

Pharmacy Formulary Updates for January 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 January 2019:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
Coagadex	MB;PA;SP
Zydelig	T2;PA;SP
Kanuma	MB;PA;SP
amphetamine/ dextroamphetamine ER	T2;PA(25 and older);QL
dextroamphetamine ER	T2;PA(25 and older);QL
methylphenidate ER capsules (CD)	T2;PA(25 and older);QL
methylphenidate ER capsules (LA)	T2;PA(25 and older);QL
methylphenidate ER tablets	T2;PA(25 and older);QL
methylphenidate ER solution	T2;PA(25 and older)
clonidine ER	T2
methamphetamine 5 mg	T3;PA(25 and older);QL
guanfacine ER	T1;QL
amitriptyline/ perphenazine	T1;PA(12 and younger)
amitriptyline	T1;PA(12 and younger)
amoxapine	T1;PA(12 and younger)
bupropion HCL SR	T1;PA(12 and younger)
bupropion ER	T1;PA(12 and younger)
bupropion	T1;PA(12 and younger)
bupropion ER (Forfivo XL)	T2;PA(12 and younger)
clomipramine	T2
desipramine	T2;PA(12 and younger)
duloxetine	T1;QL
duloxetine 40 mg	NC;QL
doxepin	T1;PA(12 and younger)
fluoxetine 90 mg	NC
fluvoxamine ER	NC

imipramine pamoate	T2
maprotiline	T1;PA(12 and younger)
mirtazapine ODT	T1;PA(12 and younger)
mirtazapine	T1;PA(12 and younger)
nefazodone	T2;PA(12 and younger)
nortriptyline	T1;PA(12 and younger)
paroxetine ER	T2;PA(12 and younger)
paroxetine	T1;PA(12 and younger)
tranylcypromine	T2;PA(12 and younger)
trazodone	T1;PA(12 and younger)
venlafaxine ER tablets	NC
venlafaxine 225 mg ER tablets	T3
desvenlafaxine succinate ER	T2;PA(12 and younger);STPA
trimipramine	T3;PA(12 and younger)
Aplenzin	T3;PA(12 and younger);STPA
Desvenlafaxine ER	T3;PA(12 and younger);STPA
Desvenlafaxine fumarate ER	T3;PA(12 and younger);STPA
Emsam	T3;PA(12 and younger);STPA
Pexeva	T3;PA(12 and younger);STPA
Trintellix	T3;PA(12 and younger);STPA
Viibryd	T3;PA(12 and younger);STPA
phenelzine	T1;PA(12 and younger)
Marplan	T3;PA(12 and younger)
protriptyline	T1;PA(12 and younger)
acetaminophen/ caffeine/ dihydrocodone capsules	T2;QL
Trezix	NC;QL
acetaminophen/ caffeine/ dihydrocodone tablets	T2;QL
Panlor	NC;QL
codeine/ acetaminophen solution and suspension	T1;QL
codeine/ acetaminophen tablets	T1;QL
Tylenol w/codeine tablets	NC;QL
hydrocodone/APAP solution	T1;QL
Lortab 10-300mg elixir	NC;QL
hydrocodone/ acetaminophen 7.5/300 tablets	T1;QL
Xodol	NC;QL
hydrocodone/ acetaminophen tablets	T1;QL
Norco	NC;QL

hydrocodone/ ibuprofen tablets	T1;QL
Vicoprofen	NC;QL
oxycodone/ acetaminophen 5/325/5 mL solution	T1;QL
Roxicet solution	NC;QL
oxycodone/ acetaminophen capsules	T1;QL
oxycodone/ acetaminophen tablets	T1;QL
Percocet tablets	NC;QL
oxycodone/aspirin	T1;QL
Percodan tablets	NC;QL
oxycodone/ibuprofen	T1;QL
pentazocine/ acetaminophen	T1;QL
tramadol/ acetaminophen	T1;QL
Ultracet	NC;QL
Renova 0.2% cream	Excluded
Tradjenta	NC
Jentadueto	NC
Jentadueto XR	NC
Invokamet	NC
Invokamet XR	NC
Invokana	NC
Movantik	T2
Relistor	NC
Symproic	NC
Proventil HFA	NC;QL
Ventolin HFA	NC;QL
Arnuity Ellipta	T2;QL
Pulmicort Flexhaler	T2;QL
Breo Ellipta	T2;QL
Symbicort	T2;QL
Stiolto Respimat	T2;QL
Xiidra	T2;PA
Restasis	T2;PA
Belbuca	T3;PA;QL
buprenorphine transdermal	T2;PA;QL
isotretinoin	NC
Praluent	NC;SP;QL
Otrexup	NC

H.P. Acthar gel	T2;PA;SP
Ortho Micronor	T3;PA
Yaz	T3;PA
Yasmin	T3;PA
Ortho-Novum 1/35	T3;PA
Norinyl 1+35	T3;PA
Loestrin	T3;PA
Ortho-Cyclen	T3;PA
Beyaz	T3;PA
Safyral	T3;PA
Generess Fe	T3;PA
Loestrin Fe	T3;PA
Minastrin 24 Fe	T3;PA
Mircette	T3;PA
Ortho-Novum 7/7/7	T3;PA
Ortho Tri-Cyclen	T3;PA
Ortho Tri-Cyclen Lo	T3;PA
Estrostep Fe	T3;PA
LoSeasonique	T3;PA
Seasonique	T3;PA
Quartette	T3;PA
Tri-Norinyl	T3;PA
Desogen	T3;PA
Ovcon 35	T3;PA
Brevicon	T3;PA
Modicon	T3;PA
Nor-QD	T3;PA
Cyclessa	T3;PA
Femcon Fe	T3;PA
Necon 10/11	T3
vardenafil	T2;QL
estradiol transdermal patches (generic Minivelle)	T2
Minivelle patches	NC
miconazole-zinc oxide-white petrolatum ointment	NC
Palynziq	T2;PA;QL
Altreno lotion	T3;PA
Siklos	T2;PA

Nuplazid 34 mg capsules	T2;PA;QL;SP
Orilissa	T3;PA;QL
Galafold	T2;PA
Xofluza	T3;QL
Arikayce	T3
Tiglutik	T3
Delstrigo	T2
Perseris	MB
Retacrit	T2;QL;SP
naloxone cartridges	\$0 copay
Drysol	T1

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