



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 January 2021:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Together ACO - MA
Uplinza	MB;PA
Fintepla	\$3.65;PA
Rukobia	\$3.65
Fensolvi	MB;PA
Teriparatide	\$3.65;PA;QL;SP
Travoprost	\$3.65
Amitiza	\$3.65;PA;QL
Proleukin	MB;PA
Eligard	MB/RX;SP
Lupron Depot	MB/RX;SP
Olmesartan	\$1
Olmesartan/HCTZ	\$1
Telmisartan	\$1
Veletri	MB/RX;PA;SP
Bimatoprost	\$3.65
Forteo	NC;QL;SP
Zioptan	NC
Trulance	NC
Evzio	NC;QL
Viltepso	MB;PA
Upneeq	\$3.65;PA
Ibandronate	\$3.65;QL

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

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