

Pharmacy Formulary Updates for April 2019

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 2019:

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)
Azesco 13-1 mg tablets	T3		NC
naloxone multi-dose vial	MB		
Lynparza	T2;PA;SP	T4;PA;SP	
Refissa cream	Excluded		
Austedo	T2;PA;QL;SP	T4;PA;QL;SP	
Yonsa	T2;PA;SP	T4;PA;SP	
methadose	MB		
methadone tablets	T1;PA;QL		
Dolophine tablets	NC;QL		
methadone intensol/concentrate	T1;PA;QL		
methadone solution	T1;PA;QL		
methadone injection	T1;PA;QL		
fentanyl transdermal 37.5, 62.5, 87.5 mcg/hr patches	T2;QL		
tramadol ER	T1;QL		
Ultram ER	NC;QL		
Opana ER	NC;QL		
oxymorphone ER	T2;QL		
codeine sulfate	T1;QL		
hydromorphone	T1;QL		
Dilaudid	NC;QL		
levorphanol	T1;QL		

meperidine	T1;QL		
Demerol	T3;QL		NC;QL
morphine	T1;QL		
morphine suppositories	T1;QL		
morphine 30 mg suppositories	T2;QL		
oxycodone	T1;QL		
Roxicodone	NC;QL		
oxymorphone	T1;QL		
Opana	NC;QL		
Oxaydo	NC;QL		
pentazocine/naloxone	T1;QL		
tramadol	T1;QL		
Ultram	NC;QL		
Conzip	NC;QL		
Zohydro ER	NC;QL		
Arymo ER	NC;QL		
Hysingla ER	NC;QL		
vigabatrin tablets	T2	T4	
Sabril tablets	T3 (no change)	T4 (no change)	NC
sirolimus solution	T1		
Rapamune solution	T2 (no change)		NC
Tolsura	NC		
Yutiq	MB		
Ingrezza	T2;PA;QL		
Cerdelga	T2;SP	T4;SP	
Natpara	T2;QL;SP	T4;QL;SP	
tetrabenazine	T1;QL;SP	T4;QL;SP	
Aptiom	T3		
Briviact	T3		
Ferriprox solution	T2;QL		
Ferriprox tablets	T2;QL		
Fycompa	T3		
Vimpat	T2;QL		
Ganirelix (generic)	T3;PA;SP		

Ajovy	NC;QL	
Emgality	NC;QL	
Aimovig	T2;PA;QL	
Vitrakvi	T2;PA;SP	T4;PA;SP
Takhzyro	T2;PA;SP	T4;PA;SP
Qbrexza	T3;PA;QL	
Daurismo	T2;PA;SP	T4;PA;SP
Xospata	T2;PA	T4;PA
Panzyga	MB;PA;SI	
Abilify MyCite	T3;PA;QL	
Finacea acid 15% gel	NC	NC (no change)
Canasa suppositories	T3	NC (no change)
Cialis 5 mg tablets	NC;QL	NC;QL (no change)
Forfivo XL	NC	NC (no change)
Albenza	NC	NC (no change)
albuterol HFA inhaler (generic Proair HFA)	T1;QL	
albuterol HFA inhaler (generic Ventolin HFA)	T1;QL	

Key:

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