

# Tufts Medicare Preferred Prescription Drug Plan/ HMO Employer Group: drugs moving to a higher tier for 2024

Drug Name	2023 Tier Coverage	2024 Tier Coverage
ABACAVIR SULFATE TAB	1	2
ACYCLOVIR SODIUM NA	1	2
ADAPALENE CRE	1	2
ALENDRONATE SODIUM SOL	1	2
AMIKACIN SULFATE INJ	1	2
AMPICILLIN SODIUM INJ	1	2
AMPICILLIN-SULBACTAM INJ	1	2
APRACLONIDINE SOL	1	2
AVYCAZ INJ	2	3
BROMOCRIPTINE MESYLATE CAP	1	2
BROMOCRIPTINE MESYLATE TAB	1	2
BUTORPHANOL TARTRATE SOL	1	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB	1	2
CARVEDILOL PHOSPHATE ER CAP	2	3
CEFEPIME HYDROCHLORIDE HCL	1	2
CEFEPIME HYDROCHLORIDE INJ	1	2
CEFIXIME SUS	1	2
CEFPODOXIME PROXETIL PROX	1	2
CEFTRIAZONE SODIUM INJ	1	2
CITALOPRAM HYDROBROMIDE SOL	1	2
CLARITHROMYCIN ER TAB	1	2
CLOMIPRAMINE HCL CAP	1	2
CLONIDINE HYDROCHLORIDE ER TAB	1	2
CLONIDINE HYDROCHLORIDE TAB	1	2
COLESTIPOL HCL TAB	1	2
CROMOLYN SODIUM SOD	1	2
CYCLOSPORINE MODIFIED CAP	1	2
DAPTOMYCIN INJ	1	2
DAPTOMYCIN SOL	1	2
DARIFENACIN HYDROBROMIDE ER TAB	2	3
DICLOFENAC SODIUM SOL	1	2
DIGOXIN TAB	2	3
DORZOLAMIDE /TIMOLOL MALEATE PF SOL	2	3

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<b>Drug Name</b>	<b>2023 Tier Coverage</b>	<b>2024 Tier Coverage</b>
DOTTI DIS	1	2
DOXEPIN HYDROCHLORIDE TAB	2	3
DOXYCYCLINE SUS	1	2
DRONABINOL CAP	2	3
DULOXETINE 40mg HCL CAP	2	3
ENTECAVIR TAB	2	3
ERTAPENEM INJ	1	2
ESTRADIOL DIS	1	2
ETHOSUXIMIDE CAP	1	2
EXEMESTANE TAB	1	2
FELBAMATE TAB	1	2
FENOFIBRATE TAB	1	2
FLUPHENAZINE INJ	1	2
FLUPHENAZINE HCL TAB	1	2
FONDAPARINUX SODIUM INJ	1	2
GENGRAF CAP	1	2
GENTAMICIN SULFATE INJ	1	2
GENOTROPIN INJ	2	3
GRANISETRON HYDROCHLORIDE TAB	1	2
GRISEOFULVIN TAB	1	2
HYDROCORTISONE RECTAL	1	2
INVEGA TRINZA	2	3
ICOSAPENT ETHYL CAP	2	3
LACOSAMIDE INJ	2	3
LACOSAMIDE SOL	2	3
LAMIVUDINE/ZIDOVUDINE TAB	1	2
LAMOTRIGINE CHW	1	2
LAMOTRIGINE ODT TAB	1	2
LEVOCARNITINE TAB	1	2
LEVOFLOXACIN SOL	1	2
MALATHION LOT	1	2
MEFENAMIC ACID ACID	1	2
MEGESTROL ACETATE SUS	1	2
MEROPENEM INJ	1	2
MESALAMINE DR CAP	2	3
MESALAMINE DR TAB	2	3
MESALAMINE RECTAL	1	2
MESALAMINE KIT	1	2
METHYLPHENIDATE HCL CHW	1	2
MICAFUNGIN INJ	2	3

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<b>Drug Name</b>	<b>2023 Tier Coverage</b>	<b>2024 Tier Coverage</b>
NAPROXEN SUS	1	2
OCTAGAM	2	3
OMNITROPE INJ	2	3
OXCARBAZEPINE SUS	1	2
PALIPERIDONE ER TAB	2	3
PENICILLIN G POTASSIUM GK	1	2
PIPERACILLIN/TAZOBACTAM INJ	1	2
PREDNISOLONE SODIUM PHOSPHATE ODT TAB	1	2
PROCRIT INJ	2	3
PROTRIPTYLINE HCL TAB	1	2
PYRAZINAMIDE TAB	1	2
PYRIMETHAMINE TAB	2	3
QUINIDINE GLUCONATE CR GL	1	2
QUINIDINE GLUCONATE ER GL	1	2
RETACRIT INJ	2	3
RIFABUTIN CAP	1	2
RISPERDAL INJ	2	3
RIVASTIGMINE TRANSDERMAL SYSTEM DIS	1	2
SELEGILINE HCL TAB	1	2
SEVELAMER CARBONATE POW	2	3
SEVELAMER HYDROCHLORIDE TAB	2	3
SIROLIMUS TAB	1	2
SODIUM CHLORIDE 0.9% CHLOR	1	2
SODIUM SULFACETAMIDE LOT	1	2
SUMATRIPTAN SPR	1	2
SUMATRIPTAN SUCCINATE INJ	1	2
TAZICEF INJ	1	2
TEFLARO INJ	2	3
TERCONAZOLE SUP	1	2
TRAMADOL HCL ER HCL	1	2
TROSPIUM CHLORIDE ER CHL	2	3
VANCOMYCIN HCL INJ	1	2
VANCOMYCIN HYDROCHLORIDE SOL	1	2
VENLAFAXINE HCL ER TAB	1	2
ZYPREXA RELP INJ	2	3