

2027 Formulary Changes for Senior Products

- Tufts Health Medicare Preferred HMO/PPO
- Tufts Health Senior Care Options (SCO)
- One Care

Effective for fill dates on or after Jan. 1, 2027.

Drugs moving to Non-Covered Status

Tier Changes for 6- and 3-Tier Formularies

Prior Authorization Additions

Addition of Quantity Limits

Drugs moving to Non-Covered Status for 2027 for the 3-Tier and 6-Tier Formularies

*Generic option is available.

ABILIFY ASIM INJ 720MG, 960MG
ADALIMU-ADBM KIT 10/0.2ML, 20/0.4ML, 40/0.4ML, 40/0.8ML
AVONEX PEN KIT 30MCG
AVONEX PREFL KIT 30MCG
BOSULIF TAB 400MG*
BRIVIACT SOL 10MG/ML*
BRIVIACT TAB 10MG*, 25MG*, 50MG*, 75MG*, 100MG*
BROMFENAC DRO 0.07% OP, 0.075% OP, 0.09% OP
DIFICID TAB 200MG*
ELMIRON CAP 100MG
EMPAVELI INJ 1080MG
EPRONTIA SOL 25MG/ML*
FIASP INJ 100/ML
FIASP FLEX INJ TOUCH
FIASP PENFIL INJ U-100
FYCOMPA SUS 0.5MG/ML*
FYCOMPA TAB 2MG*, 4MG*, 6MG*, 8MG*, 10MG*, 12MG*
GLEOSTINE CAP 10MG*, 40MG*, 100MG*
HUMIRA INJ 10/0.1ML, 20/0.2ML, 40/0.4ML
HUMIRA KIT 40MG/0.8
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML
HUMIRA PEN KIT CD/UC/HS
HUMIRA PEN KIT PS/UV
KENALOG-10 INJ 10MG/ML*

MESALAMINE TAB 800MG DR
OPSUMIT TAB 10MG*
PERSERIS INJ 90MG, 120MG
PITAVASTATIN TAB 1MG, 2MG, 4MG
PREMARIN TAB 0.3MG*, 0.45MG*, 0.625MG*, 0.9MG*, 1.25MG*
RADICAVA ORS SUS 105/5ML
RADICAVA ORS SUS STARTER
REBIF INJ 22/0.5, 44/0.5
REBIF REBIDO INJ 22/0.5, 44/0.5
REBIF REBIDO INJ TITRATN
REBIF TITRTN INJ PACK
STELARA INJ 45/0.5ML, 90MG/ML
TRAMADOL HCL TAB 100MG ER, 200MG ER, 300MG ER
TRESIBA INJ 100UNIT
TRESIBA FLEX INJ 100UNIT, 200UNIT
USTEKINUMAB INJ 45/0.5ML, 90MG/ML
VUMERITY CAP 231MG
VYNDAMAX CAP 61MG
XARELTO SUS 1MG/ML*
XARELTO TAB 2.5MG*
XELJANZ SOL 1MG/ML*
XELJANZ TAB 5MG*, 10MG*
XELJANZ XR TAB 11MG*, 22MG*

Tier Changes for 2027

Tier changes do not apply to SCO and One Care.

For 6-Tier Formulary: Drugs moving from Tier 1 to Tier 2 for 2027

For Employer Group 3-Tier Formulary: Drugs in Tier 1 no change for 2027

CLINDAMYCIN GEL 1% 1XDLY, 1% 2XDLY
CLONAZEPAM TAB 0.5MG, 1MG, 2MG

TRAMADOL HCL TAB 50MG

For 6-Tier Formulary: Drugs moving from Tier 2 to Tier 3 for 2027

For Employer Group 3-Tier Formulary: Drugs moving from Tier 1 to Tier 2 for 2027

ALFUZOSIN TAB 10MG ER
CEFDINIR SUS 125/5ML, 250/5ML
CYPROHEPTAD TAB 4MG
GLYDO GEL 2%

IMIPRAM HCL TAB 10MG, 25MG, 50MG
LIDOCAINE GEL 2%
LIDOCAINE GEL 2% JELLY
LORAZEPAM CON 2MG/ML

For 6-Tier Formulary: Drugs moving from Tier 2 to Tier 4 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 1 to Tier 3 for 2027

BUPREN/NALOX MIS 2-0.5MG, 4-1MG, 8-2MG, 12-3MG
ELIXOPHYLLIN ELX 80/15ML

PREDNISOLONE SOL 15MG/5ML

For 6-Tier Formulary: Drugs moving from Tier 3 to Tier 5 for 2027

For Employer Group 3-Tier Formulary: Drugs moving from Tier 2 to Tier 3 for 2027

SELZENTRY SOL 20MG/ML

VIRACEPT TAB 250MG

For 6-Tier Formulary: Drugs moving from Tier 4 to Tier 5 for 2027

For Employer Group 3-Tier Formulary: Drugs in Tier 3 no change for 2027

BORUZU INJ 3.5/1.4
ISENTRESS POW 100MG
LEUPROLIDE INJ 14 DAY
LEUPROLIDE INJ 1MG/0.2
LEUPROLIDE KIT 14 DAY
LEUPROLIDE KIT 1MG/0.2
LOMUSTINE CAP 100MG

NITAZOXANIDE TAB 500MG
NURTEC TAB 75MG ODT
OCTREOTIDE INJ 500MCG
ORENITRAM TAB 0.25MG, 2.5MG, 1MG
QULIPTA TAB 10MG, 30MG, 60MG
TRIUMEQ PD TAB
UBRELVIY TAB 50MG, 100MG

Prior Authorization Additions for 2027

ADALIMU-FKJP KIT 20/0.4ML, 40/0.8ML; Tier 4
BEXAROTENE CAP 75MG; Tier 5
BRIVARACETAM SOL 10MG/ML; Tier 4
BRIVARACETAM TAB 10MG, 25MG, 50MG, 75MG, 100MG; Tier 4
ENTYVIO PEN INJ 108/0.68; Tier 4
FILSPARI TAB 200MG, 400MG; Tier 4
ISTURISA TAB 1MG, 5MG; Tier 4
LEQEMBI IQLI INJ 250/1.25, 360/1.8; Tier 4
LEUKINE INJ 250MCG; Tier 4
NUCALA INJ 100MG, 40MG/0.4, 100MG/ML; Tier 4
OTEZLA XR TAB 75MG; Tier 4
OTEZLA/XR TAB 28 DAY; Tier 4

POSACONAZOLE TAB 100MG DR; Tier 5
TARPEYO CAP 4MG; Tier 4
THALOMID CAP 50MG, 100MG; Tier 5
TRYNGOLZA INJ 50MG/0.8, 80MG/0.8; Tier 4
VALCHLOR GEL 0.016%; Tier 5
WEGOVY INJ 0.25MG, 0.5MG, 1MG, 1.7MG, 2.4MG; Tier 4
WEGOVY TAB 1.5MG, 4MG, 9MG, 25MG; Tier 4
XIFAXAN TAB 200MG; Tier 4
ZEPOSIA CAP 0.92MG; Tier 5
ZEPOSIA CAP STR KIT; Tier 4
ZEPOSIA 7DAY CAP STR PACK; Tier 5
ZYMFENTRA INJ 120MG/ML; Tier 4

Addition of Quantity Limits for 2027

TIER 2

ALPRAZOLAM TAB 0.25MG, 0.5MG, 1MG, 2MG
AMPHET/DEXTR TAB 5MG, 7.5MG, 10MG, 12.5MG
AMPHET/DEXTR TAB 15MG, 20MG, 30MG
ARIPIRAZOLE TAB 2MG, 5MG, 10MG, 15MG, 20MG, 30MG
CELECOXIB CAP 50MG, 100MG, 200MG
CLINDAMYCIN SOL 1%
CLONAZEPAM TAB 0.5MG, 1MG, 2MG
CLOTTRIM/BETA CRE 1-0.05%
CLOTTRIM/BETA CRE DIPROP
DIAZEPAM TAB 2MG, 5MG, 10MG
ESOMEPRAMAG CAP 20MG DR, 40MG DR
FLUOCINONIDE SOL 0.05%

LANSOPRAZOLE CAP 15MG DR, 30MG DR
LEVOCETIRIZI TAB 5MG
LORAZEPAM TAB 0.5MG, 1MG, 2MG
METHYLPHENID TAB 5MG, 10MG, 20MG
MODAFINIL TAB 100MG, 200MG
OLANZAPINE TAB 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG
OLANZAPINE TAB 5MG ODT
PREGABALIN CAP 25MG, 50MG, 75MG, 100MG
PREGABALIN CAP 150MG, 200MG, 225MG, 300MG
QUETIAPINE TAB 100MG, 150MG, 200MG, 300MG, 400MG
TEMAZEPAM CAP 7.5MG, 15MG, 30MG
ZOLPIDEM TAB 5MG, 10MG

TIER 3

AIRSUPRA AER 90-80MCG
AMPHET/DEXTR CAP ER 5, 10, 15, 20, 25, 30MG
ARIPIRAZOLE SOL 1MG/ML
CELECOXIB CAP 400MG
CLINDAMYCIN LOT 1%
CLINDAMYCIN MIS 1%
DAPAGLIFLOZI TAB 5MG, 10MG
DIAZEPAM SOL 5MG/5ML
ELIQUIS CAP 0.15MG
ELIQUIS TAB 0.5MG, 1.5MG, 2MG, 2.5MG, 5MG
ELIQUIS ST P TAB 5MG
FARXIGA TAB 5MG, 10MG
FLUOCINONIDE CRE 0.05%
FLUOCINONIDE GEL 0.05%
FLUOCINONIDE OIN 0.05%
FLUTIC/VILAN INH 100-25, 200-25
GLYXAMBI TAB 10-5 MG, 25-5 MG
JANUVIA TAB 25MG, 50MG, 100MG
JARDIANCE TAB 10MG, 25MG
KERENDIA TAB 10MG, 20MG, 40MG
LINZESS CAP 72MCG, 145MCG, 290MCG
LORAZEPAM CON 2MG/ML
MOUNJARO INJ 2.5MG/0.5, 5MG/0.5, 7.5MG/0.5
MOUNJARO INJ 10MG/0.5, 12.5MG/0.5, 15MG/0.5

MOVANTIK TAB 12.5MG, 25MG
NEXLETOL TAB 180MG
NEXLIZET TAB 180/10MG
OLANZAPINE TAB 10MG ODT, 15MG ODT, 20MG ODT
OSELAMIVIR CAP 30MG, 45MG, 75MG
OSELAMIVIR SUS 6MG/ML
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML
OZEMPIC TAB 1.5MG, 4MG, 9MG
RIVAROXABAN SUS 1MG/ML
RIVAROXABAN TAB 2.5MG
RYBELSUS TAB 3MG, 7MG, 14MG
SITAGLIPTIN TAB 25MG, 50MG, 100MG
TRADJENTA TAB 5MG
TRULICITY INJ 0.75/0.5, 1.5/0.5, 3/0.5, 4.5/0.5
VRAYLAR CAP 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG
WEGOVY INJ 0.25MG, 0.5MG, 1MG, 1.7MG, 2.4MG
WEGOVY TAB 1.5MG, 4MG, 9MG, 25MG
XARELTO TAB 10MG, 15MG, 20MG
XARELTO STAR TAB 15/20MG
XIFAXAN TAB 200MG, 550MG
XIGDUO XR TAB 2.5-1000, 10-1000
XIGDUO XR TAB 5-500MG, 5-1000MG, 10-500MG
ZIPRASIDONE CAP 20MG, 40MG, 60MG, 80MG

TIER 4

ASENAPINE SUB 2.5MG, 5MG, 10MG
BRIVARACETAM SOL 10MG/ML
BRIVARACETAM TAB 10MG, 25MG, 50MG, 75MG, 100MG
CLOTTRIM/BETA LOT DIPROP
DABIGATRAN CAP 75MG, 110MG, 150MG
DARUNAVIR TAB 600MG
DIAZEPAM GEL 10MG
DROXIDOPA CAP 100MG
ESLICARBAZEP TAB 200MG, 600MG, 800MG
ESOMEPRAZOLE GRA 10MG DR, 20MG DR, 40MG DR
FETZIMA CAP 20MG, 40MG, 80MG, 120MG
FLUOCINONIDE CRE 0.1%
LINEZOLID TAB 600MG
METHYLPHENID CHW 2.5MG, 5MG, 10MG

METHYLPHENID TAB ER 10MG, 18MG, 20MG, 27MG, 36MG, 54MG
PALIPERIDONE TAB ER 1.5MG, 3MG, 6MG, 9MG
PERAMPANEL TAB 2MG, 4MG, 6MG, 8MG, 12MG
PIMECROLIMUS CRE 1%
PREGABALIN SOL 20MG/ML
PREVYMIS PAK 20MG
SANTYL OIN 250/GM
TETRABENAZIN TAB 12.5MG, 25MG
TRINTELLIX TAB 5MG, 10MG, 20MG
VILAZODONE TAB 10MG, 20MG, 40MG
XCOPRI PAK 12.5-25

Addition of Quantity Limits for 2027

TIER 5

ADALIMU-FKJP KIT 20/0.4ML, 40/0.8ML	ORSERDU TAB 86MG, 345MG
ALUNBRIG PAK	OTEZLA XR TAB 75MG
ALUNBRIG TAB 30MG, 90MG, 180MG	OTEZLA/XR TAB 28 DAY
AMBRISANTAN TAB 5MG, 10MG	PEMAZYRE TAB 4.5MG, 9MG, 13.5MG
AUSTEDO TAB 6MG, 9MG, 12MG	POMALIDOMIDE CAP 1MG, 2MG, 3MG, 4MG
BETASERON INJ 0.3MG	POMALYST CAP 1MG, 2MG, 3MG, 4MG
BOSENTAN TAB 62.5MG, 125MG	POSACONAZOLE TAB 100MG DR
CABOMETYX TAB 20MG, 40MG, 60MG	PREVYMIS PAK 120MG
DARUNAVIR TAB 800MG	PREVYMIS TAB 240MG, 480MG
DASATINIB TAB 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	QULIPTA TAB 10MG, 30MG, 60MG
DM/QUINIDINE CAP 20-10MG	RETEVMO TAB 120MG, 160MG
DROXIDOPA CAP 200MG, 300MG	REXULTI TAB 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG
DUPIXENT INJ 200/1.14, 200MG, 300/2ML	REZUROCK TAB 200MG
EDURANT TAB 25MG	RILPIVIRINE TAB 25MG
ENTYVIO PEN INJ 108/0.68	ROZLYTREK CAP 100MG, 200MG
FANAPT TAB 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	SCSEMBLIX TAB 20MG, 40MG
FILSPARI TAB 200MG, 400MG	SIVEXTRO INJ 200MG
FINGOLIMOD CAP 0.5MG	SIVEXTRO TAB 200MG
FINTEPLA SOL 2.2MG/ML	SOD OXYBATE SOL 500MG/ML, 0.5G/ML
FRUZAQLA CAP 1MG, 5MG	SUNITINIB CAP 12.5MG, 25MG, 37.5MG, 50MG
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG	TABRECTA TAB 150MG, 200MG
IMBRUVICA CAP 70MG, 140MG	TAGRISSO TAB 40MG
IMBRUVICA SUS 70MG/ML	TALZENNA CAP 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG
IMBRUVICA TAB 140MG, 280MG, 420MG	TARPEYO CAP 4MG
INLYTA TAB 1MG, 5MG	TASIMELTEON CAP 20MG
ISTURISA TAB 1MG, 5MG	TAVNEOS CAP 10MG
JAKAFI TAB 5MG, 10MG, 15MG, 20MG, 25MG	THALOMID CAP 100MG
JAYPIRCA TAB 50MG, 100MG	TRYNGOLZA INJ 50MG/0.8, 80MG/0.8
LENALIDOMIDE CAP 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	UBRELVY TAB 50MG, 100MG
LEQEMBI IQLI INJ 250/1.25, 360/1.8	VALCHLOR GEL 0.016%
LINEZOLID SUS 100/5ML	VENCLEXTA TAB START PK
LIVTENCITY TAB 200MG	VITRAKVI CAP 25MG, 100MG
LORBRENA TAB 25MG, 100MG	VITRAKVI SOL 20MG/ML
LYBALVI TAB 5-10MG, 10-10MG, 15-10MG, 20-10MG	VORANIGO TAB 40MG
LYNPARZA TAB 100MG, 150MG	XCOPRI PAK 50-100, 100-150, 150-200 MG
NERLYNX TAB 40MG	XCOPRI TAB 25MG, 50MG, 100MG, 150MG, 200MG
NILOTINB HCL CAP 50MG, 150MG, 200MG	XERMELO TAB 250MG
NUCALA INJ 100MG, 40MG/0.4, 100MG/ML	ZEJULA TAB 100MG, 200MG, 300MG
NUEDEXTA CAP 20-10MG	ZEPOSIA CAP 0.92MG
NURTEC TAB 75MG ODT	ZEPOSIA CAP STR KIT
OGSIVEO TAB 150MG	ZEPOSIA 7DAY CAP STR PACK
OJJAARA TAB 100MG, 150MG, 200MG	ZYMFENTRA INJ 120MG/ML

TIER 6

SHINGRIX INJ 50/0.5MLG