

Pharmacy Formulary Updates for April 2018

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 2018:

Drug Name	Tufts Health Plan Commercial Formularies		
	Tufts Health Freedom Plan		
	Large Group 3-Tier Formulary	Large Group 4-Tier Formulary	Small Group/Individual 4-Tier (Exchange Formularies)
Narcan	No copayment;QL		
naloxone injection	No copayment		
Symproic	T3		
trientine	T2		
Syprine	T3 (no change)		NC
sumatriptan-naproxen 85-500 mg tablets	T2;PA;QL		
hydrocortisone butyrate 0.1% lotion	T2;PA		
Locoid lotion	T3;PA (no change)		NC
almotriptan	T2;QL		
Phoslyra	NC		
Auryxia	NC		
Fosrenol powder packet	NC		
Renagel	NC		
Velphoro	NC		
Retin-A Micro 0.08% gel	NC		
Doryx MPC	NC		
Fenortho	NC		
dihydroergotamine spray	T3;QL		
Cardura XL	NC		
Prudoxin Cream	NC		
Zonalon Cream	NC		
Zavesca	T3;PA	T4;PA (no change)	

Cerdelga	T2;PA	T4;PA
Tamiflu suspension/capsules	NC;QL	
Prenatal DHA Pak 27-1-250	T3	NC
memantine HCL ER capsules	T2	
Namenda XR	T2 (no change)	NC
minocycline ER 65, 115 mg	T3	
Fasenra	MB;PA	
Prevymis tablets	T3;PA	
Prevymis IV	MB;PA	
Trelegy Ellipta	NC	
Noctiva	NC	
Durolane	MB;NC;SP	
Visco-3	MB;NC;SP	
rosuvastatin 5, 10 mg	T2;QL	
rosuvastatin 20, 40 mg	T2	
phentermine	T1	
phendimetrazine	T1	
Imbruvica 70 mg capsules	T2;PA	T4;PA
Daliresp 250 mcg	T3	
methylphenidate ER (LA) 10 mg	T2;PA (for members 25 and over)	
Istalol	NC	NC (no change)
Copaxone 20 and 40 mg	NC;QL	NC;QL (no change)
Strattera	NC;QL	NC;QL (no change)
PhosLo	NC	NC (no change)
Renvela	NC	NC (no change)
Migranal spray	NC;QL	NC;QL (no change)
Axert	NC;QL	NC;QL (no change)
Amerge	NC;QL	NC;QL (no change)
Cafergot	NC	NC (no change)
Frova	NC;QL	NC;QL (no change)
Imitrex	NC;QL	NC;QL (no change)
Maxalt/Maxalt-MLT	NC;QL	NC;QL (no change)
Relpax	NC;QL	NC;QL (no change)
Zomig/Zomig-ZMT	NC;QL	NC;QL (no change)

Cardura	NC	NC (no change)
Jalyn	NC	NC (no change)
Uroxatral	NC	NC (no change)

Key:

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