

## Pharmacy Formulary Updates for September 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 September 2020:

Drug Name	Tufts Health Public Plans Formulary
	Tufts Health Direct Formulary
<b>Koselugo (selumetinib)</b>	T2;PA
<b>Tukysa (tucatinib)</b>	T2;PA
<b>Pemazyre (pemigatinib)</b>	T2;PA
<b>Trodelvy (sacituzumab govitecan-hziy)</b>	MB
<b>Avsola (infliximab-axxq)</b>	MB;PA
<b>Isturisa (osilodrostat phosphate)</b>	T3;PA
<b>Ubrovelvy (ubrogepant)</b>	T2;PA;QL (8 tabs/30 days)
<b>Nurtec ODT (rimegepant)</b>	T2;PA;QL (8 tabs/30 days)
<b>Reyvow (lasmiditan)</b>	T2;PA;QL (50mg: 4 tabs/30 days, 100mg: 8 tabs/30 days)
<b>Durysta (bimatoprost) intracameral implant</b>	MB
<b>Oriahnn (elagolix-estradiol-noreth 300-1-0.5mg &amp; elagolix 300mg) capsules Pack</b>	T3;PA;QL (4 blister packs/28 days)
<b>Emgality</b>	T2, PA, QL (3 pen /30 days) Emgality 120 mg auto-injector/prefilled syringe: 2 auto-injectors/ syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.
<b>Stimate 1.5 mg/mL nasal spray</b>	T3;SP
<b>anastrozole (generic)</b>	T1;(\$0 cost share for members 35 years of age and older)
<b>Citranatal packets</b>	NC
<b>Sirturo tablets</b>	Tier 2;PA
<b>exemestane (generic)</b>	T1;(\$0 cost share for members 35 years of age and older)
<b>Soolantra (ivermectin) 1% cream</b>	T3
<b>Zeposia (ozanimod)</b>	NC;SP
<b>Teriparatide</b>	NC;SP
<b>Dupixent (dupilumab) 300 mg prefilled pen</b>	T2;PA;SP;QL

<b>Tivicay PD (dolutegravir sodium) tablet for oral suspension</b>	T2
<b>Twirla (levonorgestrel-ethinyl estradiol TD)</b>	T3 (no cost share)

**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 |  |