCare® SCO 2022 Formulary (List of Covered Drugs).

These changes are reflected in formulary number 00022431, version 16, updated on July 29, 2022. The searchable formulary at fallonhealth.org/navicare always contains the most current information.

Drug Name	Drug Tier	Requirements/ Limits*	Reason for change	Effective date of change
Flovent HFA Aerosol 110 MCG/ACT Inhalation	Generic		Lowered Tier	8/1/2022
Flovent HFA Aerosol 220 MCG/ACT Inhalation	Generic		Lowered Tier	8/1/2022
Flovent HFA Aerosol 44 MCG/ACT Inhalation	Generic		Lowered Tier	8/1/2022
Lacosamide Solution 10 MG/ML Oral	Generic	PA	Addition	8/1/2022
Pirfenidone Tablet 267 MG Oral	Generic	PA: NEDS	Addition	8/1/2022
Pirfenidone Tablet 801 MG Oral	Generic	PA: NEDS	Addition	8/1/2022
POGO Automatic Test Cartridges Diagnostic Test In Vitro	Generic	PA: QL(5 EA per day.)	Addition	8/1/2022
Pyrukynd Tablet 20 MG Oral	Generic	PA: NEDS, QL(60 EA per 30 days.)	Addition	8/1/2022
Pyrukynd Tablet 5 MG Oral	Generic	PA: NEDS, QL(60 EA per 30 days.)	Addition	8/1/2022
Pyrukynd Tablet 50 MG Oral	Generic	PA: NEDS, QL(120 EA per 30 days.)	Addition	8/1/2022
Pyrukynd Taper Pack Tablet Therapy Pack 5 MG Oral	Generic	PA: NEDS, QL(30 EA per 30 days.)	Addition	8/1/2022
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 20 MG & 7 x 5 MG Oral	Generic	PA: NEDS, QL(30 EA per 30 days.)	Addition	8/1/2022
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 50 MG & 7 x 20 MG Oral	Generic	PA: NEDS, QL(30 EA per 30 days.)	Addition	8/1/2022
Trizivir Tablet 300-150-300 MG Oral	Generic		Addition	8/1/2022
Vonjo Capsule 100 MG Oral	Generic	PA: NEDS, QL (2 EA per day.)	Addition	8/1/2022

Esbriet Tablet 801 MG Oral			Removed	8/1/2022
Esbriet Tablet 267 MG Oral			Removed	8/1/2022

* 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.
- Mail Order Drug (MO): This prescription drug is available through our mail-order service.
- Non Extended Day Supply (NEDS): This drug is limited to a 30-day supply per prescription fill.
- 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.
- 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.

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 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week.) or visit fallonhealth.org/navicare.

Fallon Health is an HMO plan with a Medicare contract and a contract with the Massachusetts Medicaid program. Enrollment in Fallon Health depends on contract renewal. NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS. This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year.