

## 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. 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 April 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Together ACO - MA
<b>Ciprodex</b>	NC
<b>Cipro HC</b>	NC
<b>Tussigon</b>	NC;QL
<b>Hydrocodone/homatropine</b>	NC;QL
<b>Hydrocodone polst-chlorphen polst ER</b>	NC;QL
<b>Ciprodex</b>	NC
<b>Cipro HC</b>	NC
<b>Trikafta</b>	\$3.65;PA;QL 84 units per 28 days
<b>Pretomanid</b>	\$3.65;PA
<b>Esperoct</b>	MB/RX; PA, SP
<b>Valtoco</b>	\$3.65;PA;QL (1 box per fill)
<b>Omnipod DASH</b>	\$0;QL 10 pods per 30 days
<b>Secuado</b>	\$3.65;PA
<b>IBRANCE TAB 75MG</b>	\$3.65;PA
<b>IBRANCE TAB 100MG</b>	\$3.65;PA
<b>IBRANCE TAB 125MG</b>	\$3.65;PA

**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