

Pharmacy Formulary Updates for August 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 August 2018:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
Idelvion solution	MB;PA;SP
Symdeko	T2;PA;QL
Crysvita	MB;PA
Jynarque	T3
Norvir powder packet	T2
baclofen 5 mg tablets	T1
Kevzara auto-injector	T2;SP;PA;QL
clindamycin phosphate 1% gel	T2
Clindagel 1% gel	NC
luliconazole 1% cream	T2
clindamycin phosphate/benzoyl peroxide 1.2/2.5% gel	NC
budesonide ER 9 mg tablets	T2
Uceris 9 mg tablets	NC

Key:

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