

Pharmacy Formulary Updates for April 2021

To offer a pharmacy benefit that is clinically appropriate and cost effective, we constantly review how we cover prescription medications. Periodic adjustments are made to meet these goals. The changes below are reflected in our online drug list.

The following is a list of drugs that changed formulary status in April 2021:

Drug Name	Tufts Health Plan Commercial Formularies						
	Massachusetts				Rhode Island		
	Large Group 3-Tier Formulary	Large Group 4-Tier Formulary	Small Group/ Individual 3-Tier (Exchange Formularies)	Small Group/ Individual 4-Tier (Exchange Formularies)	Large Group 3-Tier Formulary	Large Group 4-Tier Formulary	Small Group/ Individual 4-Tier (Exchange Formularies)
Tykerb (brand)	NC; SP; QL (180/30)				NC; QL (180/30)		
Kuvan	NC; SP				NC		
Monurol	NC						
Banzel susp 40mg/ml (brand)	Tier 3; QL (4 bottles/30 days)	Tier 3; QL (4 bottles/30 days)	NC; QL	NC; QL	Tier 3; QL (4 bottles/30 days)	Tier 3; QL (4 bottles/30 days)	NC; QL
Taytulla (Brand)	T3; PA; ACA						
meclizine 50mg (generic)	NC						
Jynarque	Tier 3	Tier 4	Tier 3	Tier 4	Tier 3	Tier 4	Tier 4
Riabni	MB; PA						
Tecfidera	NC, SP, QL (Caps: Daily Dose 2, Starter pack: 1 fill/lifetime)						
dimethyl fumarate (generic)	Tier 2; SP, QL (Caps:Daily Dose 2, Starter pack: 1 fill/lifetime)	Tier 4; SP, QL (Caps:Daily Dose 2, Starter pack: 1 fill/lifetime)	Tier 2; SP, QL (Caps:Daily Dose 2, Starter pack: 1 fill/lifetime)	Tier 4; SP, QL (Caps:Daily Dose 2, Starter pack: 1 fill/lifetime)	Tier 2; QL (Caps:Daily Dose 2, Starter pack: 1 fill/lifetime)	Tier 4; QL (Caps:Daily Dose 2, Starter pack: 1 fill/lifetime)	Tier 4; QL (Caps:Daily Dose 2, Starter pack: 1 fill/lifetime)
HUMULIN U-100 HUMALOG U-100 HUMULIN R U-100 HUMULIN N U-100	3 mL insulin vials moved to excluded						
Climara patches	NC						

emtricitabine-tenofovir disoproxil fumarate (generic)	T2, May be covered at no cost share for HIV PrEP						
epoprostenol sodium for inj 0.5 mg and 1.5mg (generic)	MB; PA/SI						
Zokinvy (lonafarnib)	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 4; PA
Orgovyx (relugolix)	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 4; PA
Imcivree (setmelanotide)	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 4; PA
Plegridy (peginterferon beta-1a)	Tier 3 SP, QL (2 pens or syringes per 28)	Tier 4 SP, QL (2 pens or syringes per 28)	Tier 3 SP, QL (2 pens or syringes per 28)	Tier 4 SP, QL (2 pens or syringes per 28)	Tier 3 QL (2 pens or syringes per 28)	Tier 4 QL (2 pens or syringes per 28)	Tier 4 QL (2 pens or syringes per 28)
Lifems (naloxone) convenience kit	Excluded						
Wynzora (calcipotriene-betamethasone dipropionate) 0.005%-0.064% cream	NC						
Cometriq	Added to SP program				No change		
Palynziq	Added to SP program				No change		
Ellyso	Added to SP/SI program				No change		

Key:

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|---|---|
| MM Managed Mail – must fill at mail order pharmacy | SP Specialty Pharmacy |
| NC Not covered | ST^{PA} Step Therapy Prior Authorization |
| PA Prior Authorization | MB Medical Benefit |
| QL Quantity Limitation | SI Specialty Infusion |