

Drug status changes for 2027

The following changes are effective for fill dates on or after **Jan. 1, 2027**
for Harvard Pilgrim Health Care Commercial and Tufts Health Direct.

- **Drugs moving to non-formulary status**
- **Drugs moving to a higher tier**
- **Drugs with Prior Authorization (PA) added**

Drugs moving to non-formulary status for 2027						
Drug name	Premium	Direct	Select	Core MA	Core NH	Core ME
APTIOM TAB 200MG; 400MG; 800MG; 600MG	x	x	x	x	x	x
ASTAGRAF XL CAP 0.5MG; 5MG; 1MG	x					
ATROVENT HFA AER 17MCG	x	x	x	x	x	x
AYVAKIT TAB 25MG; 300MG; 50MG; 100MG; 200MG	x	x	x	x		
BALVERSA TAB 5MG; 3MG; 4MG	x	x	x	x	x	x
BETIMOL SOL 0.5% OP	x	x	x	x	x	x
BIMATOPROST SOL 0.01% OP (Imprimis manufacturer)	x	x	x	x	x	x
BOSULIF CAP 50MG; 100MG	x	x	x	x	x	x
BOSULIF TAB 100MG; 500MG; 400MG	x	x	x	x	x	x
BOSUTINIB TAB 400MG; 500MG; 100MG	x	x	x	x	x	x
BRAFTOVI CAP 75MG	x	x	x	x	x	x
BRILINTA TAB 60MG; 90MG	x	x	x	x	x	x
BRIVIACT SOL 10MG/ML	x	x	x	x		
BRIVIACT TAB 50MG; 75MG; 100MG; 25MG; 10MG	x	x	x	x		
CAPRELSA TAB 100MG; 300MG	x	x	x	x	x	x
CIPRO HC SUS 0.2-1%OT		x		x	x	x
COMETRIQ KIT 100MG; 60MG; 140MG	x	x	x	x	x	x
COMPLERA TAB	x	x	x	x	x	x
COPIKTRA CAP 25MG; 15MG	x	x	x	x	x	x
CYSTARAN SOL 0.44%		x		x	x	x
DAURISMO TAB 25MG; 100MG	x	x	x	x	x	x
DIFICID TAB 200MG	x	x	x	x	x	x
EDARBI TAB 80MG; 40MG	x	x	x	x	x	x
EDURANT TAB 25MG	x	x	x	x	x	x
ENDOMETRIN SUP 100MG	x	x	x	x	x	x
ENTRESTO CAP 15-16MG; 6-6MG	x	x	x	x	x	x
ENTRESTO TAB 97-103MG; 49-51MG; 24-26MG	x	x	x	x	x	x
EPCLUSA PAK 150-37.5; 200-50MG	x	x	x	x	x	x
EPCLUSA TAB 200-50MG; 400-100	x	x	x	x	x	x
EVRYSDI SOL		x		x		
EVRYSDI TAB 5MG		x		x		
EXKIVITY 40MG	x	x	x	x		
FARXIGA TAB 5MG; 10MG		x		x	x	x
FOTIVDA CAP 0.89MG; 1.34MG	x	x	x	x		



Drugs moving to non-formulary status for 2027						
Drug name	Premium	Direct	Select	Core MA	Core NH	Core ME
FRUZAQLA CAP 5MG; 1MG	x	x	x	x		
FYCOMPA SUS 0.5MG/ML	x	x	x	x		
FYCOMPA TAB 10MG; 6MG; 8MG; 2MG; 12MG; 4MG	x	x	x	x		
GILOTRIF TAB 40MG; 30MG; 20MG	x	x	x	x	x	x
GLEOSTINE CAP 10MG; 40MG; 100MG	x	x	x	x	x	x
GLYXAMBI TAB 25-5 MG; 10-5 MG					x	
HARVONI PAK	x	x	x	x	x	x
HARVONI PAK 45-200MG	x	x	x	x	x	x
HARVONI TAB 45-200MG; 90-400MG	x	x	x	x	x	x
IMIQUIMOD CRE 3.75%PMP; 3.75%	x	x	x	x	x	x
INLYTA TAB 1MG; 5MG	x	x	x	x	x	x
INREBIC CAP 100MG	x	x	x	x	x	x
ITOVEBI TAB 3MG; 9MG	x	x	x	x	x	x
IWILFIN TAB 192MG	x	x	x	x		
JAKAFI TAB 20MG; 5MG; 15MG; 25MG; 10MG	x	x	x	x	x	x
JANUMET TAB 50-500MG; 50-1000	x	x	x	x	x	x
JANUMET XR TAB 100-1000; 50-1000; 50-500MG	x	x	x	x	x	x
JANUVIA TAB 50MG; 100MG; 25MG	x	x	x	x	x	x
JARDIANCE TAB 10MG; 25MG		x		x	x	x
JAYPIRCA TAB 50MG; 100MG	x	x	x	x		
JOENJA TAB 70MG		x		x		
KRAZATI TAB 200MG	x	x	x	x		
LAZCLUZE TAB 80MG; 240MG	x	x	x	x		
LORBRENA TAB 100MG; 25MG	x	x	x	x	x	x
LUMIGAN SOL 0.01% OP	x	x	x	x	x	x
LYTGOBI TAB 4MG	x	x	x	x	x	x
MAVENCLAD PAK 10MG(10); 10MG(7); 10MG(5); 10MG(4); 10MG(6); 10MG(9); 10MG(8)	x	x	x	x		x
MAYZENT PAK STARTER		x		x		x
MAYZENT TAB 2MG; 0.25MG; 1MG		x		x		x
MECLIZINE TAB 50MG	x		x		x	
MEKTOVI TAB 15MG	x	x	x	x	x	x
MOXIFLOXACIN SOL 0.5%	x	x	x	x	x	x
MYCAPSSA CAP 20MG		x		x		
MYRBETRIQ SUS 8MG/ML	x	x	x	x	x	x
MYRBETRIQ TAB 25MG; 50MG	x	x	x	x	x	x
NERLYNX TAB 40MG	x	x	x	x		
NEXLETOL TAB 180MG		x		x		
NEXLIZET TAB 180/10MG		x		x		
NINLARO CAP 4MG; 3MG; 2.3MG	x	x	x	x		
NITISINONE CAP 10MG; 20MG; 2MG; 5MG		x		x	x	x
NUCYNTA TAB 100MG; 75MG; 50MG	x	x	x	x	x	x
NUZYRA TAB 150MG	x	x	x	x		
OFEV CAP 100MG; 150MG	x	x	x	x	x	x



Drugs moving to non-formulary status for 2027						
Drug name	Premium	Direct	Select	Core MA	Core NH	Core ME
OGSIVEO TAB 150MG; 50MG; 100MG	x	x	x	x		
OJEMDA SUS 25MG/ML	x	x	x	x	x	x
OJJAARA TAB 100MG; 200MG; 150MG	x	x	x	x		
ONDANSETRON TAB 16MG ODT	x	x	x	x	x	x
OPSUMIT TAB 10MG	x	x	x	x	x	x
ORFADIN SUS 4MG/ML		x		x	x	x
OXERVATE SOL 20MCG/ML		x		x		
PEMAZYRE TAB 9MG; 13.5MG; 4.5MG	x	x	x	x		
POMALYST CAP 3MG; 1MG; 4MG; 2MG	x	x	x	x		x
PRALUENT INJ 150MG/ML; 75MG/ML		x		x		
PREMARIN TAB 1.25MG; 0.3MG; 0.9MG; 0.45MG; 0.625MG	x	x	x	x	x	x
PROMACTA POW 12.5MG; 25MG	x	x	x	x	x	x
PROMACTA TAB 50MG; 25MG; 75MG; 12.5MG	x	x	x	x	x	x
PROPAFENONE TAB 300MG	x	x	x	x	x	x
PROPARACAINE SOL 0.5% OP		x		x	x	x
PYRIDOSTIGMI TAB 30MG	x	x	x	x	x	x
QINLOCK TAB 50MG	x	x	x	x		
RAVICTI LIQ 1.1GM/ML	x					
RECORLEV TAB 150MG		x		x	x	x
REZLIDHIA CAP 150MG	x	x	x	x		
RUBRACA TAB 300MG; 200MG; 250MG	x	x	x	x		
SAVELLA MIS TITR PAK	x	x	x	x	x	x
SAVELLA TAB 25MG; 12.5MG; 50MG; 100MG	x	x	x	x	x	x
SIGNIFOR INJ 0.3MG/ML; 0.6MG/ML; 0.9MG/ML		x		x	x	x
SOMAVERT INJ 15MG; 30MG; 25MG; 20MG; 10MG		x		x	x	x
SOVALDI PAK 200MG; 150MG	x	x	x	x	x	x
SOVALDI TAB 200MG; 400MG	x	x	x	x	x	x
STRENSIQ INJ 80/0.8ML; 18/0.45; 40MG/ML; 28/0.7ML		x		x		
SYNJARDY TAB		x		x	x	x
SYNJARDY TAB 12.5-500; 5-500MG; 5-1000MG		x		x	x	x
SYNJARDY XR TAB		x		x	x	x
SYNJARDY XR TAB 10-1000; 25-1000; 5-1000MG		x		x	x	x
TAKHZYRO INJ 300/2ML; 150MG/ML	x	x	x	x	x	x
TALZENNA CAP 1MG; 0.25MG; 0.75MG; 0.35MG; 0.1MG; 0.5MG	x	x	x	x	x	x
TASIGNA CAP 150MG; 200MG; 50MG	x	x	x	x	x	x
TEGSEDI INJ		x		x		
TEPMETKO TAB 225MG	x	x	x	x		
TETRACAINE SOL 0.5% OP		x		x	x	x
TIBSOVO TAB 250MG	x	x	x	x	x	x
TOBRADEX OIN 0.3-0.1%		x		x	x	x
TRACLEER TAB 32MG	x	x	x	x	x	x
TRAZODONE TAB 300MG	x	x	x	x	x	x
TROPICAMIDE SOL 0.5% OP; 1% OP		x		x	x	x



Drugs moving to non-formulary status for 2027						
Drug name	Premium	Direct	Select	Core MA	Core NH	Core ME
TRUQAP TAB 160MG; 200MG	x	x	x	x		
TUKYSA TAB 150MG; 50MG	x	x	x	x		
VANFLYTA TAB 17.7MG; 26.5MG	x	x	x	x		
VENCLEXTA TAB 10MG; START PK; 100MG; 50MG	x	x	x	x	x	x
VIZIMPRO TAB 30MG; 15MG; 45MG	x	x	x	x		
VONJO CAP 100MG	x	x	x	x	x	x
VORANIGO TAB 10MG; 40MG	x	x	x	x	x	x
VOSEVI TAB	x	x	x	x	x	x
WAINUA INJ 45/0.8ML		x		x		
WELIREG TAB 40MG		x		x		
XALKORI CAP 50MG; 200MG; 20MG; 250MG; 150MG	x	x	x	x	x	x
XELJANZ SOL 1MG/ML	x	x	x	x		
XELJANZ TAB 5MG; 10MG	x	x	x	x	x	x
XELJANZ XR TAB 11MG; 22MG	x	x	x	x	x	x
XIGDUO XR TAB 10-500MG; 2.5-1000; 10-1000; 5-1000MG; 5-500MG		x		x	x	
XOSPATA TAB 40MG	x	x	x	x	x	x
XPOVIO PAK 50MG; 60MG; 80MG; 40MG	x	x	x	x	x	x
XYREM SOL 500MG/ML	x	x	x	x		
ZEPATIER TAB 50-100MG	x	x	x	x		
ZEPOSIA 7DAY CAP STR PACK		x		x		
ZEPOSIA CAP STR KIT; 0.92MG		x		x		
ZOKINVY CAP 50MG; 75MG		x		x		
ZYDELIG TAB 100MG; 150MG	x	x	x	x	x	x
ZYKADIA TAB 150MG	x	x	x	x	x	x
ZYLET SUS 0.5-0.3%	x	x	x	x		

Drugs moving to a higher tier for 2027						
Drug name	Premium	Direct	Select	Core MA	Core NH	Core ME
GLYXAMBI TAB 25-5 MG; 10-5 MG		x		x		x
MECLIZINE TAB 50MG				x		x
PREMARIN VAG CRE 0.625MG	x	x	x	x	x	x
RASUVO INJ 20MG; 17.5MG; 7.5MG; 25MG; 10MG; 12.5MG; 22.5MG; 30MG; 15MG	x	x	x	x		
TRIJARDY XR TAB		x		x	x	x
XIFAXAN TAB 550MG	x	x	x	x	x	x

Drugs with PA added for 2027						
Drug name	Premium	Direct	Select	Core MA	Core NH	Core ME
CIMETIDINE SOL 300/5ML	x	x	x	x	x	x
FAMOTIDINE SUS 40MG/5ML	x	x	x	x	x	x
GLYXAMBI TAB 25-5 MG; 10-5 MG		x		x		x
TRIJARDY XR TAB		x		x	x	x

