

Formulary Coverage Changes Effective January 1, 2020

Changes apply to both Tufts Health Plan and Tufts Health Freedom Plan.

Affected members will be notified of the changes.

1. Non-Covered -- Large Group MA

Drugs moving to not covered	Lower-tier alternative drug*	Tier of alternative
Ampyra® (dalfampridine ER)	dalfampridine ER	Tier 2/Tier 4
carbinoxamine maleate tablets	clemastine tablets	Tier 1
Esgic® (butalbital-acetaminophen-caffeine) tablets	butalbital-acetaminophen-caffeine tablets	Tier 3
glatiramer acetate	Copaxone® (glatiramer acetate)	Tier 2/Tier 4
Glatopa® (glatiramer acetate)	Copaxone® (glatiramer acetate)	Tier 2/Tier 4
Lotemax® (loteprednol etabonate)	loteprednol suspension 0.5%	Tier 2
Lyrica® (pregabalin)	pregabalin	Tier 1
Proair® HFA (albuterol sulfate)	albuterol sulfate inhalation aerosol	Tier 1
Proair® Respiclick® (albuterol sulfate)	albuterol sulfate inhalation aerosol	Tier 1
Qvar® Redihaler™ (beclomethasone dipropionate HFA)	Flovent HFA, Flovent Diskus, Arnuity Ellipta, Pulmicort Flexhaler	Tier 2
Rozerem® (ramelteon)	ramelteon	Tier 2
Tarceva® (erlotinib)	erlotinib	Tier 2/Tier 4
Tracleer® (bosentan)	bosentan tablets	Tier 1
Vanatol™ (butalbital-acetaminophen-caffeine) solution	butalbital-acetaminophen-caffeine tablets	Tier 3
Zonegran® (zonisamide)	zonisamide	Tier 1

2. Opioid Prior Authorization – Large Group MA

Effective January 1, 2020, the following drugs will require prior authorization:

- Arymo® ER (morphine sulfate) 60 mg
- fentanyl 50, 62.5, 75, 87.5, and 100 mcg/hr patches
- Embeda® (morphine sulfate) 50/2, 60/2.4, 80/3.2, and 100/4 mg capsules
- hydromorphone ER 32 mg tablets
- Hysingla™ ER (hydrocodone bitartrate) 100 and 120 mg tablets
- Kadian® (morphine sulfate) 50, 60, 80, 100 and 200 mg capsules
- MorphaBond™ ER (morphine sulfate) 60 and 100 mg tablets
- morphine sulfate ER 12 or 24 hr 50, 60, 80 and 100 mg capsules

- morphine sulfate beads ER 24 hr 120 mg capsules
- morphine sulfate ER 60, 100, and 200 mg

3. Excluded Drugs -- MA, RI, NH

Effective January 1, 2020, the following products will be excluded from coverage on our formularies:

- Deplin® (L-methylfolate)
- Deprizine™ (ranitidine)
- Dicopan® (diphenhydramine)
- ketamine bulk powder
- Trianex® (triamcinolone) 0.05% ointment
- Wound dressings

4. Up-tiering – Large Group 3-Tier

Actemra® (tocilizumab) prefilled syringe	Orencia® (abatacept) auto-injector, prefilled syringe
Cimzia® (certolizumab pegol)	Otezla® (apremilast)
Cosentyx® (secukinumab)	Siliq™ (brodalumab)
Firazyr® (icatibant acetate)	Taltz® (ixekizumab)
Kevzara® (sarilumab)	Xeljanz™ (tofacitinib)
Kineret® (anakinra)	Xeljanz™ XR (tofacitinib)
Olumiant® (baricitinib)	

5. Prior Authorization – MA, RI, NH

Effective January 1, 2020, the following products will require prior authorization:

- AcipHex® (rabeprazole)
- Prevacid® (lansoprazole),
- Prevacid® Solutab (lansoprazole),
- Prilosec® (omeprazole),
- Protonix® (pantoprazole),
- Vascepa® (icosapent ethyl), and
- Zegerid® (omeprazole/sodium bicarbonate)

6. Up-tiering with Formulary Alternatives

Drug(s) Moving to Tier 3	Lower Tier Alternative Drug(s)	Tier of Alternative Drug(s)
fenoprofen capsules	ibuprofen tablets	Tier 1
ketoprofen ER capsules	ketoprofen capsules, meloxicam tablets	Tier 2, Tier 1
lidocaine-tetracaine cream	lidocaine 2% gel	Tier 1
linezolid 100 mg/5 mL oral suspension	linezolid tablets	Tier 1
meclofenamate sodium capsules	ibuprofen tablets	Tier 1
mefenamic acid capsules	ibuprofen tablets	Tier 1
metronidazole 375 mg capsules	metronidazole tablets	Tier 1
oxaprozin tablets	meloxicam tablets	Tier 1
Serevent® Diskus®	Striverdi® Respimat®	Tier 2
testosterone 1.62% gel	testosterone 1% gel	Tier 2

Drug(s) Moving to Tier 2	Lower Tier Alternative Drug(s)	Tier of Alternative Drug(s)
captopril tablets	lisinopril tablets	Tier 1
carbidopa-levodopa-entacapone tablets	carbidopa-levodopa tablets	Tier 1
cephalexin tablets	cephalexin capsules	Tier 1
clonidine patches	clonidine tablets	Tier 1
clorazepate dipotassium tablets	lorazepam tablets	Tier 1
diazepam rectal gel	diazepam tablets	Tier 1
diclofenac-misoprostol tablets	diclofenac tablets	Tier 1
divalproex sodium sprinkle capsules	divalproex DR tablets	Tier 1
etodolac ER tablets	etodolac tablets	Tier 1
fentanyl 37.5, 62.5, and 87.5 mcg/hr transdermal patches	fentanyl transdermal patches (all other strengths)	Tier 1
granisetron tablets	ondansetron tablets	Tier 1
indomethacin ER capsules	indomethacin capsules, meloxicam tablets	Tier 1
ketoprofen capsules	ibuprofen tablets	Tier 1
leflunomide tablets	methotrexate tablets	Tier 1
naproxen sodium 275 and 550 mg tablets	naproxen 250 and 500 mg tablets	Tier 1
naproxen suspension	naproxen tablets, meloxicam tablets	Tier 1
oxandrolone tablets	N/A	N/A
paromomycin sulfate capsules	tinidazole tablets	Tier 1
pramipexole dihydrochloride ER tablets	pramipexole dihydrochloride tablets	Tier 1
promethazine suppositories	promethazine tablets	Tier 1
pyridostigmine bromide ER tablets	pyridostigmine bromide tablets	Tier 1
rifabutin capsules	rifampin capsules	Tier 1

7. Non-Covered – Large Group -- NH & RI

Drugs moving to not covered	Lower tier alternative drug*	Tier of alternative
Ampyra® (dalfampridine ER)	dalfampridine ER	Tier 2/Tier 4
carbinoxamine maleate tablets	clemastine tablets	Tier 1
Embeda® (morphine sulfate and naltrexone hydrochloride)	morphine sulfate ER	Tier 1
Esgic® (butalbital-acetaminophen-caffeine) tablets	butalbital-acetaminophen-caffeine tablets	Tier 3
glatiramer acetate	Copaxone® (glatiramer acetate)	Tier 2/Tier 4
Glatopa® (glatiramer acetate)	Copaxone® (glatiramer acetate)	Tier 2/Tier 4
Lotemax® (loteprednol etabonate)	loteprednol suspension 0.5%	Tier 2
Lyrica® (pregabalin)	pregabalin	Tier 1
Proair® HFA (albuterol sulfate)	albuterol sulfate aerosol inhalation	Tier 1
Proair® Respiclick® (albuterol sulfate)	albuterol sulfate aerosol inhalation	Tier 1
Qvar® Redihaler™ (beclomethasone dipropionate HFA)	Flovent HFA, Flovent Diskus, Arnuity Ellipta, Pulmicort Flexhaler	Tier 2
Rozerem® (ramelteon)	ramelteon	Tier 2
Tarceva® (erlotinib)	erlotinib	Tier 2/Tier 4
Tracleer® (bosentan)	bosentan tablets	Tier 1
Vanatol™ (butalbital-acetaminophen-caffeine) solution	butalbital-acetaminophen-caffeine tablets	Tier 3
Zonegran® (zonisamide)	zonisamide	Tier 1

*Lower-tier alternative may be the generic for the referenced brand or may be a therapeutic alternative.