

## Drug Status Changes

### Applies to Tufts Medicare Preferred HMO and Tufts Medicare Preferred PDP

As communicated in the November 1, 2020 *Provider Update*, and effective for fill dates on or after January 1, 2021, the following drugs will be moving tiers for Tufts Medicare Preferred HMO and Tufts Medicare Preferred PDP.

Drug Name	2020 EG & PDP Tier Coverage	2021 EG & PDP Tier Coverage
ACETAZOLAMIDE CAPSULE 500MG ER	T1	T2
BANZEL TABLET	T2	T3
BANZEL SUSPENSION	T2	T3
BROMFENAC	T1	T2
BUDESONIDE TABLET ER 9MG	T2	T3
CALCITRIOL OINTMENT	T1	T2
CARBAMAZEPINE CAPSULE ER	T1	T2
CARBAMAZEPINE TABLET ER	T1	T2
CARBAMAZEPINE TABLET 400MG	T1	T2
CEVIMELINE CAPSULE 30MG	T1	T2
CLARITHROMYCIN SUSPENSION	T1	T2
CLONIDINE TRANSDERMAL PATCH	T1	T2
CLOTRIMAZOLE/BETAMETHASONE LOTION	T2	T3
COLCHICINE CAPSULE	T1	T2
DEXTROAMPHETAMINE CAPSULE ER	T1	T2
DIVALPROEX TABLET ER	T1	T2
DOXERCALCIFEROL CAPSULE	T2	T3
DOXYCYCLINE HYCLATE TABLET DR	T1	T2
ERYTHROMYCIN TABLET EC (DELAYED RELEASE)	T1	T2
FLUOCINOLONE ACETONIDE OTIC OIL	T1	T2
FLUOXETINE SOLUTION	T1	T2
GALANTAMINE SOLUTION	T1	T2
IVERMECTIN CREAM	T2	T3
LANSOPRAZOLE TABLET ODT	T2	T3
MESALAMINE SUPPOSITORY 1000MG	T2	T3
MUPIROCIIN CREAM	T1	T2
OLOPATADINE SPRAY	T1	T2
OXICONAZOLE CREAM NITRATE	T2	T3
PROCHLORPERAZINE SUPPOSITORY 25MG	T1	T2
THIOTHIXENE CAP	T1	T2