

Noncovered Drugs

Applies to Senior Products (Tufts Medicare Preferred HMO, Tufts Medicare Preferred PDP, Tufts Health Plan Senior Care Options) and Tufts Health Unify

As communicated in the November 1, 2020 *Provider Update*, and effective for fill dates on or after January 1, 2021, Tufts Health Plan will no longer cover the following drugs for Tufts Health Medicare Preferred HMO, Tufts Medicare Preferred PDP, Tufts Health Plan SCO and Tufts Health Unify, including those drugs with interchangeable generics or therapeutic alternatives:

Noncovered Drugs		
ADDERALL XR	AFINITOR	APRISO
APRISO	ARALAST NP	CARAFATE
CARAFATE	CIPRO HC	COMPRO
CUPRIMINE	DELZICOL	DEPEN TITRATABS
ERTACZO	ERY-TAB	EXELDERM CREAM AND SOLUTION
EXJADE	FINACEA	FIRAZYR
FOCALIN XR	GENERESS FE	GLASSIA
HALOG	INCRUSE ELLIPTA	ISTALOL
KALETRA	LOTEMAX	LYRICA
MOXEZA	NAFTIN	NEBUPENT
NORITATE	NOXAFIL	NUCYNTA ER
ORFADIN	OXISTAT	OXTELLAR XR
PROGLYCEM	REVATIO	ROZEREM
SAVELLA	SENSIPAR	SILENOR
SOOLANTRA	SUPRAX	SYMBICORT
TARCEVA	TOBRADEX	TRACLEER
TRANSDERM-SCOPE	TRAVATAN Z	TROKENDI XR
TYGACIL	ZEMAIRA	ZEPATIER
ZONTIVITY	ZORTRESS	