

Changes to the Senior Whole Health Formulary (List of Covered Drugs)

Effective: 9/1/2021

The Formulary may change from time to time throughout the year. The chart below includes the most recent changes. This is not a complete list of drugs covered by Senior Whole Health. For a complete list please review the Formulary located at www.seniorwholehealthma.com or call Member Services at 1-888-794-7268 (TTY 711) from 8 a.m. to 8 p.m., 7 days a week.

Before we make changes to our Formulary, we provide you and your provider a notice at least 30 days before the change becomes effective. If you are affected by a change in drug coverage or restriction, you have options. You can:

- Talk to your doctor about finding an alternative to the drug that isn't on our drug list.
- Ask us to make an exception. You can do this by sending us a Coverage Determination Form. You or your provider can submit either a standard or expedited request by phone, fax, or in writing.
 - Call: 1-888-794-7268 (TTY 711)
 - Fax: 1-888-251-7823
 - Write: Senior Whole Health
Attention: Pharmacy Department
1075 Main Street
Suite 400
Waltham, MA 02451

Newly Added Products: Effective 9/1/2021			
Drug	Reason	Cost sharing**	Restrictions***
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE	New Drug	Tier 1	
rufinamide 200 mg tablet	New Drug	Tier 1	PA
rufinamide 400 mg tablet	New Drug	Tier 1	PA
SKYRIZI 150 MG/ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 1	PA QL
SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL

No drugs were removed from the Formulary this month.

There were no cost sharing tier changes this month.

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy.

** Restrictions:

- B/D PA – This prescription drug may be covered under Medicare Part B or 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) - This means you or your doctor need to get approval from the plan before we will agree to cover the drug for you.
- Step Therapy (ST) - This means you will be required to try a different drug first before we will cover certain drugs.
- Quantity Limits (QL) - This means there will be a new limit on the amount of the drug you can have.
- Limited Availability (LA) - This prescription may be available only at certain pharmacies. For more information, please call Member Services.