

Pharmacy Formulary Updates for July 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 July 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
Bicillin LA	MB
Bicillin CR	MB
Vimizim	MB;PA;SP
Travatan Z 0.004% drops	NC
Apriso 0.375gm capsules	NC
Nuvaring	PA;T3;WH (\$0)
Carafate 1gm/10m suspension	NC
Moxeza 0.5% Eye Drop	NC:QL (1 bottle/10 days)
Depen TitraTab 250mg	NC
albuterol sulfate, CFC-free aerosol (generic)	Excluded
Afinitor 2.5, 5mg, 7.5 mg	NC
Jadenu 90 and 360 mg	NC
Sensipar	NC
desonide 0.05% (generic) ointment	T2
halobetasol 0.05% (generic) cream	T2
hydrocortisone butyrate 0.1% (generic)	T1;PA
Flolipid (brand)	NC
Dayvigo (lemborexant)	Tier 3 ;STPA (step 3);QL 10/30
Xcopri (cenobamate)	Tier 3;PA
Farxiga	Tier 2
Vyepti (eptinezumab-jjmr)	MB;PA
Ontruzant (trastuzumab-dttb)	MB
Procysbi (cysteamine bitartrate) delayed-release granules	NC
Gvoke HypoPen	NC
Anjeso (meloxicam) injection	MB
Xigduo XR	Tier 2
Baqsimi (glucagon)	Tier 2;QL (max 2 devices per fill)

Diastat Acudial	Tier 3;1 kit (2 units)/fill
azelastine HCl-fluticasone prop nasal spray 137-50 mcg/act	NC; 3 units/90 days
naproxen-esomeprazole magnesium DR tablet	Excluded

Key:

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