



Drugs moving to excluded status for 2025

The following changes are effective for fill dates on or after **Jan. 1, 2025** for the following products: Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct.

- The first table shows tier changes that are applicable for the following four formularies: Value, Premium, Core NH, and Direct.
- Subsequent tables list additional drugs being moved to a higher tier for a specific formulary only.

Value, Premium, CoreNH and Direct Formularies

ACNESIC GEL 0.5%	METHENAM MAN TAB 500MG	PRENATOL-M TAB 27-1.2MG
ALBUTEROL NEB 0.5%	METOPIRONE CAP 250MG	PRENATRIX TAB
ANA-LEX KIT	MULTI-MAC TAB	PRENATRYL TAB
ARZOL SILVER MIS NITR APP	NATACHEW CHW	PRENATVITE TAB COMPLETE
AZESCO TAB 13-1MG	NATAL PNV TAB	PREVIDOLRX PAK PLUS
BENTIVITE TAB 35-1MG	NEEVO DHA CAP 27-1.13	PRIMACARE CAP
BIONECT AER 0.2%	NEONATAL 19 TAB	PROFINAC PAK 1.5%
BIONECT CRE 0.2%	NEONATAL FE TAB	PROTHELIAL PST 10%
BIONECT GEL 0.2%	NEONATAL PLS TAB 27-1MG	REDICHEW RX CHW
CICLOPIROX KIT 8%	NEONATAL TAB COMPLETE	SALICYLIC AC LIQ 27.5%
CITRANATAL MIS B-CALM	NEONATAL TAB COMPLTE	SALIVAMAX POW
CITRANATAL CAP HARMONY	NEONATAL/DHA MIS	SALSALATE TAB 500MG
CITRANATAL CAP MEDLEY	NEO-SYNALAR KIT	SALSALATE TAB 750MG
CITRANATAL MIS 90 DHA	NESTABS DHA PAK	SELECT-OB CHW
CITRANATAL PAK ASSURE	NESTABS ONE CAP	SELECT-OB+ PAK DHA
CITRANATAL PAK DHA	NESTABS TAB	SILVER NITRA SOL 0.5%
CITRANATAL TAB BLOOM	NEUTRASAL POW	SODIUM CHLOR NEB 7%
CYTRA K GRA CRYSTALS	OB COMPLETE CAP ONE	SSKI SOL 1GM/ML
DERMACINRX TAB PRETRATE	OB COMPLETE CAP PETITE	SUPER INJ TRI-MIX
DESMOPRESSIN SOL 1.5MG/ML	OB COMPLETE TAB	TESTOSTERONE CYP INJ 200MG/ML
DUET DHA 400 MIS 25-1-400	OB COMPLETE TAB PREMIER	TRISTART CAP FREE
DUET DHA MIS BALANCED	OB COMPLETE/ CAP DHA	TRISTART DHA CAP
ENBRACE HR CAP	ORAFATE PST 10%	TRISTART ONE CAP 35-1-215
FENOVAR KIT	PNV TAB 20-1 TAB	TULIVITE TAB 35-1MG
FENOVAR KIT	POT IODIDE SOL 1GM/ML	VINATE DHA CAP 27-1.13
FORMALDEHYDE SOL 37%	PREGEN DHA CAP	VIRT-NATE CAP DHA
GELCLAIR GEL	PREGENNA TAB	VITAFOL CAP ULTRA
GRAFCO SILVR MIS NIT APPL	PREMESISRX TAB	VITAFOL CHW GUMMIES
HYDROGEL GEL	PRENA1 CHW	VITAFOL FE+ CAP
INAVIX PAK 75-0.025	PRENA1 PEARL CAP	VITAFOL-NANO TAB
IODOFLEX PAD	PRENAISSANCE CAP	VITAFOL-OB PAK +DHA
IODOSORB GEL	PRENATAL TAB PLUS	VITAFOL-OB TAB 65-1MG
JENLIVA CAP	PRENATE AM TAB 1MG	VITAFOL-ONE CAP
KETODAN KIT 2%	PRENATE CAP ENHANCE	VITAMED MD CAP ONE RX
KLOR-CON/EF TAB 25MEQ FR	PRENATE CAP ESSENT	VITAPEARL CAP
KOSHR PRENAT TAB 30-1MG	PRENATE CAP PIXIE	VITATHELY TAB
K-PRIME TAB 25MEQ EF	PRENATE CAP RESTORE	VITATRUE MIS
LIDOCAINE SOL 4%	PRENATE CHW 0.6-0.4	WESNATE DHA CAP
LIDOPIN CRE 3%	PRENATE DHA CAP	WESTGEL DHA CAP
METHENAM MAN TAB 1000MG	PRENATE MINI CAP	ZALVIT TAB 13-1MG
METHENAM MAN TAB 1GM	PRENATE TAB ELITE	ZIPHEX TAB 13-1MG

Drugs moving to excluded status for 2025 (cont.)

Premium Formulary

Additional drugs moving to excluded status for Premium Formulary only

NEO-SYNALAR KIT

ALBUSTIX TES

CoreNH Formulary

Additional drugs moving to excluded status for CoreNH Formulary only

BENZPHETAMINE TAB

PHENTERMINE/ADIPEX-P CAP

ZEPBOUND INJ

DIETHYLPROPION IR TAB

PHENTERMINE/ADIPEX-P/LOMAIRA TAB

XENICAL/ORLISTAT

DIETHYLPROPION ER TAB

QSYMIA ER CAP

CONTRAVE

PHENDIMETRAZINE IR TAB

SAXENDA

PHENDIMETRAZINE ER CAP

WEGOVY