

Pharmacy Formulary Updates for January 2021

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 January 2021:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
everolimus (generic for Zortress)	T2
Dexcom G6 Receiver	T2;PA;QL
Dexcom G6 Transmitter	T2;PA;QL
Dexcom G6 Sensor Pack	T2;PA;QL
CGM Receiver	T2;PA;QL
CGM Transmitter	NC;QL
CGM Sensor Pack	NC;QL
Granix (TBO-FILGRASTIM)	T3
Neupogen (filgrastim)	T3
Nivestym (filgrastim-aafi)	T3
Proleukin (aldesluekin)	MB; PA
Revatio (sildenafil)	NC;SP
sildenafil	T1;SP;PA
Pen Needles (except for BD brand)	NC
Insulin Syringes (except for BD brand)	NC
Blood Glucose Monitors/Glucometers	Excluded (OneTouch meter preferred, use free meter program)
Forteo	NC, SP
Teriparatide	T3; SP; PA
Cutaquig	MB, PA, SP
Ubrelvy	NC;QL
Rybelsus	T2;QL

Glyxambi	T2
Denavir 1%	T3;PA
Serevent Diskus	T2;QL
Trelegy Ellipta	T2;QL
acyclovir	T2
alosetron	T2
aripiprazole	T1;STPA;QL
Azelex 20%	NC
Baclofen powder	Excluded
benzoyl peroxide	Excluded
benzoyl peroxide-erythromycin 5%-3%	T2
carbidopa (bulk)	Excluded
Ceftazidime injection	Excluded
chlorpromazine	T2
ciprofloxacin in D5W injection	Excluded
clarithromycin	T2
clindamycin phosphate-tretinoin 1.2-0.25	NC
clindamycin-benzoyl peroxide gel 1.2-2.5%	T1
dapsone 7.5%	T3
doxycycline monohydrate 40mg DR	NC
erythromycin 2%	T2
erythromycin DR	T2
erythromycin ethylsuccinate	T2
erythromycin stearate	T2
erythromycin	T2
ethacrynic acid	T3
ezetimibe	T1
famotidine	T2
Fluoroplex 1%	T3
fluorouracil	T3
fluphenazine	T2
frovatriptan succinate	T3;QL
ketoprofen ER	NC
ketoprofen	NC
lanthanum carbonate	T3
levalbuterol tartrate HFA	T1;QL
memantine	T1

Meropenem injection	Excluded
Monurol	T2
moxifloxacin	T1;QL
nadolol	T2
Naproxen Sodium ER	NC
naproxen	T3
nitrofurantoin	T3
Noritate 1%	NC
piperacillin sodium-tazobactam sodium injection	Excluded
prednisolone sodium phosphate	T2
Ridaura	NC
Sulfacetamide Sodium w/ Sulfur	Excluded
sumatriptan succinate injection	T2;QL
Sumatriptan nasal spray	T2;QL
sumatriptan-naproxen sodium	T3;PA;QL
Synarel	T3
terconazole	T2
tizanidine	T2
tobramycin sulfate injection	Excluded
ursodiol	T2
valganciclovir	T2
Ciprodex	NC
Jadenu	NC
Protonix	NC;QL
Demser	NC
Samsca 30 mg	NC;QL
Emtriva	NC
Bethkis	NC
Symfi	NC
Symfi Lo	NC
Moviprep	NC
Breztri	NC
Renvela 800 mg	NC
Trulance	NC
Truvada	NC
Atripla	NC

Key:

MB: Medical Benefit
NC: Not covered
NTM: New-to-market
PA: Prior Authorization

QL: Quantity Limitation
SP: Specialty Pharmacy - provided
through CVS/specialty
ST: Step Therapy