



## Important information

The following are changes that have been made to our formulary. Please keep this document with your Fallon Medicare Plus™ 2020 Formulary (List of Covered Drugs).

These changes are reflected in formulary number 00020239, version 19, updated on June 26, 2020. The searchable formulary at [fallonhealth.org/medicare](http://fallonhealth.org/medicare) always contains the most current information.

Drug Name	Drug Tier	Requirements/ Limits*	Reason for change	Effective date of change
Diazoxide Suspension 50 MG/ML Oral	Tier 2			07/01/2020
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	Tier 2	PA	Addition	07/01/2020
Insulin Lispro Junior KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 3		Addition	07/01/2020
Insulin Lispro Prot & Lispro Suspension Pen-Injector (75-25) 100 UNIT/ML Subcutaneous	Tier 3		Addition	07/01/2020
Koselugo Capsule 10 MG Oral	Tier 5	PA, NEDS QL (8 EA per day)	Addition	07/01/2020
Koselugo Capsule 25 MG Oral	Tier 5	PA, NEDS QL (8 EA per day)	Addition	07/01/2020
metFORMIN HCl Solution 500	Tier 2		Addition	07/01/2020
Pemazyre Tablet 13.5 MG Oral	Tier 5	PA, NEDS	Addition	07/01/2020
Pemazyre Tablet 4.5 MG Oral	Tier 5	PA, NEDS	Addition	07/01/2020
Pemazyre Tablet 9 MG Oral	Tier 5	PA, NEDS	Addition	07/01/2020
Promacta Packet 25 MG Oral	Tier 5	PA, NEDS	Addition	07/01/2020
Pyrimethamine Tablet 25 MG Oral	Tier 2		Addition	07/01/2020
Daraprim Tablet 25 MG Oral			Removed, Generic added	07/01/2020

Proglycem Suspension 50 MG/ML Oral			Removed, Generic added	07/01/2020
Riomet Solution 500 MG/5ML Oral			Removed, Generic added	07/01/2020

\* 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](http://fallonhealth.org/medicare).