

Significant Formulary Changes

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Formulary Removals

Senior Whole Health formularies and pharmaceutical management procedures are updated quarterly. The following changes reflect the decisions made by the SWH Pharmacy Department effective January 2021.

Please reference the guide below to navigate this communication:

Drugs removed from the Formulary	Covered Alternatives
Pradaxa	Eliquis, Xarelto
Colcrys	Mitigare
Neupogen, Granix, Zarxio	Nivestym
Fulphila and Neulasta	Ziextenzo
Serevent Diskus	Striverdi Respimat
Forteo and Tymlos	Teriparatide (Forteo Authorized Generic)
Baqsimi, Glucagon Emergency Kit, GlucaGen Hypo Kit	Gvoke
Rituxan Hycela	Ruxience, Rituxan
Herceptin, Kanjinti, and Ogivri	Trazimera

Brand name removals (where the generic drug is listed on the formulary)

Removed Brand	Covered Generic
Afinitor	Everolimus
Suboxone SL film	Buprenorphine-naloxone
Proair Respiclick	Albuterol sulfate HFA
Epipen 0.3mg auto-injector	Epinephrine (mylan brand)
Faslodex 250mg/5ml syringe	Fulvestrant
Lyrica	Pregabalin
Rozerem	Ramelteon
Uloric	Febuxostat

Senior Whole Health (HMO SNP) and SCO formulary additions

Drug	PA	ST	QL	NR	Comments
Premarin Cream				√	Added to the formulary
Nivestymn	√				Added to the formulary
Ajovy	√				Added to the formulary
Taltz	√		√		Added to the formulary

PA = requires Prior Authorization; ST = Step Therapy; QL = Quantity Limit; NR = No Restriction

UM Criteria Changes

Drug	PA	ST	QL	NR	Comments
Rozyltrek (100mg capsule)			√		QL = 150 per 30 days
Dupixent (syringe) 200mg/1.14ml			√		QL = 4.56 per 28 days
300mg/2ml			√		QL = 8 per 28 days
Entyvia (300mg vial)			√		QL = 2 per 28 days
Prolia			√		QL = 1 per 180 days
Remicade (100mg vial)			√		QL = 20 per 28 days
Stelara 45mg/0.5ml syringe & vial			√		QL = 0.5 per 28 days
90mg/ml syringe			√		QL = 1 per 28 days
Tecfidera DR 120mg capsule			√		QL = 14 per 30 days
240mg capsule			√		QL = 60 per 30 days
Vancomycin 125mg capsule			√		QL = 40 per 10 days
250mg capsule			√		QL = 80 per 10 days
Antibiotics (IV)	√				
Oxiconazole	√				
Posaconazole	√				
Vancomycin (capsule)	√				
Voriconazole (oral)	√				

The formulary, prior authorization criteria, and step therapy criteria can be accessed on our website:

<https://www.seniorwholehealthma.com/for-providers-2/provider-materials/>

Please contact the Senior Whole Health Pharmacy Department directly for prescription drug coverage requests: **Phone:** 1-855-818-4876 or **FAX:** 1-888-251-7823.