

Pharmacy Formulary Updates for April 2020

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. The changes below are reflected in our online Preferred Drug List.

The following is a list of drugs that changed formulary status April 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health RITogether
Ciprodex	NC
Cipro HC	NC
Tussigon	NC;QL
Hydrocodone/homatropine	NC;QL
Hydrocodone polst-chlorphen polst ER	NC;QL
Ciprodex	NC
Cipro HC	NC
Trikafta	Brand;PA;QL 84 units per 28 days
Pretomanid	Brand;PA
Esperoct	MB/RX; PA
Valtoco	Brand;PA;QL (1 box per fill)
Omnipod DASH	Brand;QL 10 pods per 30 days
Secuado	Brand;PA
IBRANCE TAB 75MG	Brand;PA
IBRANCE TAB 100MG	Brand;PA
IBRANCE TAB 125MG	Brand;PA
Dilt-XR Capsule Extended Release 24 Hour 120 MG Oral	Covered;Generic only
Folic acid 0.4 mg tablet	Covered;Generic only
Folic Acid 800 mcg tablet	Covered;Generic only
Memantine HCl ER Capsule Extended Release 24 Hour 14 MG Oral	Covered;Generic only
Memantine HCl ER Capsule Extended Release 24 Hour 21 MG Oral	Covered;Generic only
Memantine HCl ER Capsule Extended Release 24 Hour 28 MG Oral	Covered;Generic only

Key

MB: Medical Benefit

QL: Quantity Limitation

NC: Not covered

SP: Specialty Pharmacy - available

PA: Prior Authorization

through CVS/specialty

ST: Step Therapy

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