

Commercial Pharmacy Formulary Coverage Changes effective July 1, 2019

The following changes apply to both Tufts Health Plan and Tufts Health Freedom Plan. Affected members will be notified of the changes.

1. Drugs Moved to Specialty Pharmacy (SP)

- Lenvima® (lenvatinib)
- Ravicti® (glycerol phenylbutyrate)

2. Drugs Excluded from Coverage

- cholestyramine bulk powder
- omeprazole/sodium bicarbonate capsules (select manufacturers)

3. Uptiering - Large Group Formularies

Drug(s) Moving to Tier 3	Lower Tier Alternative Drug(s)	Tier of Alternative Drug(s)
Rapamune® (sirolimus) solution	sirolimus solution	Tier 1
Rapamune® (sirolimus) tablets	sirolimus tablets	Tier 1
Xodo® 5/300 mg (hydrocodone/acetaminophen)	hydrocodone/acetaminophen 5/300 mg tablets	Tier 1

Drug(s) Moving to Tier 2	Lower Tier Alternative Drug(s)	Tier of Alternative Drug(s)
mycophenolate delayed-release tablet	mycophenolate tablets or capsules	Tier 1
mycophenolate suspension	mycophenolate tablets or capsules	Tier 1
temozolomide	N/A (no lower-tier alternative available)	N/A

4. Uptiering -- Drugs Moved to Tier 4 (4-tier Rx plan designs)

Cetrotide® (cetorelix acetate)	nilutamide
Ganirelix (ganirelix acetate)	Tavalisse™ (fostamatinib)
Korlym® (mifepristone)	Varubi® (rolapitant) tablets
Myfortic® (mycophenolate) tablets	

5. Quantity Limits (QL)

- Rexulti® (brexpiprazole)
- Zegerid® (omeprazole/sodium bicarbonate) powder packets
- omeprazole/sodium bicarbonate powder packets and capsules

6. Erleada and Yonsa moved to Non-Covered (NC) -- Large and Small group formularies

Covered Alternatives

- abiraterone 250 mg covered on Tier 2; Prior Authorization (PA), Specialty Pharmacy (SP)
- Xtandi[®] (enzalutamide) covered on Tier 2; PA, SP, (Quantity Limit) QL

7. Zytiga moved to NC -- Large and Small group formularies

Covered alternatives

- abiraterone 250 mg covered on Tier 2; SP
- Xtandi[®] (enzalutamide) covered on Tier 2; PA, SP, QL