



Important information

The following are changes that have been made to our formulary. Please keep this document with your Fallon Medicare Plus™ 2022 Formulary (List of Covered Drugs).

These changes are reflected in formulary number 00022430, version 15, updated on May 25, 2022. The searchable formulary at fallonhealth.org/medicare always contains the most current information.

Drug Name	Drug Tier	Requirements/ Limits*	Reason for change	Effective date of change
Apomorphine HCl Solution Cartridge 30 MG/3ML Subcutaneous	Tier 5	PA, NEDS	Addition	06/01/2022
Aztreonam Solution Reconstituted 2 GM Injection	Tier 6		Addition	06/01/2022
Betaine Powder Oral	Tier 5	NEDS	Addition	06/01/2022
Deferiprone Tablet 1000 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2022
Gvoke Kit Solution 1 MG/0.2ML Subcutaneous	Tier 3	QL(0.8 ML per day.)	Addition	06/01/2022
Lacosamide Tablet 100 MG Oral	Tier 2	PA	Addition	06/01/2022
Lacosamide Tablet 150 MG Oral	Tier 2	PA	Addition	06/01/2022
Lacosamide Tablet 200 MG Oral	Tier 2	PA	Addition	06/01/2022
Lacosamide Tablet 50 MG Oral	Tier 2	PA	Addition	06/01/2022
Lenalidomide Capsule 10 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2022
Lenalidomide Capsule 15 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2022
Lenalidomide Capsule 25 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2022
Lenalidomide Capsule 5 MG Oral	Tier 5	PA, NEDS	Addition	06/01/2022
Merzee Capsule 1-20 MG- MCG(24) Oral	Tier 2		Addition	06/01/2022
Niacin (Antihyperlipidemic) Tablet 500 MG Oral	Tier 2		Addition	06/01/2022
Quadracel Suspension Intramuscular (58 UNT/ML)	Tier 6		Addition	06/01/2022

Siklos Tablet 1000 MG Oral	Tier 5		Addition	06/01/2022
Solosec PACKET 2 GM Oral	Tier 4		Addition	06/01/2022
Tavneos Capsule 10 MG Oral	Tier 5	PA, NEDS; QL(180 EA per 30 days.)	Addition	06/01/2022
Varenicline Tartrate 0.5 MG X 11 & 1 MG X 42 Oral	Tier 2	QL(53 EA per 28 days.)	Addition	06/01/2022
Zeposia 7-Day Starter Pack Capsule Therapy Pack 4 x 0.23MG & 3 x 0.46MG Oral	Tier 5	PA, NEDS; QL over time(14 EA per 365 days.)	Addition	06/01/2022
Zeposia Capsule 0.92 MG Oral	Tier 5	PA, NEDS; QL (30 EA per 30 days.)	Addition	06/01/2022
Zeposia Starter Kit Capsule Therapy Pack 0.23MG & 0.46MG & 0.92MG Oral	Tier 5	PA, NEDS; QL over time (74 EA per 365 days.)	Addition	06/01/2022
Zimhi Solution Prefilled Syringe 5 MG/0.5ML Injection	Tier 4		Addition	06/01/2022
Apokyn Solution Cartridge 30 MG/3ML Subcutaneous			Removed	06/01/2022
Cystadane Powder Oral			Removed	06/01/2022
Revlimid Capsule 10 MG Oral			Removed	06/01/2022
Revlimid Capsule 15 MG Oral			Removed	06/01/2022
Revlimid Capsule 25 MG Oral			Removed	06/01/2022
Revlimid Capsule 5 MG Oral			Removed	06/01/2022
Vimpat Tablet 100 MG Oral			Removed	06/01/2022
Vimpat Tablet 50 MG Oral			Removed	06/01/2022

* 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.
- 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/medicare.