



## 2020 Formulary Change Notice

Effective February 1, 2020

Tufts Medicare Preferred HMO Individual

Tufts Health Plan Senior Care Options

The coverage listed below is effective for our Tufts Medicare Preferred HMO Individual and Tufts Health Plan Senior Care Options (SCO) plans. For changes affecting our Tufts Health Plan Medicare Preferred Employer Group, Tufts Health Plan Medicare Preferred PDP, and Tufts Health Unify, please reference the applicable plan's formulary.

Drug Name	Type of Change	Coverage	Notes
abiraterone 250mg tablet	Addition	T5; PA; QL (120 tablets/30 days)	Generic Zytiga 250mg
albuterol sulfate nebulizer solution	QL Removal	T2; BvD	
Annovera	Addition	T4; QL (1 each/365 days)	
Brovana nebulizer solution	QL Removal	T4; BvD	
budesonide ER 9mg tablet	Addition	T3	Generic Uceris tablet
budesonide nebulizer suspension	QL Removal	T2; BvD	
cromolyn sodium nebulizer solution	QL Removal	T2; BvD	
deferasirox 360 mg tablet	Addition	T5	Generic Jadenu
deferasirox 90 mg tablet	Addition	T5	Generic Jadenu
Drizalma DR capsules	Addition	T4; QL	20mg: 60 capsules/30 days 30mg: 90 capsules/30 days 40mg: 90 capsules/30 days 60mg: 60 capsules/30 days
ipratropium bromide nebulizer solution	QL Removal	T2; BvD	
ipratropium-albuterol nebulizer solution	QL Removal	T2; BvD	
levalbuterol HCl nebulizer solution	QL Removal	T2; BvD	
Nayzilam Nasal Spray	Addition	T4; PA; QL (10 each/30 days)	
Nouriaz 20mg & 40mg tablet	Addition	T5; PA; QL (30/30)	

<b>Drug Name</b>	<b>Type of Change</b>	<b>Coverage</b>	<b>Notes</b>
pasaconazole DR 100mg tablet	Addition	T5	Generic Noxafil
Perforomist nebulizer solution 20 MCG/2ML	QL Removal	T3; BvD	
Rozlytek 100mg & 200mg tablet	Addition	T5; PA	
Vyndamax 61mg capsule	Addition	T5; PA; QL (30/30)	
Wakix 4.45mg & 17.8mg tablet	Addition	T5; PA; QL (60/30)	
Xenleta 600mg tablet	Addition	T5	
Ziextenzo	Addition	T5; QL (0.6mL/14 days)	

**Key:**

**BvD** Medicare Part B or D

**PA** Prior Authorization

**QL** Quantity Limitation