

Pharmacy Formulary Updates for July 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 July 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)
Fotivda (tivozanib)	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 4; PA
Lupkynis (voclosporin)	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 4; PA
Pepaxto (melphalan flufenamide)	MB						
Evkeeza (evinacumab-dgnb)	MB; PA						
Verquvo (Vericiguat)	NC						
Prolate (oxycodone w/ acetaminophen)	Tier 3; QL (30ml/day)						
Elepsia XR (levetiracetam)	NC						
Roszet (ezetimibe-rosuvastatin calcium)	NC						
COARTEM	Tier 2; QL (24 tablets/90 days)						
bimatoprost 0.03%	Excluded - cosmetic						
Xywav	Tier 3 PA; QL						
Xyrem	Tier 3 PA; QL						
Condylox	NC						
Fluoxetine 60mg	Tier 2; PA						
Sevelamer 800 mg	Tier 2						
Naprosyn 125mg/5ml	NC						

Truvada (Brand) 100-150mg, 133-200, 167-250mg	NC			
cromolyn sodium oral concentrate	Tier 2			
Zomig Nasal Spray 2.5 and 5mg	NC			
Lotemax 0.5% Gel	NC			
Northera	NC			
Amitiza	NC			
aripiprazole tablets	Tier 1 STPA (removed QL)			
Abilify	Tier 3; STPA (removed QL)	NC (removed QL)	Tier 3 STPA (removed QL)	NC (removed QL)
aripiprazole ODT	Tier 2 STPA, (removed QL)			
Aripiprazole solution	Tier 2 STPA, (removed QL)			
Banzel (rufinamide) tablets	Tier 2 (removed QL)			
rufinamide	Tier 2 (removed QL)			
Banzel (rufinamide) suspension	Tier 3 (removed QL)			
Besivance	Tier 3 (removed QL)			
calcipotriene ointment & solution	Tier 1 (removed QL)			
calcipotriene cream	Tier 2 (removed QL)			
Dovonex	NC (removed QL)			
Cequa	Tier 3; PA (removed QL)			
ciclopirox nail lacquer 8% solution	Tier 1 (removed QL)			
colchicine	Tier 2 (removed QL)			
Colcrys	Tier 3 (removed QL)	NC (removed QL)	Tier 3 (removed QL)	NC (removed QL)
Gloperba	NC (removed QL)			
Mitigare	NC (removed QL)			
Combigan	Tier 3 (removed QL)	Tier 2 (removed QL)	Tier 3 (removed QL)	Tier 2 (removed QL)
doxepin 5% cream	Tier 2 (removed QL)			
Prudoxin	NC (removed QL)			
Zonalon	NC (removed QL)			

Evamist	Tier 3 (removed QL)						
everolimus	Tier 2 (removed QL)	Tier 4 (removed QL)	Tier 2 (removed QL)	Tier 4 (removed QL)	Tier 2 (removed QL)	Tier 4 (removed QL)	Tier 4 (removed QL)
Zortress	Tier 3 (removed QL)	Tier 4 (removed QL)	NC (removed QL)	NC (removed QL)	Tier 3 (removed QL)	Tier 4 (removed QL)	NC (removed QL)
gatifloxacin	Tier 2 (removed QL)						
Zymaxid	NC (removed QL)						
imiquimod 3.75%	Tier 2 (removed QL)						
Zyclara 3.75%	Tier 3 (removed QL)						
Zyclara 2.5%	Tier 3 (removed QL)						
Isentress tablet and solution	Tier 2 (removed QL)						
Isentress HD	Tier 2 (removed QL)						
levalbuterol nebulizer solution	Tier 1 (removed QL)						
Xopenex nebulizer	Tier 3 (removed QL)	Tier 3 (removed QL)	NC (removed QL)	NC (removed QL)	Tier 3 (removed QL)	Tier 3 (removed QL)	NC (removed QL)
Linzess	Tier 2 (removed QL)						
Motegrity	NC (removed QL)						
moxifloxacin ophthalmic solution (generic for Moxeza)	Tier 2 (removed QL)						
Moxeza	NC (removed QL)						
moxifloxacin ophthalmic solution (generic for Vigamox)	Tier 1 (removed QL)						
Vigamox	NC (removed QL)						
Neupro	Tier 3 (removed QL)						
Odactra	Tier 3; PA (removed QL)						
Oxtellar XR	Tier 3 (removed QL)						
Ragwitek	Tier 3; PA (removed QL)						
ropinirole ER	Tier 1 (removed QL)						
Requip XL	Tier 3 (removed QL)		NC (removed QL)	NC (removed QL)	Tier 3 (removed QL)		NC (removed QL)
Selzentry	Tier 2 (removed QL)						
Terbinafine tablets	Tier 1 (removed QL)						

Lamisil	Tier 3 (removed QL)		NC (removed QL)	NC (removed QL)	Tier 3 (removed QL)		NC (removed QL)
Viberzi	Tier 2 PA (removed QL)						
voriconazole tablet	Tier 2 (removed QL)						
voriconazole suspension	Tier 1 (removed QL)						
Vfend tablet and suspension	Tier 3 (removed QL)		NC (removed QL)	NC (removed QL)	Tier 3 (removed QL)		NC (removed QL)
Zelnorm	NC (removed QL)						
Zioptan	Tier 3 STPA (removed QL)						
Oralair	Tier 3 PA (removed QL)						
Ayvakit	Tier 2; PA (removed QL)	Tier 4; PA (removed QL)	Tier 2; PA (removed QL)	Tier 4; PA (removed QL)	Tier 2; PA (removed QL)	Tier 4; PA (removed QL)	
Caprelsa							
Iclusig							
Tagrisso							
Vistogard	Tier 2 (removed QL)	Tier 4 (removed QL)	Tier 2 (removed QL)	Tier 4 (removed QL)	Tier 2 (removed QL)	Tier 4 (removed QL)	
Pegasys and Pegasys ProClick	Tier 2; SP (removed QL)	Tier 4; SP (removed QL)	Tier 2; SP (removed QL)	Tier 4; SP (removed QL)	Tier 2 (removed QL)	Tier 4 (removed QL)	
PegIntron	Tier 3; SP (removed QL)	Tier 4; SP (removed QL)	Tier 3; SP (removed QL)	Tier 4; SP (removed QL)	Tier 3 (removed QL)	Tier 4 (removed QL)	
Ribavirin 200 mg capsule and tablet	Tier 1; SP (removed QL)				Tier 1 (removed QL)		
abiraterone 250 mg	Tier 2; SP; PA (removed QL)	Tier 4; SP; PA (removed QL)	Tier 2; SP; PA (removed QL)	Tier 4; SP; PA (removed QL)	Tier 2; PA (removed QL)	Tier 4; PA (removed QL)	
Afinitor Disperz							
everolimus							
Bosulif							
Hycamtin							
Idhifa							
Nexavar							
Retevmo							
Rubraca							

Sprycel						
Stivarga						
abiraterone 500 mg						
Xtandi						
Votrient						
erlotinib	Tier 2; SP (removed QL)	Tier 4; SP (removed QL)	Tier 2; SP (removed QL)	Tier 4; SP (removed QL)	Tier 2 (removed QL)	Tier 4 (removed QL)
lapatinib						
Gattex						
capecitabine						
Xeloda	NC; SP (removed QL)			NC (removed QL)		
Zytiga 250 mg						
Afinitor						
Tarceva						
Tykerb						

Key:

- M** Managed Mail – must fill at mail order
- M** pharmacy
- NC** Not covered
- PA** Prior Authorization
- QL** Quantity Limitation

- SP** Specialty Pharmacy
- ST^{PA}** Step Therapy Prior Authorization
- MB** Medical Benefit
- SI** Specialty Infusion