

Pharmacy Formulary Updates for May 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 May 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)
Samsca (brand)	NC; QL		
levothyroxine capsules	Tier 2		
Ioteprednol etabonate ophthalmic gel 0.5%	Tier 2		
droxidopa	Tier 2; PA	Tier 4; PA	Tier 4; PA
Margenza (margetuximab)	MB		
Orladeyo (berotralstat)	Tier 2; PA, QL (1 unit/day)	Tier 4; PA, QL (1 unit/day)	Tier 4; PA, QL (1 unit/day)
Vocabria (cabotegravir)	Tier 2		
Cabenuva (cabotegravir and rilpivirine)	MB		
Klisyri (tirbanibulin)	NC		
Winlevi (clascoterone)	Tier 3; PA		
Mayzent starter pak (siponimod fumarate)	Tier 2; SP, QL (1 fill per lifetime)	Tier 4; SP, QL (1 fill per lifetime)	Tier 4; SP, QL (1 fill per lifetime)
Xtandi (enzalutamide)	Tier 2; PA, SP, QL; CM (40 mg: 4/day; 80 mg: 2/day)	Tier 4; PA, SP, QL; CM (40 mg: 4/day; 80 mg: 2/day)	Tier 4; PA, SP, QL; CM (40 mg: 4/day; 80 mg: 2/day)
Reltone (ursodiol)	NC		
Thyquidity (levothyroxine sodium)	Tier 3		
Sutab (sodium sulfate, magnesium sulfate, KCl)	Tier 3; ACA (may be covered at no copayment for members age 50 through 74)		

imiquimod cream 3.75% packet	Tier 2; QL 1 box or 1 pump bottle/30 days		
hydrocodone bitartrate tab ER 24hr deter 100, 120mg	Tier 3; PA; QL 2/day		
hydrocodone bitartrate tab ER 24hr deter 20, 30, 40, 60, 80mg	Tier 3; QL 2/day		
brinzolamide suspension 1%	Tier 2		
icosapent ethyl 1 mg (generic)	NC		
Intuniv	Tier 3	Tier 3	NC
guanfacine er	Tier 1		

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