

Pharmacy Formulary Updates for December 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 December 2024:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health RITogether
Carbamazepine 200 mg	NC
Crexont	NC
Femlyv	NC
Glimepiride 3 mg	NC
Lazcluze	Brand;PA
Neffy	NC;QL
Nemluvio	NC;QL
Onyda XR	NC
Simlandi	NC;QL
Sofdra	NC;QL
Tryvio	NC
Vigafyde	NC
Voranigo	Brand;PA
Winrevair	Brand;PA;QL
Zepbound	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