

Pharmacy Formulary Updates for February 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 February 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
deferasirox 90, 360 mg	T2;SP
naftifine 1% gel	T2
orphenadrine with aspirin and caffeine	T2
posaconazole DR	NC
Cinacalcet	T2;SP
ivermectin 1% cream	T2
everolimus 2.5, 5, and 7.5 mg	T2;PA;QL;SP
Harvoni 45-200 mg	T2;PA;SP
Nourianz	T3;PA;QL
Wakix	T3;PA;QL
Beovu	MB
Ziextenzo	T3;PA;QL;SP
Rybelsus	NC;QL
Cequa PF	T3;PA;QL
Baqsimi	NC
Gvoke PFS	NC
Amzeeq foam	NC

Key:

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	