



## 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 18, updated on September 27, 2022. The searchable formulary at [fallonhealth.org/navicare](https://fallonhealth.org/navicare) always contains the most current information.

Drug Name	Drug Tier	Requirements/ Limits*	Reason for change	Effective date of change
Exelderm Cream 1 % External	Generic		Addition	10/01/2022
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	Generic		Addition	10/01/2022
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	Generic	NEDS	Addition	10/01/2022
Priorix Suspension Reconstituted Subcutaneous	Generic		Addition	10/01/2022
Skyrizi Solution 600 MG/10ML Intravenous	Generic	QL(1 ML per 28 days.), NEDS	Addition	10/01/2022
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	Generic	QL(1 ML per 28 days.), NEDS	Addition	10/01/2022
Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	Generic		Addition	10/01/2022

\* 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](http://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.*