

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 MCO- 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