

## Pharmacy Formulary Updates for April 2019

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 2019:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
Azesco 13-1 mg tablets	NC
naloxone multi-dose vial	MB
Lynparza	T2;PA;SP
Refissa cream	Excluded
Austedo	T2;PA;QL;SP
Yonsa	T2;PA;SP
methadose	MB
methadone tablets	T1;PA;QL
Dolophine tablets	NC;QL
methadone intensol/concentrate	T1;PA;QL
methadone solution	T1;PA;QL
methadone injection	T1;PA;QL
fentanyl transdermal 37.5, 62.5, 87.5 mcg/hr patches	T2;QL
tramadol ER	T1;QL
Ultram ER	NC;QL
Opana ER	NC;QL
oxymorphone ER	T2;QL
codeine sulfate	T1;QL
hydromorphone	T1;QL
Dilaudid	NC;QL
levorphanol	T1;QL
meperidine	T1;QL
Demerol	NC;QL
morphine	T1;QL
morphine suppositories	T1;QL
morphine 30 mg suppositories	T2;QL

oxycodone	T1;QL
Roxicodone	NC;QL
oxymorphone	T1;QL
Opana	NC;QL
Oxaydo	T3;QL
pentazocine/naloxone	T1;QL
tramadol	T1;QL
Ultram	NC;QL
Conzip	NC;QL
Zohydro ER	NC;QL
vigabatrin tablets	T2
Sabril tablets	NC
sirolimus solution	T1
Rapamune solution	NC
Tolsura	NC
Yutiq	MB
Ingrezza	T2;PA;QL
Cerdelga	T2;SP
Natpara	T2;QL;SP
tetrabenazine	T1;QL;SP
Aptiom	T3
Briviact	T3
Ferriprox solution	T2;QL
Ferriprox tablets	T2;QL
Fycompa	T3
Vimpat	T2;QL
Ganirelix (generic)	T3;PA;SP
Ajovy	NC;QL
Emgality	NC;QL
Aimovig	T2;PA;QL
Vitrakvi	T2;PA;SP
Takhzyro	T2;PA;SP
Qbrexza	T3;PA;QL
Daurismo	T2;PA;SP
Xospata	T2;PA
Panzyga	MB;PA;SP
Abilify MyCite	T3;PA;QL

albuterol HFA inhaler (generic Proair HFA)	T1;QL
albuterol HFA inhaler (generic Ventolin HFA)	T1;QL

**Key:**

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|--------------------------------|--|
| <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>PA:</b> Prior Authorization | <b>ST:</b> Step Therapy  |