



## Pharmacy Formulary Updates for February 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 February 2019:

| Drug Name                  | Tufts Health Plan Commercial Formularies |                                 |  |
|----------------------------|--|---------------------------------|--|
|                            | Tufts Health Freedom Plan                |                                 |  |
|                            | Large Group<br>3-Tier Formulary          | Large Group<br>4-Tier Formulary | Small Group/Individual<br>4-Tier<br>(Exchange Formularies) |
| abiraterone                | T2;PA;SP;QL                              | T4;PA;SP;QL                     |  |
| silodosin capsules         | NC                                       |                                 |  |
| azelaic acid 15% gel       | T2                                       |                                 |  |
| Finacea acid 15% gel       | NC                                       |                                 |  |
| vardenafil HCL ODT tablets | NC;QL                                    |                                 |  |
| Onpattro                   | MB;PA                                    |                                 |  |
| Tegsedi                    | T2;PA;QL                                 | T4;PA;QL                        |  |
| Ilumya                     | MB;PA                                    |                                 |  |
| Trivisc                    | MB;NC;SP                                 |                                 |  |
| Nivestym                   | T2;PA;SP;QL                              | T4;PA;SP;QL                     |  |
| Copiktra                   | T2;PA                                    | T4;PA                           |  |
| Lucemyra                   | T3;QL                                    |                                 |  |
| Libtayo                    | MB                                       |                                 |  |
| Poteligeo                  | MB                                       |                                 |  |
| Minolira                   | NC                                       |                                 |  |
| Nocdurna                   | NC                                       |                                 |  |
| mesalamine suppositories   | T2                                       |                                 |  |
| Canasa suppositories       | T2 (no change)                           |                                 | NC   |
| aminocaproic acid tablets  | T2                                       |                                 |  |
| Amicar tablets             | T3 (no change)                           |                                 | NC   |
| Sympazan                   | T3;PA                                    |                                 |  |
| pimecrolimus cream         | T2;STPA                                  |                                 |  |

|          |                     |          |    |
|----------|---------------------|----------|----|
| Elidel   | T3;STPA (no change) |          | NC |
| Talzenna | T2;PA;SP            | T4;PA;SP |    |
| Vizimpro | T2;PA;SP            | T4;PA;SP |    |

**Key:**

- |           |   |                        |                                  |
|-----------|---|------------------------|----------------------------------|
| <b>MM</b> | Managed Mail – must fill at mail order pharmacy | <b>SP</b>              | Specialty Pharmacy               |
| <b>NC</b> | Not covered                                     | <b>ST<sup>PA</sup></b> | Step Therapy Prior Authorization |
| <b>PA</b> | Prior Authorization                             | <b>MB</b>              | Medical Benefit                  |
| <b>QL</b> | Quantity Limitation                             | <b>SI</b>              | Specialty Infusion               |