

## Pharmacy Formulary Updates for September 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 September 2018:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
<b>Aptensio XR</b>	NC;QL
<b>methylphenidate ER tablets (Concerta)</b>	T2;PA(25 & older);QL
<b>Concerta</b>	NC;QL
<b>Cotempla XR-ODT</b>	NC;QL
<b>Daytrana</b>	T3;PA(25 & older);STPA(under 25);QL
<b>dexmethylphenidate ER</b>	T2;PA(25 & older);QL
<b>Focalin XR</b>	NC;QL
<b>Metadate ER 20 mg</b>	T1;PA(25 & older);QL
<b>methylphenidate ER tablets (CD)</b>	T1;PA(25 & older);QL
<b>Metadate CD</b>	NC;QL
<b>methylphenidate ER 10, 20 mg tablets</b>	T1;PA(25 & older);QL
<b>Quillichew ER</b>	NC;QL
<b>Quillivant XR</b>	T3;PA(25 & older);STPA(under 25);QL
<b>methylphenidate ER 20, 30, 40, &amp; 60 mg capsules(LA)</b>	T1;PA(25 & older);QL
<b>Ritalin LA 20, 30, 40, &amp; 60 mg</b>	NC;QL
<b>methylphenidate ER 10 mg capsules(LA)</b>	T2;PA(25 & older);QL
<b>Ritalin LA 10 mg</b>	NC;QL
<b>Vyvanse</b>	T3;PA(25 & older);STPA(under 25);QL
<b>Vyvanse Chew</b>	T3;PA(25 & older);STPA(under 25);QL
<b>methylphenidate ER OSM 72 mg (generic)</b>	T3;PA(25 & older);QL
<b>methylphenidate ER OSM 72 mg (brand)</b>	NC;QL
<b>colesevelam 3.75 g packet</b>	T2
<b>Welchol 3.75 g packet</b>	NC
<b>Tavalisse</b>	T3;QL
<b>Solosec</b>	T3
<b>Eurax 10% lotion</b>	NC

<b>crotamiton 10% lotion</b>	T2
<b>Yonsa</b>	T2;PA
<b>dexamethasone dose pack</b>	T1
<b>DexPak</b>	NC

**Key:**

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