

Pharmacy Formulary Updates for July 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 July 2021:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
Fotivda (tivozanib)	Tier 2; PA
Lupkynis (voclosporin)	Tier 2; PA
Pepaxto (melphalan flufenamide)	MB
Evkeeza (evinacumab-dgnb)	MB; PA
Verquvo (Vericiguat)	NC
Prolate (oxycodone w/ acetaminophen)	Tier 3; QL (30ml/day)
Elepsia XR (levetiracetam)	NC
Roszet (ezetimibe-rosuvastatin calcium)	NC
Coartem	Tier 2; QL (24 tablets/90 days)
bimatoprost 0.03% (Latisse)	Excluded - cosmetic
Xywav	Tier 3 PA; QL
Xyrem	Tier 3 PA; QL
Condylox	NC
fluoxetine 60mg	Tier 2; PA
Sevelamer 800 mg	Tier 2
Naprosyn 125mg/5ml	NC
Truvada (Brand) 100-150mg, 133-200, 167-250mg	NC
cromolyn sodium oral concentrate	Tier 2
Zomig Nasal Spray 2.5 and 5mg	NC
Lotemax 0.5% Gel	NC
Northera	NC
Amitiza	NC
aripiprazole tablets	Tier 1 STPA (removed QL)
Abilify	NC (removed QL)
aripiprazole ODT	Tier 2 STPA, (removed QL)

Aripiprazole solution	Tier 2 STPA, (removed QL)
Banzel (rufinamide) tablets	Tier 2 (removed QL)
rufinamide	Tier 2 (removed QL)
Banzel (rufinamide) suspension	Tier 3 (removed QL)
Besivance	Tier 3 (removed QL)
calcipotriene ointment & solution	Tier 1 (removed QL)
calcipotriene cream	Tier 2 (removed QL)
Dovonex	NC (removed QL)
Cequa	Tier 3; PA (removed QL)
ciclopirox nail lacquer 8% solution	Tier 1 (removed QL)
colchicine	Tier 2 (removed QL)
Colcrys	NC (removed QL)
Gloperba	NC (removed QL)
Mitigare	NC (removed QL)
Combigan	Tier 2 (removed QL)
doxepin 5% cream	Tier 2 (removed QL)
Prudoxin	NC (removed QL)
Zonalon	NC (removed QL)
Evamist	Tier 3 (removed QL)
everolimus	Tier 2 (removed QL)
Zortress	NC (removed QL)
gatifloxacin	Tier 2 (removed QL)
Zymaxid	NC (removed QL)
imiquimod 3.75%	Tier 2 (removed QL)
Zyclara 3.75% & 2.5%	Tier 3 (removed QL)
Isentress tablet and solution	Tier 2 (removed QL)
Isentress HD	Tier 2 (removed QL)
levalbuterol nebulizer solution	Tier 1 (removed QL)
Xopenex nebulizer	NC (removed QL)
Linzess	Tier 2 (removed QL)
Motegrity	NC (removed QL)
moxifloxacin ophthalmic solution (generic for Moxeza)	Tier 2 (removed QL)
Moxeza	NC (removed QL)
moxifloxacin ophthalmic solution (generic for Vigamox)	Tier 1 (removed QL)
Vigamox	NC (removed QL)
Neupro	Tier 3 (removed QL)
Odactra	Tier 3; PA (removed QL)

Oxtellar XR	Tier 3 (removed QL)
Ragwitek	Tier 3; PA (removed QL)
ropinirole ER	Tier 1 (removed QL)
Requip XL	NC (removed QL)
Selzentry	Tier 2 (removed QL)
terbinafine tablets	Tier 1 (removed QL)
Lamisil	NC (removed QL)
Viberzi	Tier 2 PA (removed QL)
voriconazole tablet	Tier 2 (removed QL)
Voriconazole suspension	Tier 1 (removed QL)
Vfend tablet and suspension	NC (removed QL)
Zelnorm	NC (removed QL)
Zioptan	Tier 3 STPA (removed QL)
Oralair	Tier 3 PA (removed QL)
Pegasys	Tier 2; SP (removed QL)
Pegasys Proclick	Tier 2; SP (removed QL)
PegIntron	Tier 3; SP (removed QL)
ribavirin 200 mg capsule and tablets	Tier 1; SP (removed QL)
Gattex	Tier 2; SP (removed QL)
abiraterone	Tier 2; SP; PA (removed QL)
Zytiga	NC; SP (removed QL)
everolimus	Tier 2; SP; PA (removed QL)
Afinitor	NC; SP (removed QL)
Afinitor Disperz	Tier 2; SP; PA (removed QL)
Ayvakit	Tier 2; PA (removed QL)
Bosulif	Tier 2; SP; PA (removed QL)
Caprelsa	Tier 2; PA (removed QL)
Hycamtin	Tier 2; SP; PA (removed QL)
Iclusig	Tier 2; PA (removed QL)
Idhifa	Tier 2; SP; PA (removed QL)
Nexavar	Tier 2; SP; PA (removed QL)
Retevmo	Tier 2; SP; PA (removed QL)
Rubraca	Tier 2; SP; PA (removed QL)
Sprycel	Tier 2; SP; PA (removed QL)
Stivarga	Tier 2; SP; PA (removed QL)
Tagrisso	Tier 2; PA (removed QL)
erlotinib	Tier 2; SP (removed QL)

Tarceva	NC; SP (removed QL)
Vistogard	Tier 2 (removed QL)
Votrient	Tier 2; SP; PA (removed QL)
capecitabine	Tier 2; SP (removed QL)
Xeloda	NC; SP (removed QL)
Xtandi	Tier 2; SP; PA (removed QL)

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