

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

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

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health RITogether
Diclofenac sodium 1% gel	Generic;QL
Meprobamate	NC
Testosterone Cypionate	Generic
Testosterone Enanthate	Generic
Testosterone 1%	Generic
Testosterone 10mg/actuation	Generic
Aveed	MB;PA
Testopel	MB;PA
Methyltestosterone	Generic;PA
Androxy	NC
Dayvigo	Brand;PA
Xcopri	Brand;PA
Vyepti	MB;PA;QL
Clindamycin 1%	Generic
Metronidazole 1%	Generic
Firvanq	Brand;QL
Metformin HCGL 500mg/5mL	Generic
Diazoxide 500mg/mL	Generic

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