



Important information

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

These changes are reflected in formulary number 00019396, version 15, updated on June 25, 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
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	Tier 1		Addition	06/01/2019
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020503)	Tier 1		Addition	06/01/2019
Ambrisentan Tablet 10 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2019
Ambrisentan Tablet 5 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2019
Balversa Tablet 3 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2019
Balversa Tablet 4 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2019
Balversa Tablet 5 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2019
Bromfenac Sodium (Once-Daily) SOLUTION 0.09 % Ophthalmic	Tier 2		Addition	06/01/2019
Deferasirox Tablet Soluble 125 MG Oral	Tier 2		Addition	06/01/2019
Deferasirox Tablet Soluble 250 MG Oral	Tier 5	NEDS	Addition	06/01/2019
Deferasirox Tablet Soluble 500 MG Oral	Tier 5	NEDS	Addition	06/01/2019
Erythromycin Ethylsuccinate Suspension Reconstituted 400 MG/5ML Oral	Tier 1		Addition	06/01/2019
Fulphila Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	Tier 5	PA, NEDS	Addition	06/01/2019

Jynarque Tablet 15 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2019
Jynarque Tablet 30 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2019
Lopreeza Tablet 1-0.5 MG Oral	Tier 2		Addition	06/01/2019
Solifenacin Succinate Tablet 10 MG Oral	Tier 2		Addition	06/01/2019
Solifenacin Succinate Tablet 5 MG Oral	Tier 2		Addition	06/01/2019
Tadalafil (PAH) Tablet 20 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2019
EryPed 400 Suspension Reconstituted 400 MG/5ML Oral			Removed	06/01/2019
Exjade Tablet Soluble 125 MG Oral			Removed	06/01/2019
Exjade Tablet Soluble 250 MG Oral			Removed	06/01/2019
Exjade Tablet Soluble 500 MG Oral			Removed	06/01/2019
Letairis Tablet 10 MG Oral			Removed	06/01/2019
Letairis Tablet 5 MG Oral			Removed	06/01/2019
VESicare Tablet 10 MG Oral			Removed	06/01/2019
VESicare Tablet 5 MG Oral			Removed	06/01/2019

* 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.