

Pharmacy Formulary Updates for February 2020

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 February 2020:

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)
deferasirox 90, 360 mg	T2						
naftifine 1% gel	T2						
orphenadrine with aspirin and caffeine	T2						
posaconazole DR	NC						
cinacalcet	T2						
ivermectin 1% cream	T2						
everolimus 2.5, 5, and 7.5 mg	T2;PA;QL;SP	T4;PA;QL;SP	T2;PA;QL;SP	T4;PA;QL;SP	T2;PA;QL	T4;PA;QL	
Harvoni 45-200 mg	T2;PA;SP	T4;PA;SP	T2;PA;SP	T4;PA;SP	T2;PA	T4;PA	
Nourianz	T3;PA;QL						
Wakix	T3;PA;QL						
Beovu	MB						
Ziextenzo	T3;PA;QL;SP	T4;PA;QL;SP	T3;PA;QL;SP	T4;PA;QL;SP	T3;PA;QL	T4;PA;QL	
Rybelsus	NC;QL						
Cequa PF	T3;PA;QL						
Baqsimi	NC						
Gvoke PFS	NC						
Amzeeq foam	NC						

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 |