

Pharmacy Formulary Updates for August 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 August 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)
Idelvion solution	MB;PA;SI		
Symdeko	T2;PA;QL	T4;PA;QL	
Crysvita	MB;PA		
Jynarque	T3	T4	
Norvir powder packet	T2		
baclofen 5 mg tablets	T1		
Kevzara auto-injector	T2;SP;PA;QL	T4;SP;PA;QL	
clindamycin phosphate 1% gel	T2		
Clindagel 1% gel	T3 (no change)		NC
luliconazole 1% cream	T2		
clindamycin phosphate/benzoyl peroxide 1.2/2.5% gel	NC		
budesonide ER 9 mg tablets	T2		
Uceris 9 mg tablets	T3 (no change)		NC

Key:

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