

## Pharmacy Formulary Updates for December 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 December 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
<b>Monjuvi® (brand)</b>	MB
<b>Nexletol® (brand)</b>	NC
<b>Nexlizet™ (brand)</b>	NC
<b>Tissueblue™ (brand)</b>	MB
<b>Licart™ (brand)</b>	NC
<b>Phexxi™ (brand)</b>	T3; ACA; WH
<b>Ryvent</b>	NC
<b>carbinoxamine (generic)</b>	NC
<b>Vanatol</b>	NC
<b>Emtricitabine/tenofovir disoproxil fumarate (generic)</b>	T2
<b>efavirenz, emtricitabine, and tenofovir disoproxil fumarate (generic)</b>	T2
<b>lapatinib (generic)</b>	T2; PA; SP; QL (180/20), CM
<b>sapropterin (generic)</b>	T2; PA; SP
<b>methylphenidate er 24 hr hcl (generic)</b>	NC
<b>tolvaptan (generic)</b>	Tier 2; 14 tabs/ 7 days
<b>tavaborole (generic)</b>	NC
<b>Hiprex</b>	T1
<b>methenamine hippurate</b>	Excluded

**Key:**

**MB:** Medical Benefit

**NC:** Not covered

**NTM:** New-to-market

**PA:** Prior Authorization

**QL:** Quantity Limitation

**SP:** Specialty Pharmacy - provided  
through CVS/specialty

**ST:** Step Therapy