

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 February 2019:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Together ACO- MA
Granix	\$3.65;PA;SP
Siklos 1000mg	\$3.65;PA
Xolair 75/0.5, 150/1	MB/RX;PA;QL;SP
Actemra Pen	MB/RX;PA;QL;SP
Tresiba	\$3.65
Divigel 0.75mg	\$3.65
Onpattro	MB/RX;PA
Tegsedi	\$3.65;PA;QL
Copiktra	\$3.65;PA
Ilumya	MB/RX;PA
Nivestym	\$3.65;PA;QL;SP
Sympazan	\$3.65;PA;PBHMI/Polypharmacy
Xelpros	\$3.65;PA
Methylphenidate ER 72mg	\$3.65;PA;PBHMI/Polypharmacy
Albendazole	\$3.65
Clobazam	\$3.65;QL;PA;PBHMI/Polypharmacy
Silodosin	\$3.65;PA
Azelaic Acid Gel	\$3.65;QL
Pimecrolimus Cream	\$3.65;PA
Mesalamine Suppository	\$3.65
Aminocaproic Acid Tabs	\$3.65

Key

MB: Medical Benefit

QL: Quantity Limitation

NC: Not covered

SP: Specialty Pharmacy - provided
through CVS/specialty

NTM: New-to-market

PA: Prior Authorization

ST: Step Therapy

MB/RX: Drug can be dispensed through Medical Benefit or Prescription Benefit