

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 October 2020:

| Drug Name | Tufts Health Public Plan Formulary |
|--|------------------------------------|
| | Tufts Health Together ACO - MA |
| Subsys | \$3.65;PA |
| Lazanda | \$3.65;PA |
| Phesgo | MB;PA |
| Ciprofloxacin-dexamethasone Otic | \$3.65 |
| Deferasirox Granules | \$3.65;SP |
| Efarenz-lamivudine-tenofovir | \$3.65 |
| Emtricitabine | \$3.65 |
| Ketorolac Tromethamine Nasal | \$3.65;PA:QL |
| Metyrosine | \$3.65 |
| Pantoprazole Packet | \$3.65;PA |
| Tolvaptan 30mg | \$3.65;QL;SP |
| PEG-3350/Electrolytes/Ascorbat Solution | \$0 |

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
MB/RX: Drug can be dispensed through Medical Benefit or Prescription Benefit