

Pharmacy Formulary Updates for January 2021

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 2021:

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)
Jadenu		NC	
Sensipar		NC	
Afinitor 2.5, 5, and 7.5 mg		NC; QL; SP	
Apriso Cap 0.375gm		NC	
Depen Titra Tab 250mg		NC	
Zortress (Brand)		NC;QL	
Daraprim		NC	
everolimus (generic for Zortress)	T2	T4	T4
Granix (TBO-FILGRASTIM)	T3	T4	T4
Neupogen (filgrastim)	T3	T4	T4
Nivestym (filgrastim-aafi)	T3	T4	T4
Proleukin (aldesluekin)		MB;PA	
bexarotene	T4;SP	T1;SP	T4;SP
Mesnex	T3	T4	T4
Cystaran (cysteamine)	T2	T4	T4
Ravicti (glycerol phenylbutyrate)	T3;SP;PA	T4;SP;PA	T4;SP;PA
Sancuso (granisetron)	T3;QL	T4;QL	T4;QL
Revatio (sildenafil)	NC;SP	NC;SP	NC;SP
sildenafil		T1;SP;PA	
Pen Needles (except for BD brand)		NC	
Insulin Syringes (except for BD brand)		NC	

Blood Glucose Monitors/Glucometers	Excluded (OneTouch meter preferred, use free meter program)		
Vesicare	Tier 3, STPA (step 2)	Tier 3, STPA (step 2)	NC
Ditropan XL	Tier 3, STPA (step 2)	Tier 3, STPA (step 2)	NC
Forteo	NC, SP		
Teriparatide	T3; SP; PA	T4; SP; PA	T3; SP; PA
Cutaquig	MB, PA, SI		
Ubrelvy	NC;QL		
Rybelsus	T2;QL		
Glyxambi	T2		
Denavir 1%	T3;PA		
Serevent Diskus	T2;QL		
Trelegy Ellipta	T2;QL		
acyclovir	T2		
alose tron	T2		
aripiprazole	T1;STPA;QL		
Azelex 20%	NC		
Baclofen powder	Excluded		
benzoyl peroxide	Excluded		
benzoyl peroxide-erythromycin 5%-3%	T2		
carbidopa (bulk)	Excluded		
Ceftazidime injection	Excluded		
chlorpromazine	T2		
ciprofloxacin in D5W	Excluded		
clarithromycin	T2		
clindamycin phosphate-tretinoin 1.2-0.25	NC		
clindamycin-benzoyl peroxide gel 1.2-2.5%	T1		
dapsone 7.5%	T3		
doxycycline monohydrate 40mg DR	NC		
erythromycin 2%	T2		
erythromycin DR	T2		
erythromycin ethylsuccinate	T2		
erythromycin stearate	T2		
erythromycin	T2		
ethacrynic acid	T3		

ezetimibe	T1
famotidine	T2
Fluoroplex 1%	T3
fluorouracil	T3
fluphenazine	T2
frovatriptan succinate	T3;QL
ketoprofen ER	NC
ketoprofen	NC
lanthanum carbonate	T3
levalbuterol tartrate HFA	T1;QL
Lovenox	NC
memantine	T1
Meropenem injection	Excluded
Monurol	T2
moxifloxacin	T1;QL
nadolol	T2
Naproxen Sodium ER	NC
naproxen	T3
nitrofurantoin	T3
Noritate 1%	NC
piperacillin sodium-tazobactam sodium injection	Excluded
prednisolone sodium phosphate	T2
Ridaura	NC
Sulfacetamide Sodium w/ Sulfur	Excluded
sumatriptan succinate injection	T2;QL
Sumatriptan nasal spray	T2;QL
sumatriptan-naproxen sodium	T3;PA;QL
Synarel	T3
terconazole	T2
tizanidine	T2
tobramycin sulfate injection	Excluded
ursodiol	T2
valganciclovir	T2
Ciprodex	NC

Protonix	NC;QL		
Demser	NC		
Samsca 30 mg	NC;QL		
Emtriva	T3	T3	NC
Bethkis	NC		
Symfi	T3	T3	NC
Symfi Lo	T3	T3	NC
Moviprep	NC		
Breztri	NC		
Renvela 800 mg	NC		
Trulance	NC		
Truvada	NC		
Atripla	NC		

Key:

MM

NC Managed Mail – must fill at mail order pharmacy

PA Not covered

QL Prior Authorization
Quantity Limitation

SP Specialty Pharmacy

ST^{PA} Step Therapy Prior Authorization

MB Medical Benefit

SI Specialty Infusion