

Pharmacy Formulary Updates for March 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 March 2021:

| Drug Name | Tufts Health Public Plan Formulary |
|---|------------------------------------|
| | Tufts Health Direct Formulary |
| Lampit | Tier 3 |
| Ongentys® | Tier 3; PA; QL |
| Danyelza® | MB |
| Oxlumo™ | MB; PA |
| Nyvepria™ | T3, PA, SP, QL |
| Hemady™ | NC, CM |
| Alkindi® | NC |
| Cystadrops | T2 |
| Eysuvis | NC, QL |
| Difucid® suspension | T 3; PA |
| Xywav™ | Tier 3; QL |
| zolmitriptan nasal spray 2.5 and 5mg/spray unit | Tier 2; STPA - Step 2; QL |
| clindamycin phosphate-tretinoin gel 1.2-0.025% | NC |

Key:

| | |
|--------------------------------|--|
| MB: Medical Benefit | QL: Quantity Limitation |
| NC: Not covered | SP: Specialty Pharmacy - provided through CVS/specialty |
| NTM: New-to-market | ST: Step Therapy |
| PA: Prior Authorization | |