

For NY MAP only: Pharmacy Corner

Significant Formulary changes for January 2021

Medicare Part D Formulary Changes for Senior Whole Health of New York NHC					
Drug	PA	ST	QL	NR	Comments
Colchicine				✓	Added to the formulary
Premarin Cream				✓	Added to the formulary
Nivestymn	✓				Added to the formulary
Ziextenzo	✓				Added to the formulary

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

Drugs removed from the Formulary	Covered Alternatives (if any)
Pradaxa	Eliquis, Xarelto
Suboxone SL film	Buprenorphine-naloxone
Colcrys	Mitigare
Neupogen, Granix, Zarxio	Nivestym
Fulphila and Neulasta	Ziextenzo
Serevent Diskus	Striverdi Respimat
Forteo and Tymlos	Teriparatide (Forteo Authorized Generic)
Proair Respiclick	Albuterol sulfate HFA
Baqsimi, Glucagon Emergency Kit, GlucaGen Hypo Kit	Gvoke
Rituxan Hycela	Ruxience, Rituxan
Herceptin, Kanjinti, and Ogivri	Trazimera
Carvedilol ER (10,20,40,80 mg capsule)	Carvedilol
Doxycycline Hyclate 75,100,150 mg tab	Doxycycline hyclate oral capsule
Doxycycline Mono 75 mg cap, 150 mg cap and tab	Doxycycline monohydrate 50, 100mg capsule
Duramorph 5mg/10ml and 10mg/10ml ampul	Morphine 2,4,5,8 mg/ml injection solution
E.E.S 400 film tab	Erythromycin ethylsuccinate oral tablet and suspension
Fenofibrate 40, 120mg tablet	Fenofibrate 54 and 160 mg tablet
Fentanyl 37.5, 62.5, 87.5 mcg/hr patch	Fentanyl 12, 25,50,75,100 mcg/hr patch

Drugs removed from the Formulary	Covered Alternatives (if any)
Fluocinonide 0.1 % cream	Fluocinonide 0.05% topical cream, fluocinonide topical gel, ointment, solution
Lansoprazol-Amoxicil-Clarithro	Individual ingredients are covered
Naproxen Sod CR 375, 500mg tablet	Naproxen dr/ec tablet
Paroxetine mesylate 7.5mg capsule	Paroxetine hcl tablet
Pramipexole ER (0.375, 0.75, 1.5, 2.25, 3, 3.75, 4.5 mg tablet)	Pramipexole oral tablet
Prednisolone ODT (10,15,30 mg tablet)	Prednisolone oral solution
Solifenacin (5 and 10mg tablet)	Myrbetriq, oxybutynin, tolterodine, trospium
Sumatriptan-naproxen 85-500mg	Sumatriptan, naratriptan, rizatriptan
Triamcinolone 0.05% ointment	Triamcinolone acetonide topical ointment
Sotylize	Sotalol oral

The formulary, prior authorization criteria, and step therapy criteria can be accessed on our website at <https://www.seniorwholehealthny.com/for-providers-2/provider-materials/>.

Our formulary is updated monthly.

UM Criteria Changes:

- The step therapy criteria for the following drugs has been removed:
 - Colcrys
- The following drugs have had prior authorization criteria added:
 - Certain Antibiotics (IV route)
 - Posaconazole
 - Sandostatin
 - Somatuline
 - Somavert
 - Vancomycin
 - Voriconazole (oral)
- The following have new quantity limits:
 - Actemra 162mg/0.9ml syringe (limit now will be 3.6 per 28 days)
 - Dupixent 200mg/1.14ml syringe (limit will now be 4.56 per 28 days)
 - Dupixent 300mg/2ml syringe (limit will now be 8 per 28 days)
 - Gilenya 0.5 mg capsule (limit will now be 30 per 30 days)
 - Movantik 12.5 and 25mg tablet (limit will now be 30 per 30 days)
 - Orencia 125mg/ml syringe and 125mg/ml clickject (limit will now be 4 per 28 days)
 - Orencia 50mg/0.4ml syringe (limit will now be 1.6 per 28 days)
 - Orencia 87.5mg/0.7ml syringe (limit will now be 2.8 per 28 days)

- Otezla 28 day start pack (limit will now be 55 per 28 days)
- Otezla 30 mg tablet (limit will now be 60 per 30 days)
- Otezla starter pack (limit will now be 27 per 28 days)
- Prolia 60mg/ml syringe (limit will now be 1 per 180 days)
- Stelara 45mg/0.5ml syringe and vial (limit will now be 0.5 per 28 days)
- Stelara 90mg/ml syringe (limit will now be 1 per 28 days)
- Tecfidera DR 120mg capsule (limit will now be 14 per 30 days)
- Tecfidera DR 240mg capsule (limit will now be 60 per 30 days)
- Tecfidera starter pack (limit will now be 120 per 180 days)
- The following newly added drugs have quantity limits:
 - Taltz 80mg/ml autoinj (2-pk) (with limit of 2 per 28 days)
 - Taltz 80mg/ml autoinj (3-pk) (with limit of 3 per 28 days)
 - Taltz 80mg/ml autoinjector and syringe (with limit of 1 per 28 days)

Brand name removals where generics are on Formulary

Removed Brand	Covered Generic
Afinitor (2.5,5, 7.5 mg tablet)	Everolimus
Amicar 0.25gm/mL oral soln, 500 and 1,000mg tablet)	Aminocaproic acid oral
Bicnu 100mg vial	Carmustine
Depen 25mg titratatb	Penicillamine
Diastat 2.5 mg pedi system	Diazepam
Diastat acudial 5-7.5-10mg kt, 12.5-15-20mg	Diazepam
Ery-tab Dr 500mg tablet	Erythromycin oral (dr/ec) capsule and tablet
Faslodex 250 mg/5ml syringe	Fulvestrant
Firazyr 30mg/3ml syringe	Icatibant
Lyrica 25, 50,75,100, 150, 200, 225, 300 mg capsule, 20mg/ml oral solution	Pregabalin capsule, oral solution
Noxafil DR 100mg tablet	Posaconazole dr/ec tablet
Orfadin 2,5,10mg capsule	nitisinone
Pentam 300 vial	Pentamidine injection
Remodulin 1, 2.5,5,10 mg/mL vial	Treprostinil sodium
Rozerem 8mg tablet	Ramelteon
Suprax 400mg capsule	Cefixime
Torisel 25mg kit	Temsirolimus

Removed Brand	Covered Generic
Uloric 40, 80mg tablet	Febuxostat
Valstar 40mg/ml vial	Valrubicin
Videx EC 200mg capsule	Didanosine dr/ec 250, 400mg capsule
Afinitor (2.5, 5, 7.5 mg tablet)	Everolimus
Amicar 0.25gm/mL oral soln, 500 and 1,000mg tablet)	Aminocaproic acid oral
Bicnu 100mg vial	Carmustine

Pharmacy Prior Authorizations and Exceptions Requests

Please contact the Senior Whole Health Pharmacy Department directly for prescription drug coverage requests by:

Phone: Senior Whole Health Pharmacy Department at: 1-855-818-4876

FAX: 1-888-251-7823

ONLINE request form: <https://www.seniorwholehealthny.com/for-providers-2/forms/>

Our forms are also available at www.covermymeds.com

Academic Detailing Program

On July 1, 2020 Senior Whole Health, in partnership with our pharmacy benefit manager Express Scripts (ESI), implemented an academic detailing program aimed at reducing gaps in care and promoting cost-effective drug treatment. Paul Reyes, an ESI clinical pharmacist with over 20 years of experience, is actively engaged with members of our provider community to conduct one-on-one telephonic discussions about patient-specific opportunities. In his role as an academic detailer Paul is also using his expertise to collaborate with prescribers on the most appropriate drugs based on safety and efficacy data. The focus of the program includes diabetes, hypertension, hyperlipidemia, COPD and other chronic conditions.

Provider Medication Switch Letters

At the end of 2019, as part of our continuity of care initiative to reduce impact on our members, we extended the period of coverage on several non-formulary medications through the end of this year. As of January 1, 2021, these plan-initiated authorizations will be discontinued, and the cost of these non-formulary medications will no longer be covered. These drugs include but are not limited to: Restasis, Tradjenta, Levemir, Jardiance, Synjardy, Victoza, Ozempic, Novolin and Novolog products. Information about impacted members is being communicated to providers via fax. Prescribers are encouraged to switch to formulary alternatives as outlined in the provider communication. If a prescriber deems that it is medically necessary for a member to continue treatment with the non-formulary medication the prescriber can request a coverage determination either by fax or by phone.

Phone: 1-855 818-4876

Fax: 1-888 251-7823