

## 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 May 2020:

| Drug Name                             | Tufts Health Public Plan Formulary |
|---------------------------------------|------------------------------------|
|                                       | Tufts Health Together MCO - MA     |
| <b>Flonase Sensimist</b>              | Brand;PA                           |
| <b>Vyondys 53</b>                     | MB;PA                              |
| <b>Oxbryta</b>                        | Brand;PA;SP available              |
| <b>Adakveo</b>                        | MB;PA                              |
| <b>Ayvakit</b>                        | Brand;PA;QL(1/day)                 |
| <b>Tazverik</b>                       | Brand;PA                           |
| <b>Ruxience</b>                       | MB;PA                              |
| <b>Asceniv</b>                        | MB/RX;PA;SP avail                  |
| <b>Caplyta (lumateperon tosylate)</b> | Brand;PA;QL (1/day)                |
| <b>HIZENTRA INJ 2GM/10ML</b>          | MB/RX;PA;SP avail                  |
| <b>HIZENTRA INJ 1GM/5ML</b>           | MB/RX;PA;SP avail                  |
| <b>HIZENTRA SOL 20%</b>               | MB/RX;PA;SP avail                  |
| <b>Zinplava</b>                       | MB                                 |
| <b>Tysabri</b>                        | MB                                 |
| <b>Aliqopa</b>                        | MB                                 |
| <b>Kynamro</b>                        | Brand;QL (4 units/28 days)         |

**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