

Pharmacy Formulary Updates for September 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 September 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)
Aptensio XR	NC;QL		
methylphenidate ER tablets (Concerta)	T2;PA(25 & older);QL		
Concerta	T3;PA(25 & older);STPA(under 25);QL		NC;QL
Cotempla XR-ODT	NC;QL		
Daytrana	T3;PA(25 & older);STPA(under 25);QL		
dexmethylphenidate ER	T2;PA(25 & older);QL		
Focalin XR	T3;PA(25 & older);STPA(under 25);QL		NC;QL
Metadate ER 20 mg	T1;PA(25 & older);QL		
methylphenidate ER tablets (CD)	T1;PA(25 & older);QL		
Metadate CD	T3;PA(25 & older);STPA(under 25);QL		NC;QL
methylphenidate ER 10, 20 mg tablets	T1;PA(25 & older);QL		
Quillichew ER	NC;QL		
Quillivant XR	T3;PA(25 & older);STPA(under 25);QL		
methylphenidate ER 20, 30, 40, & 60 mg capsules(LA)	T1;PA(25 & older);QL		
Ritalin LA 20, 30, 40, & 60 mg	T3;PA(25 & older);STPA(under 25);QL		NC;QL
methylphenidate ER 10 mg capsules(LA)	T2;PA(25 & older);QL		
Ritalin LA 10 mg	T3;PA(25 & older);STPA(under 25);QL		NC;QL
Vyvanse	T3;PA(25 & older);STPA(under 25);QL		
Vyvanse Chew	T3;PA(25 & older);STPA(under 25);QL		
methylphenidate ER OSM 72 mg (generic)	T3;PA(25 & older);QL		
methylphenidate ER OSM 72 mg (brand)	NC;QL		

colesevelam 3.75 g packet	T2	
Welchol 3.75 g packet	T3 (no change)	NC
Tavalisse	T3;QL	
Solosec	T3	
Eurax 10% lotion	T2 (no change)	NC
crotamiton 10% lotion	T2	
Yonsa	T2;PA	T4;PA
dexamethasone dose pack	T1	
DexPak	T3 (no change)	NC

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 |