

## Pharmacy Formulary Updates for May 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 May 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)
<b>Samsca (brand)</b>	NC; QL						
<b>levothyroxine capsules</b>	Tier 2						
<b>loteprednol etabonate ophth gel 0.5%</b>	Tier 2						
<b>droxidopa</b>	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 2; PA	Tier 4; PA	Tier 4; PA
<b>Margenza (margetuximab)</b>	MB						
<b>Orladeyo (berotralstat)</b>	Tier 2; PA; QL (1 unit/day)	Tier 4; PA QL (1 unit/day)	Tier 2; PA; QL (1 unit/day)	Tier 4; PA; QL (1 unit/day)	Tier 2; PA; QL (1 unit/day)	Tier 4; PA; QL (1 unit/day)	Tier 4; PA; QL (1 unit/day)
<b>Vocabria (cabotegravir)</b>	Tier 2						
<b>Cabenuva (cabotegravir and rilpivirine)</b>	MB						
<b>Klisyri (tirbanibulin)</b>	NC						
<b>Winlevi (clascoterone)</b>	Tier 3; PA						
<b>Mayzent starter pak (siponimod fumarate)</b>	Tier 2; SP, QL (1 fill per lifetime)	Tier 4; SP, QL (1 fill per lifetime)	Tier 2; SP, QL (1 fill per lifetime)	Tier 4; SP, QL (1 fill per lifetime)	Tier 2; QL (1 fill per lifetime)	Tier 4; QL (1 fill per lifetime)	Tier 4; QL (1 fill per lifetime)
<b>Xtandi (enzalutamide)</b>	Tier 2, PA, SP, QL; CM (40 mg: 4/day; 80 mg: 2/day)	Tier 4, PA, SP, QL; CM (40 mg: 4/day; 80 mg: 2/day)	Tier 2, PA, SP, QL; CM (40 mg: 4/day; 80 mg: 2/day)	Tier 4, PA, SP, QL; CM (40 mg: 4/day; 80 mg: 2/day)	Tier 2, PA, QL; CM (40 mg: 4/day; 80 mg: 2/day)	Tier 4, PA, QL; CM (40 mg: 4/day; 80 mg: 2/day)	Tier 4, PA, QL; CM (40 mg: 4/day; 80 mg: 2/day)
<b>Reltone (ursodiol)</b>	NC						

<b>Thyquidity (levothyroxine sodium)</b>	Tier 3						
<b>Sutab (sodium sulfate, magnesium sulfate, KCl)</b>	Tier 3; ACA (may be covered at no copayment for members age 50 through 74)						
<b>imiquimod cream 3.75% packet</b>	Tier 2; QL 1 box or 1 pump bottle/30 days						
<b>hydrocodone bitartrate tab er 24hr deter 100, 120mg</b>	Tier 3; PA; QL 2/day						
<b>hydrocodone bitartrate tab er 24hr deter 20, 30, 40, 60, 80mg</b>	Tier 3; QL 2/day						
<b>brinzolamide suspension 1%</b>	Tier 2						
<b>icosapent ethyl 1 mg (generic)</b>	NC						
<b>Intuniv</b>	Tier 3	Tier 3	NC	NC	Tier 3	Tier 3	NC
<b>Guanfacine ER</b>	Tier 1						

**Key:**

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