

## Pharmacy Formulary Updates for April 2018

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. With the exception of new-to-market medications, the changes below are reflected in our online Preferred Drug List.

The following is a list of drugs that changed formulary status in April 2018:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
<b>Narcan</b>	No copayment;QL
<b>naloxone injection</b>	No copayment
<b>Symproic</b>	T3
<b>trientine</b>	T2
<b>Syprine</b>	NC
<b>sumatriptan-naproxen 85-500 mg tablets</b>	T2;PA;QL
<b>hydrocortisone butyrate 0.1% lotion</b>	T2;PA
<b>Locoid lotion</b>	NC
<b>almotriptan</b>	T2;QL
<b>Phoslyra</b>	NC
<b>Auryxia</b>	NC
<b>Fosrenol powder packet</b>	NC
<b>Renagel</b>	NC
<b>Velphoro</b>	NC
<b>Retin-A Micro 0.08% gel</b>	NC
<b>Doryx MPC</b>	NC
<b>Fenortho</b>	NC
<b>dihydroergotamine spray</b>	T3;QL
<b>Cardura XL</b>	NC
<b>Prudoxin Cream</b>	NC
<b>Zonalon Cream</b>	NC
<b>Zavesca</b>	T3;PA
<b>Cerdelga</b>	T2;PA
<b>Tamiflu suspension/capsules</b>	NC;QL
<b>Prenatal DHA Pak 27-1-250</b>	NC
<b>memantine HCL ER capsules</b>	T2

<b>Namenda XR</b>	NC
<b>minocycline ER 65, 115 mg</b>	T3
<b>Fasenra</b>	MB;PA
<b>Prevymis tablets</b>	T3;PA
<b>Prevymis IV</b>	MB;PA
<b>Trelegy Ellipta</b>	NC
<b>Noctiva</b>	NC
<b>Durolane</b>	MB;NC;SP
<b>Visco-3</b>	MB;NC;SP
<b>rosuvastatin 5, 10 mg</b>	T2;QL
<b>rosuvastatin 20, 40 mg</b>	T2
<b>phentermine</b>	T1
<b>phendimetrazine</b>	T1
<b>Imbruvica 70 mg capsules</b>	T2;PA
<b>Daliresp 250 mcg</b>	T3
<b>methylphenidate ER (LA) 10 mg</b>	T2;PA (for members 25 and over)

**Key:**

<b>MB:</b> Medical Benefit	<b>QL:</b> Quantity Limitation
<b>NC:</b> Not covered	<b>SP:</b> Specialty Pharmacy - provided through CVS/specialty
<b>NTM:</b> New-to-market	<b>ST:</b> Step Therapy
<b>PA:</b> Prior Authorization	