

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

Effective: 6/1/2021

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](http://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

<b>Newly Added Products: Effective 6/1/2021</b>			
<b>Drug</b>	<b>Reason</b>	<b>Cost sharing**</b>	<b>Restrictions***</b>
acetaminophen 320.5 mg-caffeine 30 mg-dihydrocodeine 16 mg capsule	New Drug	Tier 1	QL
CYCLOPHOSPHAMIDE 25 MG TABLET	New Drug	Tier 1	PA
CYCLOPHOSPHAMIDE 50 MG TABLET	New Drug	Tier 1	PA
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	New Drug	Tier 1	
droxidopa 100 mg capsule	New Drug	Tier 1	PA
droxidopa 200 mg capsule	New Drug	Tier 1	PA

droxidopa 300 mg capsule	New Drug	Tier 1	PA
IMPAVIDO 50 MG CAPSULE	New Drug	Tier 1	PA
SYMJEPI 0.15 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS)	New Drug	Tier 1	QL
SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE	New Drug	Tier 1	QL
UKONIQ 200 MG TABLET	New Drug	Tier 1	PA QL LA

**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.