



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

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

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health RITogether
<b>Koselugo</b>	Brand;PA
<b>Tukysa</b>	Brand;PA
<b>Pemazyre</b>	Brand;PA
<b>Isturisa</b>	Brand;PA
<b>Reyvow</b>	Brand;PA;QL
<b>Avsola</b>	MB;PA
<b>Oriahnn</b>	Brand;PA;QL
<b>Voltaren Arthritis 1% (OTC)</b>	Brand;QL
<b>Fenofibrate 48ng, 145mg</b>	Generic;QL
<b>Ubrelvy</b>	Brand;PA;QL
<b>Nurtec ODT</b>	Brand;PA;QL
<b>Xpovio Pak</b>	Brand;PA
<b>Sirturo 20mg</b>	Brand;PA

- MB:** Medical Benefit
- NC:** Not covered
- PA:** Prior Authorization
- ST:** Step Therapy
- MB/RX:** Drug can be dispensed through Medical Benefit or Prescription Benefit
- QL:** Quantity Limitation
- SP:** Specialty Pharmacy - available through CVS/specialty