

## Pharmacy Formulary Updates for January 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 January 2020:**

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
Aciphex	T3;PA;QL
Actemra prefilled syringe	T3;PA;QL;SP
Ajovy	T2;PA;QL
Annovera	T3;QL
Arymo ER 60 mg	T1;PA;QL
Asparlas	MB
Avinza ER 120 mg	NC;QL
captopril	T2
carbidopa/levodopa/ entacapone	T2
carbinoxamine maleate tablets	NC
cephalexin tablets	T2
Cimzia	T3;PA;QL;SP
clonidine transdermal	T2
clorazepate	T2
Cosentyx	T3;PA;QL;SP
Deplin	Excluded
Deprizine	Excluded
diazepam rectal gel	T2;QL
diclofenac-misoprostol	T2
Dicopanorl	Excluded
divalproex sprinkle	T2
Embeda 50/2, 60/2.4, 80/3.2, and 100/4 mg	T1;PA;QL
Emgality	T2;PA;QL
esomeprazole OTC	T1
estradiol vaginal cream	T1
etodolac ER	T2

fenoprofen	T3
fentanyl 50, 62.5, 75, 87.5, 100 mcg/hr patches	T1;PA;QL
Fiasp PenFill	NC
Firazyr	NC;QL;SP
glatiramer acetate 20 mg/mL	NC;QL;SP
glatiramer acetate 40 mg/mL	NC;QL;SP
Glatopa	NC;QL;SP
Gloperba	NC;QL
granisetron tablets	T2;QL
hydromorphone ext-rel 32 mg tablets	T2;PA;QL
Hysingla ER 100 and 120 mg	T3;PA;QL
indomethacin ER	T2
Kadian 200 mg	T3;PA;QL
ketoprofen	T2
ketoprofen ER	T3
Kevzara	T3;PA;QL;SP
Kevzara auto-injector	T3;PA;QL;SP
Kineret	T3;PA;QL
lansoprazole	T2
leflunomide	T2
Lexette 0.05% foam	NC
lidocaine tetracaine cream	T3;QL
linezolid 100 mg/5 mL oral suspension	T3
Lotemax suspension	NC
Lyrica	NC
meclofenamate	T3
mefenamic acid	T3
metronidazole 375 mg capsules	T3
Morphabond ER 60 and 100 mg	T1;PA;QL
morphine ER 60, 100, 200 mg tablets	T1;PA;QL
morphine sulfate beads 120 mg ER	T1;PA;QL
morphine sulfate ER 50, 60, 80, and 100 mg capsules	T1;PA;QL
naproxen sodium	T2
naproxen suspension	T2
Nuvaring	T3
Ogivri	MB
Olumiant	T3;PA;SP

omeprazole	T1
omeprazole/sodium bicarbonate capsules (OTC)	T2;QL
Orencia auto-injector/prefilled syringe	T3;PA;QL;SP
Otezla	T3;PA;QL;SP
oxandrolone	T2
oxaprozin	T3
pantoprazole	T1
paromomycin sulfate	T2
pramipexole ER	T2
Premarin vaginal cream	T2
Prevacid	T3;PA;QL
Prevacid Solutab	T3;PA;QL
Prilosec	T3;PA;QL
Proair HFA	NC;QL
Proair Respiclick	NC;QL
promethazine suppositories	T2
Protonix	T3;PA;QL
pyridostigmine ER	T2
Qvar Redihaler	NC;QL
rabeprazole	T2
Revatio oral suspension	NC;SP
rifabutin	T2
Rozerem	NC;QL
Saxenda	T2;PA
Serevent Diskus	T3;QL
Siliq	T3;PA;QL;SP
Simponi	T3;PA;QL;SP
Taltz	T3;PA;QL;SP
testosterone 1.62% gel	T3
Tracleer tablets	NC;SP
Trianex	Excluded
Tuxarin ER	NC;QL
Uloric	NC
Vanatol	NC
Vascepa	T3;PA
Veberzi	T2;PA;QL
Versacloz	T3;STPA

Vyleesi	T3;PA;QL
Xeljanz	T3;PA;QL;SP
Xeljanz XR	T3;PA;QL;SP
Xifaxan	T2;PA;QL
Zegerid capsules	T3;PA;QL
Zegerid oral packets	T3;PA;QL

**Key:**

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