

Pharmacy Formulary Updates for October 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 October 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)
Norvir tablets	T2		NC (no change)
Gabitril 12 & 16 mg	NC		NC (no change)
Prevacid Solutab	NC;QL		NC;QL (no change)
Zavesca	NC		NC (no change)
Biltricide tablets	NC		NC (no change)
Mephyton	NC		NC (no change)
Welchol 625 mg tablets	NC		NC (no change)
Donnatal Elixir	Excluded (no change)		Excluded
glatiramer 20 mg/mL	T2;SP;QL (no change)	T4;SP;QL	
glatiramer 40 mg/mL	T2;SP;QL (no change)	T4;SP;QL	
Bethkis	T3 (no change)	T4	
Cayston	T2 (no change)	T4	
Kalydeco	T2;PA;QL (no change)	T4;PA;QL	
Orkambi	T2;PA;QL (no change)	T4;PA;QL	
Pulmozyme	T2 (no change)	T4	
TOBI Podhaler	T3 (no change)	T4	
tobramycin inhalation solution	T1 (no change)	T4	
Zortress	T2;QL (no change)	T4;QL	
Prevymis	T3;PA (no change)	T4;PA	
Xermelo	T3;PA (no change)	T4;PA	
Etoposide	T1;SP (no change)	T4;SP	
Rapamune	T3 (no change)	T4	

doxercalciferol	T2	
lidocaine 4% OTC patches	T2;QL	
Lidocare 4% OTC patches	T2;QL	
malathion 0.5 % lotion	T2	
spinosad 0.9% suspension	T2	
acyclovir 5% ointment	T2	
ciclopirox 1% shampoo	T2	
clotrimazole/betamethasone 1%-0.05% lotion	T2	
mupirocin 2% cream	T2	
fenofibrate 130 mg capsules	T2	
ketoconazole 2% foam	T3	
Cerdelga	T2;PA;SP	T4;PA;SP
Ofev	T3;SP;QL	T4;SP;QL
Nucort 2% lotion	T3 (no change)	Excluded
Claravis	T3	
desoximetasone 0.25% spray	NC	
dorzolamide hydrochloride/timolol maleate PF	T2	
Cosopt PF	T3 (no change)	NC
Braftovi capsules	T2;PA	T4;PA
Mektovi tablets	T2;PA	T4;PA
Doptelet	T3;PA;SP	T4;PA;SP
Fulphila	T2;PA;SP;QL	T4;PA;SP;QL
Benznidazole	T2	
Imvexxy	NC	
Symtuza	T2	
imiquimod 3.75% pump cream	T2;QL	
Zyclara 3.75% pump cream	T3;QL (no change)	NC;QL

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