

## Pharmacy Formulary Updates for May 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 May 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
<b>HYDROCODONE BITARTRATE CAP ER 12HR ABUSE-DETERRENT</b>	NC;QL
<b>AMPHETAMINE EXTENDED RELEASE SUSP 1.25 MG/ML</b>	NC;QL
<b>CALCIPOTRIENE 0.005% AND BETAMETHASONE DIPROPIONATE 0.064% suspension</b>	NC
<b>TRAVOPROST DRO 0.004%</b>	T2;STPA (step 2)
<b>MESALAMINE CAP 0.375G</b>	T2
<b>ETONOGESTREL-ETHINYL ESTRADIOL 0.120-0.015 MG/24HR</b>	T1
<b>DAPSONE GEL 7.5%</b>	T2
<b>SUCRALFATE SUS 1GM/10ML</b>	T3; NC for members age 13 and older
<b>MOXIFLOXACIN SOL 0.5% eye drop</b>	T2;QL (1 bottle/10 days)
<b>PENICILLAMIN TAB 250MG</b>	T2
<b>DOXEPIN TAB</b>	NC
<b>CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%</b>	NC
<b>Vyondys 53</b>	MB;PA
<b>Adakveo</b>	T2/4;PA;SP
<b>Tazverik</b>	MB;PA
<b>Ruxience</b>	MB; PA
<b>Herzuma</b>	MB
<b>Trazimera</b>	MB
<b>Asceniv</b>	MB;PA,SI
<b>Ibrance</b>	T2;PA;SP
<b>Sylvant</b>	MB
<b>Zinplava</b>	MB
<b>Lemtrada</b>	MB
<b>Ocrevus</b>	MB
<b>Tysabri</b>	MB
<b>Aliqopa</b>	MB

<b>Cyramza</b>	MB
<b>Kadcyla</b>	MB
<b>Perjeta</b>	MB
<b>Provence</b>	MB
<b>Probuphine</b>	MB
<b>Sublocade</b>	MB
<b>Kynamro</b>	T2; SP; QL
<b>Caplyta</b>	T3;STPA;QL
<b>Aklief</b>	NC
<b>Recarbrio (imipenem-cilastatin-relebactam)</b>	MB
<b>Riomet ER (metformin)</b>	NC
<b>Zerviate (cetirizine)</b>	NC
<b>Belviq</b>	T3
<b>Belviq XR</b>	T3
<b>Brontril PDM</b>	T3
<b>Suprenza</b>	T3
<b>Itraconazole</b>	T3
<b>Onfi</b>	T3
<b>clobazam</b>	T2
<b>Cholbam</b>	T2
<b>Xermelo</b>	T3
<b>Carbaglu</b>	T2
<b>Nityr</b>	T2
<b>nitisinone 2 mg, 5mg, and 10 mg</b>	T2
<b>Orfadin 20mg</b>	T2
<b>Orfadin suspension</b>	T2
<b>Xuriden</b>	T2; QL
<b>Albuterol HFA inhalers</b>	T1; QL

**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