

Pharmacy Formulary Updates for February 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 February 2019:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
abiraterone	T2;PA;SP;QL
silodosin capsules	NC
azelaic acid 15% gel	T2
Finacea acid 15% gel	NC
vardenafil HCL ODT tablets	NC;QL
Onpattro	MB;PA
Tegsedi	T2;PA;QL
Ilumya	MB;PA
Trivisc	MB;NC
Nivestym	T2;PA;SP;QL
Copiktra	T2;PA
Lucemyra	T3;QL
Libtayo	MB
Poteligeo	MB
Minolira	NC
Nocdurna	NC
mesalamine suppositories	T2
Canasa suppositories	NC
aminocaproic acid tablets	T2
Amicar tablets	NC
Sympazan	T3;PA
pimecrolimus cream	T2;STPA
Elidel	NC
Talzenna	T2;PA;SP
Vizimpro	T2;PA;SP

Key:

MB: Medical Benefit

NC: Not covered

NTM: New-to-market

PA: Prior Authorization

QL: Quantity Limitation

SP: Specialty Pharmacy - provided
through CVS/specialty

ST: Step Therapy