

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 MCO - 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