

Pharmacy Formulary Updates for September 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 September 2021:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
Lumakras (sotorasib)	Tier 2, PA, SP
Rybrevant (amivantamab-vmjw)	MB
Truseltiq (infigratinib)	Tier 2, PA
Artesunate IV solution	MB
Nextstellis (drospirenone/estetrol)	Tier 3, ACA
Myfembree (relugolix-estradiol-norethindrone acetate)	Tier 3, PA, QL (30/30)
Accrufer (ferric maltol)	NC
Semglee (insulin glargine-yfgn)	NC
Plaquenil	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	