

## Pharmacy Formulary Updates for October 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 October 2020:

Drug Name	Tufts Health Public Plans Formulary
	Tufts Health Direct Formulary
<b>Zortress</b>	NC;QL
<b>Daraprim</b>	NC
<b>Nexium granules</b>	NC;QL;(90/90)
<b>Riomet oral solution</b>	NC
<b>Proglycem 50mg/mL suspension</b>	NC
<b>Jadenu 180 mg tablets</b>	NC
<b>desvenlafaxine ER tablets</b>	T3;STPA;PA for members 12 and younger
<b>Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)</b>	MB, PA
<b>Enbrel 25 mg injection</b>	T2;PA;SP;QL
<b>Uplizna (inebilizumab-cdon)</b>	MB;PA
<b>Darzalex Faspro (daratumumab/hyaluronidase-fihj)</b>	MB
<b>Jelmyto (mitomycin)</b>	MB
<b>Qinlock (ripretinib)</b>	T2; PA
<b>Retevmo (selpercatinib)</b>	T2;PA;QL;SP
<b>Tabrecta (capmatinib)</b>	T2;PA;SP

**Key:**

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