

## Pharmacy Formulary Updates for August 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 August 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>abiraterone 500 mg</b>	Tier 2; PA; SP	Tier 4; PA; SP	Tier 2; PA; SP	Tier 4; PA; SP	Tier 2; PA	Tier 4; PA	Tier 4; PA
<b>Amondys 45 (casimersen)</b>	MB; PA						
<b>Jemperli (dostarlimab-gxly)</b>	MB						
<b>Nulibry (fosdenopterin)</b>	MB; PA						
<b>Ponvory (ponesimod)</b>	NC, SP, QL (starter pack: 1 fill per lifetime, 20 mg tablets: 30/30)				NC; QL (starter pack: 1 fill per lifetime, 20 mg tablets: 30/30)		
<b>Zynlonta (loncastuximab tesirine-lpyl)</b>	MB						
<b>Zegalogue® (dasiglucagon) subcutaneous injection</b>	NC						
<b>Exservan (riluzole)</b>	Tier 3	Tier 4	Tier 3	Tier 4	Tier 3	Tier 4	Tier 4
<b>sumatriptan</b>	Tier 2; QL; 3 kits/30 days (6 injections or vials)/30 days						
<b>Imitrex</b>	NC; QL; 3 kits/30 days (6 injections or vials)/30 days						
<b>Fulphila</b>	Tier 2; PA; SP; QL; 0.6 mL/14 days	Tier 4; PA; SP; QL; 0.6 mL/14 days	Tier 2; PA; SP; QL; 0.6 mL/14 days	Tier 4; PA; SP; QL; 0.6 mL/14 days	Tier 2; PA; QL; 0.6 mL/14 days	Tier 4; PA; QL; 0.6 mL/14 days	Tier 4; PA; QL; 0.6 mL/14 days
<b>bepotastine besilate ophth soln 1.5%</b>	Excluded	Excluded	Tier 2	Tier 2	Excluded	Excluded	Tier 2
<b>pregabalin tab ER 24Hr</b>	NC						

isotretinoin cap	NC
rufinamide	Tier 2; QL
arformoterol tartrate soln nebu 15 mcg/2ml	Tier 2
lopinavir-ritonavir	Tier 2
Focalin (2.5mg)	NC
Moviprep	NC
Clenpiq	\$0 cost share to members age 45-75 years old
Plenvu	
Suprep	
Sutab	
Peg 3350/electrolytes	
Peg-Prep	
Gavilyte C	
Gavilyte G	
PEG-3350/electrolytes	
Golytely packet	
PEG-3350/electrolytes	
Gavilyte-N	

**Key:**

**MM** Managed Mail – must fill at mail order pharmacy  
**NC** Not Covered  
**PA** Prior Authorization  
**QL** Quantity Limitation

**SP** Specialty Pharmacy  
**ST<sup>PA</sup>** Step Therapy Prior Authorization  
**MB** Medical Benefit  
**SI** Specialty Infusion