



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 July 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Together MCO - MA
Diclofenac Sodium 1%	\$3.65;QL
Testosterone Cypionate	\$3.65
Testosterone Enanthate	\$3.65
Testosterone 1%	\$3.65;PA
Testosterone 10mg/actuation	\$3.65;PA
Aveed	MB;PA
Testopel	MB;PA
Methyltestosterone	\$3.65;PA
Androxy	NC
First-Testosterone	NC
Dificid	\$3.65;PA;QL
Buspirone 30mg	NC
Meprobamate	NC
Vyepti	MB/RX;PA:QL
Clindamycin 1%	\$3.65
Metronidazole 1%	\$3.65
Fenofibrate 48mg, 145mg	\$1;QL
Xcopri	\$3.65;PA; PA age 5 and under/PBHMI/Polypharmacy

Key

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