

## Pharmacy Formulary Updates for December 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 December 2018:**

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
amphetamine sulfate (Evekeo)	NC;QL
bupropion ER (Forfivo XL)	T2
Forfivo XL	NC
tadalafil 2.5, 10, and 20 mg tabs	T3;QL
tadalafil 5 mg tabs	T3;PA;QL
Cialis 5mg tabs	NC;QL
testosterone 1.62% gel	T2
Plenvu	T3 (May be covered at no copayment for members age 50-74)
Clenpiq	T3 (May be covered at no copayment for members age 50-74)
GaviLyte-C	T1 (May be covered at no copayment for members age 50-74)
GaviLyte-G	T1 (May be covered at no copayment for members age 50-74)
TriLyte	T1 (May be covered at no copayment for members age 50-74)
GoLYTELY	T2 (May be covered at no copayment for members age 50-74)
Ztlido patches	NC
Zemdri	MB
Tibsovo	T2;PA
clobazam	T2;PA
Onfi	NC

**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	