

Pharmacy Formulary Updates for April 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 April 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)
Tykerb (brand)	NC; SP; QL (180/30)		
Kuvan	NC; SP		
Banzel susp 40mg/ml (brand)	Tier 3; QL (4 bottles/30 days)	Tier 3; QL (4 bottles/30 days)	Tier 2; QL
Taytulla (Brand)	T3; PA; ACA WH		
meclizine 50mg (generic)	NC		
Jynarque	Tier 3	Tier 4	Tier 4
Riabni	MB; PA		
Tecfidera	NC, SP, QL (Caps:Daily Dose 2, Starter pack: 1 fill/lifetime)		
dimethyl fumarate (generic)	T2, SP, QL (Daily Dose 2, Starter pack: 1 fill/lifetime)	T4, SP, QL (Daily Dose 2, Starter pack: 1 fill/lifetime)	T4, SP, QL (Daily Dose 2, Starter pack: 1 fill/lifetime)
HUMULIN U-100 HUMALOG U-100 HUMULIN R U-100 HUMULIN N U-100	3 mL insulin vials moved to excluded		
Climara patches	NC		
emtricitabine-tenofovir disoproxil fumarate (generic)	T2, May be covered at no cost share for HIV PrEP		

epoprostenol sodium for inj 0.5 mg and 1.5mg (generic)	MB; PA/SI		
Zokinvy (lonafarnib)	Tier 2; PA	Tier 4; PA	Tier 4; PA
Orgovyx (relugolix)	Tier 2; PA	Tier 4; PA	Tier 4; PA
Imcivree (setmelanotide)	Tier 2; PA	Tier 4; PA	Tier 4; PA
Plegridy (peginterferon beta-1a)	Tier 3; SP; QL (2 pens or syringes per 28)	Tier 4; SP; QL (2 pens or syringes per 28)	Tier 4; SP; QL (2 pens or syringes per 28)
Lifems (naloxone) convenience kit	Excluded		
Wynzora (calcipotriene-betamethasone dipropionate) 0.005%-0.064% cream	NC		
Cometriq	Added to SP program		
Palynziq	Added to SP program		
Elelyso	Added to SP/SI program		

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