

Pharmacy Formulary Updates for August 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 in August 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
diazepam rectal gel	Tier 2; 1 kit (2 units)/fill
everolimus	T2; 180 tabs/90 days
esomeprazole magnesium for delayed release susp packet	T2; PA; QL;(90/90) PA applies to those 12 and older
metformin HCl oral solution 500 mg/5ml	T2
diazoxide suspension 50 mg/ml	T2
deferasirox 180mg	T2

Key:

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|--------------------------------|--|
| MB: Medical Benefit | QL: Quantity Limitation |
| NC: Not covered | SP: Specialty Pharmacy - provided through CVS/specialty |
| NTM: New-to-market | ST: Step Therapy |
| PA: Prior Authorization | |