

## Pharmacy Formulary Updates for January 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 January 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)
Coagadex		MB;PA;SI	
Zydelig	T2;PA;SP	T4;PA;SP	
Kanuma		MB;PA;SI	
amphetamine/ dextroamphetamine ER		T2;PA(25 and older);QL	
dextroamphetamine ER		T2;PA(25 and older);QL	
methylphenidate ER capsules (CD)		T2;PA(25 and older);QL	
methylphenidate ER capsules (LA)		T2;PA(25 and older);QL	
methylphenidate ER tablets		T2;PA(25 and older);QL	
methylphenidate ER solution		T2;PA(25 and older)	
clonidine ER		T2	
methamphetamine 5 mg		T3;PA(25 and older);QL	
guanfacine ER		T1;QL	
amitriptyline/ perphenazine		T1;PA(12 and younger)	
amitriptyline		T1;PA(12 and younger)	
amoxapine		T1;PA(12 and younger)	
bupropion HCL SR		T1;PA(12 and younger)	
bupropion ER		T1;PA(12 and younger)	
bupropion		T1;PA(12 and younger)	
clomipramine		T2	
desipramine		T2;PA(12 and younger)	
duloxetine		T1;QL	
duloxetine 40 mg		NC;QL	

<b>doxepin</b>	T1;PA(12 and younger)	
<b>fluoxetine 90 mg</b>	NC	
<b>fluvoxamine ER</b>	NC	
<b>imipramine pamoate</b>	T2	
<b>maprotiline</b>	T1;PA(12 and younger)	
<b>mirtazapine ODT</b>	T1;PA(12 and younger)	
<b>mirtazapine</b>	T1;PA(12 and younger)	
<b>nefazodone</b>	T2;PA(12 and younger)	
<b>nortriptyline</b>	T1;PA(12 and younger)	
<b>paroxetine ER</b>	T2;PA(12 and younger)	
<b>paroxetine</b>	T1;PA(12 and younger)	
<b>tranylcypromine</b>	T2;PA(12 and younger)	
<b>trazodone</b>	T1;PA(12 and younger)	
<b>venlafaxine ER tablets</b>	NC	
<b>venlafaxine 225 mg ER tablets</b>	T3	
<b>desvenlafaxine succinate ER</b>	T2;PA(12 and younger);STPA	
<b>trimipramine</b>	T3;PA(12 and younger)	
<b>Surmontil</b>	NC	NC (no change)
<b>Aplenzin</b>	T3;PA(12 and younger);STPA	
<b>Desvenlafaxine ER</b>	T3;PA(12 and younger);STPA	
<b>Khedezla</b>	T3;PA(12 and younger);STPA	NC (no change)
<b>Desvenlafaxine fumarate ER</b>	T3;PA(12 and younger);STPA	
<b>Emsam</b>	T3;PA(12 and younger);STPA	
<b>bupropion ER (Forfivo XL)</b>	T2;PA(12 and younger)	
<b>Forfivo XL</b>	T3;PA(12 and younger);STPA	NC (no change)
<b>Pexeva</b>	T3;PA(12 and younger);STPA	
<b>Trintellix</b>	T3;PA(12 and younger);STPA	
<b>Viiibryd</b>	T3;PA(12 and younger);STPA	
<b>phenelzine</b>	T1;PA(12 and younger)	
<b>Nardil</b>	T3;PA(12 and younger)	NC (no change)
<b>Marplan</b>	T3;PA(12 and younger)	
<b>protriptyline</b>	T1;PA(12 and younger)	
<b>acetaminophen/ caffeine/ dihydrocodone capsules</b>	T2;QL	

<b>Trezix</b>		NC;QL
<b>acetaminophen/ caffeine/ dihydrocodone tablets</b>		T2;QL
<b>Panlor</b>		NC;QL
<b>codeine/ acetaminophen solution and suspension</b>		T1;QL
<b>codeine/ acetaminophen tablets</b>		T1;QL
<b>Tylenol w/codeine tablets</b>		NC;QL
<b>hydrocodone/APAP solution</b>		T1;QL
<b>Lortab 10-300mg elixir</b>	T3;QL	NC;QL
<b>hydrocodone/ acetaminophen 7.5/300 tablets</b>		T1;QL
<b>Xodol</b>	T3;QL	NC;QL
<b>hydrocodone/ acetaminophen tablets</b>		T1;QL
<b>Norco</b>		NC;QL
<b>hydrocodone/ ibuprofen tablets</b>		T1;QL
<b>Vicoprofen</b>		NC;QL
<b>oxycodone/ acetaminophen 5/325/5 mL solution</b>		T1;QL
<b>Roxicet solution</b>	T3;QL	NC;QL
<b>oxycodone/ acetaminophen capsules</b>		T1;QL
<b>oxycodone/ acetaminophen tablets</b>		T1;QL
<b>Percocet tablets</b>		NC;QL
<b>oxycodone/aspirin</b>		T1;QL
<b>Percodan tablets</b>		NC;QL
<b>oxycodone/ibuprofen</b>		T1;QL
<b>pentazocine/ acetaminophen</b>		T1;QL
<b>tramadol/ acetaminophen</b>		T1;QL
<b>Ultracet</b>		NC;QL
<b>Renova 0.2% cream</b>		Excluded
<b>Tradjenta</b>		NC
<b>Jentadueto</b>		NC
<b>Jentadueto XR</b>		NC
<b>Invokamet</b>		NC
<b>Invokamet XR</b>		NC
<b>Invokana</b>		NC

<b>Movantik</b>	T2	
<b>Relistor</b>	NC	
<b>Symproic</b>	NC	
<b>Proventil HFA</b>	NC;QL	
<b>Ventolin HFA</b>	NC;QL	
<b>Xopenex HFA</b>	NC;QL	NC;QL (no change)
<b>Arnuity Ellipta</b>	T2;QL	
<b>Pulmicort Flexhaler</b>	T2;QL	
<b>Breo Ellipta</b>	T2;QL	
<b>Symbicort</b>	T2;QL	
<b>Stiolto Respimat</b>	T2;QL	
<b>Xiidra</b>	T2;PA	
<b>Restasis</b>	T2;PA	
<b>Lunesta</b>	NC;QL	NC;QL (no change)
<b>Intermezzo</b>	NC;QL	NC;QL (no change)
<b>Belbuca</b>	T3;PA;QL	
<b>buprenorphine transdermal</b>	T2;PA;QL	
<b>Butrans</b>	NC;QL	NC;QL (no change)
<b>isotretinoin</b>	NC	
<b>Praluent</b>	NC;SP;QL	
<b>Otrexup</b>	NC	
<b>H.P. Acthar gel</b>	T2;PA;SP	T4;PA;SP
<b>Ortho Micronor</b>	T3;PA	
<b>Yaz</b>	T3;PA	
<b>Yasmin</b>	T3;PA	
<b>Ortho-Novum 1/35</b>	T3;PA	
<b>Norinyl 1+35</b>	T3;PA	
<b>Loestrin</b>	T3;PA	
<b>Ortho-Cyclen</b>	T3;PA	
<b>Beyaz</b>	T3;PA	
<b>Safyral</b>	T3;PA	
<b>Generess Fe</b>	T3;PA	
<b>Loestrin Fe</b>	T3;PA	
<b>Minastrin 24 Fe</b>	T3;PA	

<b>Mircette</b>	T3;PA		
<b>Ortho-Novum 7/7/7</b>	T3;PA		
<b>Ortho Tri-Cyclen</b>	T3;PA		
<b>Ortho Tri-Cyclen Lo</b>	T3;PA		
<b>Estrostep Fe</b>	T3;PA		
<b>LoSeasonique</b>	T3;PA		
<b>Seasonique</b>	T3;PA		
<b>Quartette</b>	T3;PA		
<b>Tri-Norinyl</b>	T3;PA		
<b>Desogen</b>	T3;PA		
<b>Ovcon 35</b>	T3;PA		
<b>Brevicon</b>	T3;PA		
<b>Modicon</b>	T3;PA		
<b>Nor-QD</b>	T3;PA		
<b>Cyclessa</b>	T3;PA		
<b>Femcon Fe</b>	T3;PA		
<b>Necon 10/11</b>	T3		
<b>Sporanox solution</b>	NC		NC (no change)
<b>Ampyra</b>	T3;PA;SP;QL	T4;PA;SP;QL (no change)	
<b>Zyclara 3.75% pump cream</b>	NC;QL		NC;QL (no change)
<b>Dexpak Dose Pak</b>	NC		NC (no change)
<b>Eurax 10% lotion</b>	NC		NC (no change)
<b>Welchol 3.75 g packet</b>	NC		NC (no change)
<b>Uceris 9 mg tablets</b>	NC		NC (no change)
<b>Clindagel 1% gel</b>	NC		NC (no change)
<b>vardenafil</b>	T2;QL		
<b>estradiol transdermal patches (generic Minivelle)</b>	T2		
<b>Minivelle patches</b>	T3 (no change)		NC
<b>miconazole-zinc oxide-white petrolatum ointment</b>	NC		
<b>Palynziq</b>	T2;PA;QL	T4;PA;QL	
<b>Altreno lotion</b>	T3;PA		
<b>Siklos</b>	T2;PA		
<b>Nuplazid 34 mg capsules</b>	T2;PA;QL;SP	T4;PA;QL;SP	

<b>Orilissa</b>	T3;PA;QL	
<b>Galafold</b>	T2;PA	T4;PA
<b>Xofluza</b>	T3;QL	
<b>Arikayce</b>	T3	T4
<b>Tiglutik</b>	T3	T4
<b>Delstrigo</b>	T2	
<b>Perseris</b>	MB	
<b>Retacrit</b>	T2;QL;SP	T4;QL;SP
<b>naloxone cartridges</b>	\$0 copay	
<b>Drysol</b>	T1	

**Key:**

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|-----------|---|------------------------|----------------------------------|
| <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               |