



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 January 2019:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Together ACO- MA
Makena	NC;QL
Steglatro	STPA;QL
Segluromet	STPA;QL
Farxiga	NC;QL
Xigduo XR	NC;QL
Invokana	NC;QL
Invokamet XR	NC;QL
Jardiance	NC;QL
Synjardy	NC;QL
Synjardy XR	NC;QL
Arcapta Neohaler	NC;QL
Foradil	NC
Serevent Diskus	NC
Ozempic	\$3.65
Trulicity	NC;QL
Pancreaze	NC
Viokace	\$3.65
Pertzye	NC
Amitiza	NC;QL
Linzess	NC;QL
Trulance	\$3.65;PA
Delzicol	NC
Dipentum	NC
Giazo	NC

Pentasa	NC
Praluent	NC;QL;SP
H.P. Acthar	\$3.65;PA;SP
Orilissa	\$3.65;PA;QL
Galafold	\$3.65;PA
Xofluza	\$3.65;QL
Arikayce	\$3.65
Tiglutik	\$3.65
Delstrigo	\$3.65
Perseris	\$0;PA;QL
Retacrit	\$3.65;QL;SP
Ozempic	\$3.65;QL

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