

## Pharmacy Formulary Updates for October 2024

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. The changes below are reflected in our online Preferred Drug List.

The following is a list of drugs that changed formulary status October 2024:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health RITogether
<b>Adbry</b>	NC;QL
<b>Alyglo</b>	MB;PA members ≥18 years of age
<b>FreeStyle Libre 2 Plus Sensor kit</b>	NC
<b>FreeStyle Libre 3 Plus Sensor kit</b>	NC
<b>FreeStyle Libre 3 Plus kit</b>	NC
<b>Libervant</b>	Brand;PA
<b>Myhibbin</b>	NC
<b>Omnipod 5 G7 Intro kit</b>	\$0;QL
<b>Omnipod 5 G7 pods</b>	\$0;QL
<b>Retevmo</b>	Brand;PA
<b>Sitagliptin-metformin</b>	NC
<b>Tyenne</b>	Brand;PA;QL
<b>Vafseo</b>	NC
<b>Xolremdi</b>	NC

**MB:** Medical Benefit

**QL:** Quantity Limitation

**NC:** Not covered

**PA:** Prior Authorization

**ST:** Step Therapy

**MB/RX:** Drug can be dispensed through Medical Benefit or Prescription Benefit