

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

Effective: 10/1/2021

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 of New York NHC. For a complete list please review the Formulary located at www.seniorwholehealthny.com or call Member Services at 1-877-353-0185 (TTY 711) Monday through Friday, 8 a.m. to 8 p.m. (from October 1 – March 31, 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: 1-877-353-0185 (TTY 711)
 - Fax: 1-888-251-7823
 - Write: Senior Whole Health of New York NHC
Attention: Pharmacy Department
1075 Main Street
Suite 400
Waltham, MA 02451

Newly Added Products: Effective 10/1/2021			
Drug	Reason	Cost sharing**	Restrictions***
arformoterol 15 mcg/2 ml solution for nebulization	New Drug	Tier 1	PA
AYVAKIT 25 MG TABLET	New Drug	Tier 1	PA QL LA
AYVAKIT 50 MG TABLET	New Drug	Tier 1	PA QL LA
etravirine 100 mg tablet	New Drug	Tier 1	
etravirine 200 mg tablet	New Drug	Tier 1	
formoterol fumarate 20 mcg/2 ml solution for nebulization	New Drug	Tier 1	PA
ivermectin 1 % topical cream	New Drug	Tier 1	

KLOXXADO 8 MG/ACTUATION NASAL SPRAY	New Drug	Tier 1	
lopinavir-ritonavir 100 mg-25 mg tablet	New Drug	Tier 1	
lopinavir-ritonavir 200 mg-50 mg tablet	New Drug	Tier 1	
LUMAKRAS 120 MG TABLET	New Drug	Tier 1	PA
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet	Formulary Addition	Tier 1	
theophylline er 450 mg tablet, extended release, 12 hr	New Drug	Tier 1	
TRIKAFTA 50-25-37.5 MG (D)/75 MG (N) TABLETS	New Drug	Tier 1	PA

Future Products Removed: Effective 10/1/2021		
Drug	Reason	Alternative*
ALINIA 100 MG/5 ML ORAL SUSPENSION	Removed from Formulary	Please contact your doctor.
ALINIA 500 MG TABLET	Removed from Formulary	Please contact your doctor.

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.