


TUFTS  Health Plan
Massachusetts Commercial Formulary
Prescription Drug List in Alphabetical Order

Last Updated: 12/22/2014

Key Terms

Massachusetts Commercial Tier 3 Formulary

Tufts Health Plan Drug List

Formulary

A formulary is a list of prescription medications developed by a committee of practicing physicians and practicing pharmacists who represent a variety of specialty areas and who are knowledgeable in the diagnosis and treatment of disease.

Brand-Name Drugs

Brand-name drugs are typically the first products to gain U.S. Food and Drug Administration (FDA) approval.

Generic Drugs

Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand-name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size or shape, but the differences do not alter the effectiveness. Generic versions of brand-name drugs are reviewed and approved by the FDA. The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity.

3-Tier Pharmacy Copayment Program (3-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the three-tier program. This program gives you and your doctor the opportunity to work together to find a prescription medication that's affordable and appropriate for you.

All covered drugs are placed into one of three tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, or Tier 3 drug (as defined below); however, there may be instances when only a Tier 3 drug is appropriate, which will require a higher copayment.

- Tier 1: Medications on this tier have the lowest copayment. This tier includes many generic drugs.
- Tier 2: Medications on this tier are subject to the middle copayment. This tier includes some generics and brand-name drugs.
- Tier 3: This is the highest copayment tier and includes some generics and brand-name covered drugs not selected for Tier 2.

Please note that tier placement is subject to change throughout the year.

Copayment

A copayment is the fee a member pays for certain covered drugs. A member pays the copayment directly to the provider when he/she receives a covered drug, unless the provider arranges otherwise.

Coinsurance

Coinsurance requires the member to pay a percentage of the total cost for certain covered drugs.

Boldface - indicates generic availability.
SP - Designated Specialty Pharmacy
STPA - Step Therapy Prior Authorization
SI - Specialty Infusion

PA - Prior Authorization
QL - Quantity Limitation Program

NC - Non Covered Drugs
NTM - New-to-Market

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Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment/Coinsurance

Tier 3 - Highest Copayment/Coinsurance

Medical Review Process

Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-to-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Prior Authorization Program (STPA), Quantity Limitations Program (QL), Non-Covered Drugs (NC) With Suggested Alternatives Program should be completed by the physician and sent to Tufts Health Plan. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

Note: Drugs approved through the Medical Review Process will be subject to a Tier 3 copayment.

Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, Tufts Health Plan has placed quantity limitations on some prescription drugs. You are covered for up to the amount posted in our list of covered drugs. These quantities are based on recognized standards of care as well as from FDA-approved dosing guidelines. If your provider believes it is necessary for you to take more than the QL amount posted on the list, he or she may submit a request for coverage under the Medical Review Process.

New-To-Market Drug Evaluation Process (NTM)

In an effort to make sure the new-to-market prescription drugs we cover are safe, effective and affordable, we delay coverage of many new drug products until the Plan's Pharmacy and Therapeutics Committee and physician specialists have reviewed them. This review process is usually completed within six months after a drug becomes available.

The review process enables us to learn a great deal about these new drugs, including how a physician can safely prescribe these new drugs and how physicians can choose the most appropriate patients for the new therapy. During the review process, if your physician believes you have a medical need for the New-To-Market drug, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

If your plan includes the 3-Tier Copayment Program, then you will pay the Tier-3 (highest) copayment if the medication is approved for coverage.

Non-Covered Drugs (NC)

There are thousands of drugs listed on the Tufts Health Plan covered drug list. In fact, most drugs are covered. There is, however, a list of drugs that Tufts Health Plan currently does not cover.

In many cases, these drugs are not covered by Tufts Health Plan because there are safe, comparably effective, and cost effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your doctor feels that one of the non-covered drugs is needed, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Prior Authorization (PA) Program

In order to ensure safety and affordability for everyone, some medications require prior authorization. This helps us work with your doctor to ensure that medications are prescribed appropriately.

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If your doctor feels it is medically necessary for you to take one of the drugs listed below, he/she can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Step Therapy Prior Authorization (STPA)

Step Therapy is an automated form of Prior Authorization. It encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies.

Medications included on step 1- the lowest step-are usually covered without authorization. We have noted the few exceptions, which may require your physician to submit a request to Tufts Health Plan for coverage. Medications on Step 2 or higher are automatically authorized at the point-of-sale if you have taken the required prerequisite drugs. However, if your physician prescribes a medication on a higher step, and you have not yet taken the required medication(s) on a lower step, or if you are a new Tufts Health Plan member and do not have any prescription drug claims history, the prescription will deny at the point-of-sale with a message indicating that a Prior Authorization (PA) is required. Physicians may submit requests for coverage to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

Designated Specialty Pharmacy Program (SP)

Tufts Health Plan's goal is to offer you the most clinically appropriate and cost-effective services.

As a result, we have designated special pharmacies to supply a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

Medications include, but are not limited to, those used in the treatment of infertility, multiple sclerosis, hemophilia, hepatitis C and growth hormone deficiency. You can obtain up to a 30-day supply of these medications at a time.

Other special designated pharmacies and medications may be identified and added to this program from time to time.

Benefits vary; some members may not participate in this program. Please see your benefit document for complete information.

Physicians may obtain a select number of specialty medications through a designated SP for administration in the office as an alternative to direct purchase. These medications are covered under the medical benefit, and will be shipped directly to and administered in the office by the member's provider. The designated pharmacy will bill Tufts Health Plan directly for the medication.

For the most current listing of special designated pharmacies or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit (SI)

Tufts Health Plan has designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

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The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency. Other specialty infusion providers and medications may be identified and added to this program from time to time.

Generic Focused Formulary

The Generic Focused Formulary, which is the formulary used in our Select Network and/or Connector Plans differs from other Tufts Health Plan formularies. Most generic drugs are covered, and only select brand name drugs that have no generic drug equivalent are covered. Brand name drugs with generic equivalents are not covered under this formulary. If the patent of a brand name drug listed expires and a generic version becomes available, the brand will no longer be covered. This change will happen automatically and without notification to members or providers. **GFF Formulary**

Managed Mail (MM) Program

Our Managed Mail (MM) Program applies to certain plans. It requires that in order to be covered, prescriptions for most maintenance medications must be filled by our mail order pharmacy. Maintenance medications are those you refill monthly for chronic conditions like asthma, high blood pressure, or diabetes. Under this program, you are allowed an initial fill at a retail pharmacy and a limited number of refills. After that, in order to be covered, you must fill your maintenance prescription through the mail order program offered by CVS Caremark, our pharmacy benefits manager. You may obtain up to a 90-day supply for these maintenance medications at mail order. Please note that some medications may not be appropriate for mail order. These include medications with quantity limitations (QL) of less than 84 or 90 days.

If you have questions about this program, please contact us at the number listed on the back of your member identification card.

Over-The-Counter Drugs (OTC)

When a medication with the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent, becomes available over-the-counter, Tufts Health Plan may exclude coverage of the specific medication or all of the prescription drugs in the class. For more information, please call our Member Services Department at the number listed on the back of your member identification card.

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Drug Name	Tier	Pharmacy Program
abacavir	Tier 1	
Abilify Discmelt	Tier 3	QL STPA 60 tablets/30 days
Abilify Oral Solution	Tier 3	QL STPA 2 bottles/30 days
Abilify tablets	Tier 3	QL STPA 30 tablets/30 days
Abstral	Tier 3	QL 32 tablets/30 days
acamprosate calcium	Tier 1	
Acanya		NC clindamycin gel + benzoyl peroxide gel
acarbose	Tier 1	
Accolate	Tier 3	
Accu-Chek test strips	Tier 2	
Accuneb	Tier 3	QL 360 vials/90 days
Accupril	Tier 3	
Accuretic		NC quinapril/hydrochlorothiazide tablets
acebutolol	Tier 1	
Aceon	Tier 3	
acetazolamide	Tier 1	
acetazolamide ext-rel	Tier 1	
acetic acid otic	Tier 1	
acetic acid/aluminum acetate otic	Tier 1	
acetic acid/hydrocortisone otic	Tier 1	
AcipHex		NC QL Prilosec OTC, omeprazole, lansoprazole, pantoprazole, rabeprazole, 90 tablets/90 days
Aciphex Sprinkle Caps	NTM	
acitretin	Tier 1	
Aclovate	Tier 3	
Actemra prefilled syringe	NTM	
Actemra vial	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
Actimmune	Tier 2	
Actiq		NC QL 120 units (lollipops)/30 days, fentanyl lollipop
Activella	Tier 3	
Actonel	Tier 3	STPA
Actoplus Met	Tier 3	
Actoplus Met XR	Tier 3	
Actos	Tier 3	
Acular	Tier 3	
Acular LS	Tier 3	
Acuvail		NC diclofenac eye drops, ketorolac eye drops
acyclovir capsules, tablets	Tier 1	
acyclovir ointment 5%	Tier 1	QL 1 tube/30 days
Aczone		NC benzoyl peroxide gel
Adalat CC	Tier 3	
adapalene cream/gel	Tier 1	PA Prior Authorization required for members 26 years of age or older.
Adcirca	Tier 3	SP PA Call Accredo at 1-866-344-4874
Adderall	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Adderall XR	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.

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adefovir dipivoxil	Tier 1	
Adempas	NTM	SP Call Accredo at 1-866-344-4874
Adipex-P	Tier 3	PA
Advair Diskus	Tier 2	QL 3 diskus/90 days
Advair HFA	Tier 2	QL 6 inhalers/90 days
Advicor	Tier 3	
Aerospan	NTM	
Afinitor	Tier 2	SP PA QL 30 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Afinitor Disperz	Tier 2	SP PA QL This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387, 60 tablets/30 days
Aggrenox	Tier 3	
Agrylin	Tier 3	
albuterol ext-rel	Tier 1	
albuterol sulfate nebulizer solution	Tier 1	QL 360 vials/90 days or 9 dropper bottles/90 days
albuterol syrup/tablets	Tier 1	
alclometasone	Tier 1	
Alcortin A topical gel		NC hydrocortisone/iodoquinol cream
Aldactazide		NC spironolactone/hydrochlorothiazide
Aldactone		NC spironolactone
Aldara	Tier 3	
Aldurazyme	Medical Benefit	SI Covered under the medical benefit. For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767.
alendronate	Tier 1	
alfuzosin ext-rel	Tier 1	
Alinia	Tier 3	
Alkeran	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
allopurinol	Tier 1	
Alocril	Tier 3	
Alomide	Tier 3	
Alora	Tier 3	
Alphagan P 0.1%	Tier 3	
Alphagan P 0.15%	Tier 3	
alprazolam	Tier 1	
alprazolam ext-rel	Tier 1	
alprazolam orally disintegrating tablets	Tier 1	
Alrex	Tier 2	
Alsuma	Tier 3	QL STPA 4 injections (4 vials)/30 days
Altabax	Tier 3	QL 1 tube/5 days
Altace		NC ramipril
Altoprev		NC lovastatin tablets
Aluvea		NC urea cream

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Alvesco	Tier 3	QL 80 mcg: 3 inhalers/90 days; 160 mcg: 6 inhalers/90 days
amantadine	Tier 1	
Amaryl	Tier 3	
Ambien		NC QL 10 tablets/30 days, zolpidem tartrate tablets
Ambien CR		NC QL STPA zolpidem tartrate tablets, zolpidem ext-rel, 10 tablets/30 days
amcinonide cream, lotion	Tier 1	
Amcinonide ointment	Tier 2	
Amerge	Tier 3	QL STPA 9 tablets/30 days, Step Therapy Prior Authorization applies to brand name drug only.
amethia	Tier 1	
amethia lo	Tier 1	
amethyst	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
amiloride	Tier 1	
amiloride/hydrochlorothiazide	Tier 1	
amiodarone	Tier 1	
Amitiza	Tier 3	
amitriptyline	Tier 1	
amitriptyline/perphenazine	Tier 1	
amlodipine	Tier 1	
amlodipine/atorvastatin	Tier 2	
amlodipine/benazepril	Tier 1	
ammonium lactate 12%	Tier 1	
Amnesteem	Tier 1	
Amoxapine	Tier 2	
amoxicillin	Tier 1	
amoxicillin/clavulanate	Tier 1	
amoxicillin/clavulanate ext-rel	Tier 1	
amphetamine/dextroamphetamine mixed salts	Tier 1	
amphetamine/dextroamphetamine mixed salts ext-rel	Tier 1	
ampicillin	Tier 1	
Ampyra	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 60 tablets/30 days
Amrix		NC cyclobenzaprine tablets
Amturnide	Tier 3	
Anafranil		NC clomipramine
anagrelide	Tier 1	
Analpram E Rectal Kit		NC hydrocortisone/pramoxine rectal cream
Anaprox/Anaprox DS		NC naproxen
anastrozole	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Androderm	Tier 2	
AndroGel	Tier 2	
Angeliq	Tier 3	
Antabuse	Tier 3	
Antara		NC fenofibrate
Antivert	Tier 3	
Anzemet tablets	Tier 2	QL 3 tablets/7 days
Apidra	Tier 2	

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Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment/Coinsurance

Tier 3 - Highest Copayment/Coinsurance

Aplenzin	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Apokyn	Tier 2	
apraclonidine 0.5% eye drops	Tier 1	
apri	Tier 1	
Apriso	Tier 2	
Aptivus	Tier 2	
Aralen	Tier 3	
aranelle	Tier 1	
Aranesp	Tier 2	SP QL 4 mL/30 days; Covered under the Prescription Drug Benefit when self-administered., Call Accredo at 1-877-238-8387
Arava	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Arcalyst	Tier 2	SP PA QL 5 vials/28 days for initial 28 days, 4 vials/28 days thereafter, Call Caremark at 1-800-237-2767
Arcapta Neohaler		NC Serevent Diskus, Perforomist
Aricept	Tier 3	
Arimidex	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Arixtra	Tier 3	
Armour Thyroid	Tier 2	
Aromasin	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Arthrotec	Tier 3	
Asacol HD	Tier 2	
Asmanex	Tier 2	QL 6 Twisthalers/90 days
Astagraf XL		NC tacrolimus
Astelin	Tier 3	QL 3 nasal spray units/90 days
Astepro	Tier 2	QL 3 nasal spray units/90 days
Asthma Supplies	Tier 2	QL 2 spacers/year; 1 peak flow meter/year
Atabex EC	Tier 3	
Atacand		NC eprosartan, irbesartan, losartan
Atacand HCT		NC losartan/HCTZ, valsartan/HCTZ, candesartan/HCTZ
Atelvia		NC alendronate
atenolol	Tier 1	
atenolol/chlorthalidone	Tier 1	
Ativan		NC lorazepam
atorvastatin	Tier 1	
atovaquone/proguanil	Tier 2	
Atralin	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Atripla	Tier 2	
atropine eye drops, eye ointment	Tier 1	
atropine/hyoscyamine/scopolamine/phenobarbital	Tier 1	
Atrovent HFA	Tier 2	QL 6 inhalers/90 days
Atrovent nasal aerosol	Tier 3	QL 6 nasal spray units/90 days
Aubagio	Tier 2	SP PA QL 28 tablets/28 day, Call Accredo at 1-877-238-8387

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Augmentin	Tier 3	
Augmentin XR	Tier 3	
Aurax otic solution		NC antipyrene 5.4%/benzocaine 5.4%
Auvi-Q	Tier 3	QL 2 units/fill
Avalide		NC irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ
Avandamet		NC pioglitazone + metformin, Janumet, Kombiglyze XR
Avandaryl		NC pioglitazone + glimepiride, Januvia + glimepiride
Avandia		NC pioglitazone, Januvia, Onglyza
Avapro		NC eprosartan, irbesartan, losartan
Avar		NC sulfacetamide sodium w/sulfur
Avar LS	NTM	
Avelox		NC ciprofloxacin, levofloxacin
Aviane	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Avinza	Tier 3	QL 60 capsules/30 days
Avita	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Avodart	Tier 2	
Avonex	Tier 2	SP QL 4 syringes/vials/28 days, Call Accredo at 1-877-238-8387
Avonex Pen	Tier 2	SP QL Call Accredo at 1-877-238-8387, 4 pens/28 days
Axert	Tier 3	QL STPA 6 tablets/30 days
Axid oral solution	Tier 3	
Axiron Solution		NC Androderm, Androgel
Aygestin	Tier 3	
Azasite	Tier 3	QL 1 bottle/7 days
azathioprine	Tier 1	
azelastine eye drops	Tier 1	
azelastine spray	Tier 1	QL
Azelex	Tier 3	
Azilect	Tier 2	
azithromycin	Tier 1	
Azopt	Tier 2	
Azor	Tier 3	
Azulfidine	Tier 3	
Azulfidine EN-Tablets	Tier 3	

B

Drug Name	Tier	Pharmacy Program
b complex + c/folic acid	Tier 1	
bacitracin eye ointment	Tier 1	
bacitracin/polymyxin B eye ointment	Tier 1	
baclofen	Tier 1	
Bactrim/Bactrim DS	Tier 3	
Bactroban	Tier 3	
Bactroban nasal ointment	Tier 3	
balsalazide	Tier 1	
balziva	Tier 1	

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Banzel	Tier 2	QL 200 mg tablets: 1440 tablets/90 days; 400 mg tablets: 720 tablets/90 days; 40 mg/mL suspension: 4 bottles/30 days
Baraclude	Tier 2	
Beconase AQ		NC QL 3 nasal spray units/90 days, flunisolide nasal spray, fluticasone nasal spray, Nasonex
Belviq	Tier 3	PA
benazepril	Tier 1	
benazepril/hydrochlorothiazide	Tier 1	
Benicar	Tier 2	
Benicar HCT	Tier 2	
Benlysta	Medical Benefit	PA Covered under the medical benefit.
Bentyl	Tier 3	
Benzac AC	Tier 3	
Benzaclin Gel	Tier 3	
Benzamycin	Tier 3	
BenzEFoam		NC benzoyl peroxide (OTC)
BenzEFoam Ultra		NC benzoyl peroxide (OTC)
benzocaine/antipyrine otic	Tier 1	
benzonatate	Tier 1	
benzoyl peroxide	Tier 1	
benztropine	Tier 1	
Bepreve		NC azelastine eye drops, cromolyn sodium eye drops
Berinert	Medical Benefit	SI For home infusion services call Caremark at 1-800-237-2767. Covered under the medical benefit.
Besivance	Tier 3	QL 1 bottle/5 days
Betagan	Tier 3	
betamethasone dipropionate	Tier 1	
betamethasone dipropionate augmented cream	Tier 1	
betamethasone dipropionate augmented gel, lotion, ointment	Tier 1	
betamethasone valerate	Tier 1	
betamethasone valerate foam	Tier 1	
Betapace	Tier 3	
Betapace AF	Tier 3	
Betaseron	Tier 2	SP QL 15 vials/30 days, Call Accredo at 1-877-238-8387
betaxolol	Tier 1	
bethanechol	Tier 1	
Bethkis	Tier 3	
Betimol	Tier 2	
Betoptic S	Tier 3	
Beyaz	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Biaxin	Tier 3	
Biaxin XL	Tier 3	
bicalutamide	Tier 1	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
BiDil	Tier 2	
Binosto		NC alendronate, ibandronate

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Bionect	Tier 3	
bisoprolol	Tier 1	
bisoprolol/hydrochlorothiazide	Tier 1	
Bleph-10	Tier 3	
Blephamide	Tier 3	
Boniva 150 mg	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug
Boniva IV	Medical Benefit	PA Covered under the medical benefit.
Bontril PDM	Tier 3	PA
Bosulif	Tier 2	SP PA QL 100 mg: 120 tablets/30 days; 500 mg: 30 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Botulinum Toxins	Medical Benefit	PA Prior Authorization. Examples include Botox, Dysport, Myobloc and Xeomin. Covered under the medical benefit.
Bravelle	Tier 3	SP PA SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Breo Ellipta		NC QL 1 inhaler/30 days, Advair Diskus, Symbicort
Brevicon	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Brilinta	Tier 3	
brimonidine 0.15% eye drops	Tier 1	
brimonidine 0.2% eye drops	Tier 1	
Brintellix		NC citalopram, fluoxetine, paroxetine
Brisdelle		NC estradiol, paroxetine 10 mg
Bromday	Tier 3	
bromfenac sodium eye drops	Tier 1	
bromocriptine	Tier 1	
Brovana	Tier 3	QL 180 vials/90 days
budesonide delayed-release capsules	Tier 1	
budesonide inhalation suspension	Tier 1	QL Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to both brand and generic drug., 180 vials/90 days
bumetanide	Tier 1	
buprenorphine (Subutex discontinued)	Tier 1	PA
buprenorphine/naloxone SL tablets	Tier 1	PA
Buproban	No copayment	QL Annual limit of 180 tablets/90 days
bupropion	Tier 1	
bupropion ext-rel	Tier 1	
bupropion HCl SR	Tier 1	
bupropion SR	No copayment	QL Annual limit of 180 tablets/90 days
bupirone	Tier 1	
butalbital/acetaminophen	Tier 1	
butalbital/acetaminophen/caffeine	Tier 1	
butalbital/aspirin/caffeine	Tier 1	
butorphanol nasal spray	Tier 1	QL 3 bottles (9 mL total)/30 days

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Butrans	Tier 3	QL 4 patches/30 days
Bydureon	Tier 2	
Byetta	Tier 2	
Bystolic	Tier 3	

C

Drug Name	Tier	Pharmacy Program
Caduet	Tier 3	
Cafergot	Tier 3	
Calan		NC verapamil
Calan SR		NC verapamil ext-rel
calcipotriene	Tier 1	
calcitonin-salmon spray	Tier 1	
calcitriol	Tier 1	
calcitriol ointment	Tier 2	
calcium acetate	Tier 1	
Cambia		NC QL diclofenac potassium tablets, 9 packets/30 days
camila	Tier 1	
Campral	Tier 3	
camrese	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Canasa	Tier 2	
candesartan		
candesartan	Tier 2	
candesartan/hydrochlorothiazide	Tier 2	
Caphosol		NC saliva substitute (OTC)
Capital w/Codeine	Tier 3	
Caprelsa	Tier 2	PA QL 100 mg: 60 tablets/30 days; 300 mg: 30 tablets/30 days. This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
captopril	Tier 1	
captopril/hydrochlorothiazide	Tier 1	
Carafate	Tier 3	
Carbaglu	Tier 2	PA
carbamazepine	Tier 1	
carbamazepine ext-rel	Tier 1	
carbamazepine ext-rel 200 mg, 400 mg	Tier 1	
Carbatrol	Tier 3	
carbidopa/levodopa	Tier 1	
carbidopa/levodopa ext-rel	Tier 1	
carbidopa/levodopa/entacapone	Tier 1	
Cardene SR	Tier 3	
Cardizem		NC diltiazem
Cardizem CD		NC diltiazem ext-rel
Cardizem LA		NC diltiazem ext-rel
Cardura	Tier 3	
Cardura XL	Tier 3	
carisoprodol 250 mg	Tier 1	
carisoprodol 350 mg	Tier 1	

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carisoprodol/aspirin	Tier 1	
carteolol eye drops	Tier 1	
carvedilol	Tier 1	
Casodex	Tier 3	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Cataflam		NC diclofenac
Catapres		NC clonidine
Catapres-TTS		NC clonidine patch
Caverject	Tier 3	
Cayston	Tier 2	
Cedax	Tier 3	
cefaclor	Tier 1	
Cefaclor ER	Tier 2	
cefadroxil	Tier 1	
cefdinir	Tier 1	
cefditoren pivoxil	Tier 1	
cefpodoxime	Tier 1	
cefprozil	Tier 1	
Ceftin	Tier 3	
cefuroxime axetil	Tier 1	
Celebrex	Tier 3	PA
Celexa		NC citalopram
Cellcept	Tier 3	
Cenestin	Tier 3	
cephalexin	Tier 1	
Cerezyme	Medical Benefit	PA SI Covered under the medical benefit., For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767.
Cesamet	Tier 3	QL 18 capsules/7 days
Cetraxal	Tier 3	
Cetrotide	Tier 2	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
cevimeline	Tier 1	
Chantix	No copayment	QL Annual limit of 24 weeks
Chenodal		NC ursodiol
chloral hydrate	Tier 1	
chlordiazepoxide	Tier 1	
chlordiazepoxide/clidinium	Tier 1	
chlorhexidine gluconate	Tier 1	
chloroquine phosphate	Tier 1	
chlorpromazine	Tier 1	
chlorpropamide	Tier 1	
chlorthalidone	Tier 1	
chlorzoxazone	Tier 1	
cholestyramine	Tier 1	
chorionic gonadotropin	Tier 1	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500

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Cialis	Tier 3	QL Erectile Dysfunction: 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn; Not covered for men 18 years of age or younger, or for women. (No exceptions); Symptomatic Benign Prostatic Hyperplasia: 30 tablets/30 days
ciclopirox	Tier 1	
ciclopirox topical solution 8%	Tier 1	QL 1 bottle/30 days
cilostazol	Tier 1	
Ciloxan	Tier 3	
cimetidine	Tier 1	
Cimzia prefilled syringe	Tier 2	SP PA QL 2 injections/28 days, Cimzia syringes are covered under the pharmacy benefit, prior authorization applies. Cimzia vials are covered under the medical benefit only, prior authorization applies., Call Accredo at 1-877-238-8387
Cimzia vial	Medical Benefit	PA Cimzia vials are covered under the medical benefit, prior authorization applies. Available to providers through Accredo, call 1-877-238-8387. Cimzia syringes are covered under the pharmacy benefit, prior authorization applies.
Cinryze	Medical Benefit	PA SI Covered under the medical benefit., For home infusion services call Caremark at 1-800-237-2767.
Cipro	Tier 3	
Cipro HC Otic	Tier 3	
Ciprodex	Tier 2	
ciprofloxacin	Tier 1	
ciprofloxacin ext-rel	Tier 1	
ciprofloxacin eye drops, eye ointment	Tier 1	
citalopram	Tier 1	
Citranatal Rx	Tier 3	
Claravis	Tier 1	
Clarifoam EF	Tier 3	
clarithromycin	Tier 1	
clarithromycin ext-rel	Tier 1	
clemastine 2.68 mg	Tier 1	
Cleocin	Tier 3	
Cleocin Pediatric	Tier 3	
Cleocin T	Tier 3	
Cleocin vaginal cream	Tier 3	
Cleocin vaginal suppositories	Tier 3	
Climara	Tier 3	
Climara Pro	Tier 3	
clindamycin	Tier 1	
clindamycin 1%/benzoyl peroxide 5%	Tier 1	
clindamycin palmitate oral solution	Tier 1	
clindamycin phosphate foam 1%	Tier 1	
clindamycin vaginal cream	Tier 1	
clindamycin/benzoyl peroxide gel	Tier 1	
Clindesse	Tier 3	
Clinoril	Tier 3	
clobetasol propionate	Tier 1	
clobetasol propionate 0.05%	Tier 1	
clobetasol propionate foam	Tier 1	
clobetasol propionate/emollient foam	Tier 1	
Clobex	Tier 3	

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Clobex spray		NC clobetasol lotion
clomiphene	Tier 1	
clomipramine	Tier 1	
clonazepam	Tier 1	
clonidine	Tier 1	
clonidine ext-rel	Tier 1	
clonidine transdermal	Tier 1	
clopidogrel	Tier 1	
clorazepate	Tier 1	
clotrimazole (Rx only)	Tier 1	
clotrimazole troches	Tier 1	
clotrimazole/betamethasone	Tier 1	
clozapine	Tier 1	
Clozaril	Tier 3	
Coartem	Tier 2	QL 24 tablets/180 days
codeine sulfate	Tier 1	
codeine/acetaminophen	Tier 1	
codeine/chlorpheniramine/pseudoephedrine	Tier 1	
codeine/guaifenesin	Tier 1	
codeine/guaifenesin/pseudoephedrine	Tier 1	
codeine/promethazine	Tier 1	
Coenzyme Q10	Tier 3	PA
Colazal	Tier 3	
Colcrys	Tier 2	QL 60 tablets/30 days
Colestid		NC colestipol
colestipol	Tier 1	
Colyte	Tier 3	
Combigan	Tier 3	QL 10 mL/30 days
CombiPatch	Tier 3	
Combivent Respimat	Tier 2	QL 6 inhalers/90 days
Combivir	Tier 3	
Cometriq	Tier 2	PA This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Complera	Tier 2	
Comtan	Tier 3	
Concept DHA	Tier 3	
Concept OB	Tier 3	
Concerta	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Condylox	Tier 3	
Constulose	Tier 1	
Conzip		NC tramadol, tramadol ext-rel
Copaxone	Tier 2	SP QL 1 kit (30 syringes)/30 days, Call Accredo at 1-877-238-8387
Copegus	Tier 3	SP Call Caremark at 1-800-237-2767
Cordarone	Tier 3	
Cordran	Tier 3	
Coreg	Tier 3	
Coreg CR		NC carvedilol tablets
Corgard	Tier 3	
Cortef	Tier 3	
Cortifoam	Tier 2	
cortisone acetate	Tier 1	

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Cortisporin	Tier 3	
Corvite 150	Tier 3	
Cosopt	Tier 3	
Cosopt PF	Tier 3	
Coumadin	Tier 3	
Cozaar		NC losartan
Creon	Tier 2	
Crestor		NC simvastatin, atorvastatin, pravastatin
Crinone	Tier 3	
Crixivan	Tier 2	
cromolyn sodium eye drops	Tier 1	
cromolyn sodium nebulizer solution	Tier 1	QL 360 vials/90 days
Cryselle	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Cuprimine	Tier 2	
Cutivate	Tier 3	
Cuvposa Solution		NC QL 1 bottle/30 days, glycopyrrolate tablets
cyanocobalamin injection	Tier 1	
Cyclessa	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
cyclobenzaprine	Tier 1	
Cyclogyl	Tier 3	
cyclopentolate eye drops	Tier 1	
cyclophosphamide tablets	Tier 1	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Cycloset	Tier 2	
cyclosporine	Tier 1	
cyclosporine, modified	Tier 1	
Cymbalta	Tier 3	QL STPA Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to brand name drug only., 20 mg: 60 capsules/30 days; 30 mg: 90 capsules/30 days; 60 mg: 60 capsules/30 days
cypheptadine	Tier 1	
Cystaran	Tier 2	SP Call Accredo at 1-877-238-8387
Cytomel	Tier 3	
Cytotec	Tier 3	
D		
Drug Name	Tier	Pharmacy Program
D.H.E. 45	Tier 3	
Daliresp	Tier 3	
danazol	Tier 1	
Dantrium	Tier 3	
dantrolene	Tier 1	
dapsone	Tier 1	
Daraprim	Tier 2	

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Daypro		NC oxaprozin
Daytrana	Tier 3	STPA
DDAVP	Tier 3	
Delestrogen	Tier 3	
Delos	Tier 3	
Delzicol	Tier 2	
Demadex	Tier 3	
Demerol	Tier 3	
Depakene	Tier 3	
Depakote	Tier 3	
Depakote ER	Tier 3	
Depakote Sprinkle	Tier 3	
Deplin	Tier 3	
Deplin-Algal Oil	Tier 3	
Deprizine suspension	Tier 3	
Derma-N	Tier 3	
Dermasorb AF kit	NTM	
Dermasorb XM kit	NTM	
Dermotic	Tier 3	
desipramine	Tier 1	
desmopressin	Tier 1	
Desogen	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Desonate		NC desonide cream or lotion
desonide	Tier 1	
Desowen	Tier 3	
desoximetasone	Tier 1	
Desvenlafaxine ER	Tier 3	STPA
Detrol	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Detrol LA	Tier 3	STPA
dexamethasone	Tier 1	
dexamethasone sodium phosphate eye drops, eye ointment	Tier 1	
Dexedrine Spansule		NC dextroamphetamine ext-rel
Dexferrum	Tier 1	
Dexilant		NC QL Prilosec OTC, omeprazole, lansoprazole, pantoprazole, 90 capsules/90 days
dexmethylphenidate	Tier 1	
dexmethylphenidate ext-rel 15 mg, 30 mg	Tier 2	
dextroamphetamine	Tier 1	
dextroamphetamine ext-rel		
dextroamphetamine ext-rel	Tier 1	
dextroamphetamine solution	Tier 1	
dextromethorphan/promethazine	Tier 1	
DiaBeta	Tier 3	
Diabetic Test Strips, Other		NC OneTouch Test Strips, Accu-Chek Test Strips, OneTouch and Accu-Chek are the preferred, covered, test strips. Examples of non-covered test strips include, but are not limited to: Ascensia, BD, FreeStyle, Precision, TrueTrack test strips
Diamox Sequels	Tier 3	
Diastat/Diastat AcuDial	Tier 3	QL 1 kit (2 units)/30 days

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diazepam	Tier 1	
diazepam rectal gel	Tier 1	QL
Diclegis		NC Unisom Sleep Tab (OTC) and Vitamin B6 (OTC)
diclofenac potassium	Tier 1	
diclofenac sodium 3% gel	Tier 1	
diclofenac sodium delayed-rel	Tier 1	
diclofenac sodium delayed-rel/misoprostol	Tier 1	
diclofenac sodium eye drops	Tier 1	
dicloxacillin	Tier 1	
Dicopanol suspension	Tier 3	
dicyclomine	Tier 1	
didanosine delayed-rel	Tier 1	
Didronel	Tier 3	
diethylpropion	Tier 1	PA
Differin cream/gel	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Differin lotion	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Dificid	Tier 3	PA
diflorasone diacetate	Tier 1	
Diflucan	Tier 3	
diflunisal	Tier 1	
Digex NF	Tier 3	
digoxin	Tier 1	
dihydroergotamine injection	Tier 1	
dihydroergotamine spray	Tier 1	QL
Dilacor XR		NC diltiazem ext-rel
Dilantin	Tier 3	
Dilantin Infatabs	Tier 3	
Dilaudid		NC hydromorphone
diltiazem	Tier 1	
diltiazem ext-rel	Tier 1	
Diovan	Tier 2	
Diovan HCT	Tier 3	
Dipentum	Tier 2	
diphenhydramine 50 mg	Tier 1	
diphenoxylate/atropine	Tier 1	
dipivefrin eye drops	Tier 1	
Diprolene	Tier 3	
Diprolene AF	Tier 3	
dipyridamole	Tier 1	
disopyramide	Tier 1	
disulfiram	Tier 1	
Ditropan XL	Tier 3	
divalproex sodium delayed-rel	Tier 1	
divalproex sodium ext-rel	Tier 1	
divalproex sodium sprinkle	Tier 1	
Divigel	Tier 3	
donepezil	Tier 1	
Donnatal	Tier 3	
Doryx	Tier 3	
dorzolamide HCl eye drops	Tier 1	
dorzolamide HCl/timolol maleate eye drops	Tier 1	
Dovonex	Tier 3	
doxazosin	Tier 1	

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doxepin	Tier 1	
doxycycline hyclate	Tier 1	
doxycycline hyclate 20 mg tablets	Tier 1	
doxycycline monohydrate	Tier 1	
Drisdol	Tier 3	
Droxia	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Duac	Tier 3	
Duetact	Tier 3	
Duexis		NC ibuprofen + famotidine OTC
Dulera		NC QL Advair, Symbicort, 3 inhalers/90 days
duloxetine delayed-rel	Tier 2	QL 20 mg: 60 capsules/30 days; 30 mg: 90 capsules/30 days; 60 mg: 60 capsules/30 days
DuoNeb	Tier 3	QL 360 vials/90 days
Duragesic		NC QL 10 patches/30 days, fentanyl patch
Durezol		NC diclofenac eye drops, prednisolone acetate eye drops
Dutoprol	Tier 3	
Dyazide	Tier 3	
Dymista		NC QL fluticasone nasal spray + azelastine nasal spray, 3 nasal sprays/90 days
Dynacin		NC minocycline

E

Drug Name	Tier	Pharmacy Program
E.E.S. 200 suspension	Tier 3	
EC-Naprosyn	Tier 3	
econazole	Tier 1	
Edarbi		NC eprosartan, irbesartan, losartan
Edarbyclor		NC irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ
Edecrin	Tier 3	
Edex	Tier 3	
Edluar		NC QL zolpidem tartrate tablets, 10 sublingual tablets/30 days
Edurant	Tier 2	
Effer-K 10 mEq, 20 mEq	Tier 3	
Effexor XR		NC venlafaxine ext-rel
Effient	Tier 3	
Efudex	Tier 3	
Egrifta	Tier 3	SP PA Call Accredo at 1-877-238-8387
Elaprase	Medical Benefit	SI Covered under the medical benefit. For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767.
Eldepryl	Tier 3	
Elelyso	Medical Benefit	PA Covered under the medical benefit.
Elestat	Tier 3	
Elestrin	Tier 3	
Eletone	Tier 3	
Elidel	Tier 3	STPA
Eliquis	Tier 3	QL 60 tablets/30 days
Elixophyllin	Tier 2	

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Ella	Tier 3	QL 1 tablet/fill, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Elmiron	Tier 3	
Elocon	Tier 3	
Emadine	Tier 3	
Emcyt	Tier 2	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Emend	Tier 3	QL 40 mg: 1 capsule/7 days; 80 mg: 2 capsules/7 days; 125 mg: 1 capsule/7 days; 1 dosepack/7 days
Emsam	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Emtriva	Tier 2	
Enablex	Tier 2	
enalapril	Tier 1	
enalapril/hydrochlorothiazide	Tier 1	
Enbrel	Tier 2	SP PA QL 25 mg: 8 vials/syringes/28 days; 50 mg: 4 syringes/28 days, Call Accredo at 1-877-238-8387
Endometrin	Tier 3	
Enjuvia	Tier 3	
enoxaparin	Tier 1	
enpresse	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
entacapone	Tier 1	
Entocort EC	Tier 3	
Enulose	Tier 1	
Epaned	Tier 3	
Epiduo		NC adapalene 0.1% gel + benzoyl peroxide 2.5% gel
epinastine eye drops	Tier 1	
epinephrine	Tier 1	QL 2 injectors/each fill
Epipen	Tier 2	QL 2 injectors/each fill
Epipen Jr.	Tier 2	QL 2 injectors/each fill
Episil	Tier 2	QL 4 bottles/30 days
Epivir tablets	Tier 3	
Epivir-HBV	Tier 2	
eplerenone	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
Epogen	Tier 2	SP QL 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered., Call Accredo at 1-877-238-8387
epoprostenol sodium	Medical Benefit	PA SI For home infusion services call Accredo at 1-866-344-4874, Covered under the medical benefit.
eprosartan	Tier 1	
Epzicom	Tier 2	
Equetro	Tier 3	
ergocalciferol (D2)	Tier 1	

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Erivedge	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
errin	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ertaczo	Tier 3	
Ery-Tab	Tier 2	
erythromycin delayed-rel	Tier 1	
erythromycin ethylsuccinate tablets	Tier 1	
erythromycin eye ointment	Tier 1	
erythromycin gel	Tier 1	
erythromycin solution	Tier 1	
erythromycin stearate	Tier 1	
erythromycin/benzoyl peroxide	Tier 1	
erythromycin/sulfisoxazole	Tier 1	
escitalopram	Tier 1	
Esomeprazole Strontium		NC omeprazole, pantoprazole
estazolam	Tier 1	
Estrace	Tier 3	
Estrace cream	Tier 2	
estradiol	Tier 1	
estradiol transdermal	Tier 1	
estradiol valerate	Tier 1	
estradiol/norethindrone acetate	Tier 1	
Estrasorb	Tier 3	
Estring	Tier 2	
Estrogel	Tier 3	
estropipate	Tier 1	
Estrostep Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
ethambutol	Tier 1	
ethosuximide	Tier 1	
etidronate	Tier 1	
etodolac	Tier 1	
etodolac ext-rel	Tier 1	
etoposide capsules	Tier 1	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Euflexxa	Medical Benefit	SP PA Call Accredo at 1-877-238-8387, Covered under the medical benefit.
Eurax	Tier 2	
Evamist	Tier 3	QL 1 bottle/each fill
Evista	Tier 2	

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Evoclin 1%	Tier 3	
Evoxac	Tier 3	
Exalgo		NC QL hydromorphone tablets, 30 tablets/30 days
Exelon capsules	Tier 3	
Exelon Patch	Tier 3	
Exelon solution	Tier 3	
exemestane	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Exforge	Tier 3	
Exforge HCT	Tier 3	
Exjade	Tier 2	
Extavia	Tier 2	SP QL Call Accredo at 1-877-238-8387, 15 vials/30 days
Extina foam 2%		NC ketoconazole foam
F		
Drug Name	Tier	Pharmacy Program
Fabior	Tier 3	PA
Fabrazyme	Medical Benefit	PA SI For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767., Covered under the medical benefit.
Factive		NC ciprofloxacin, levofloxacin, ofloxacin
Factor Products, various	Medical Benefit	PA SI Covered under the medical benefit., Examples include, but are not limited to: Advate, BeneFix, Corifact, Feiba, Helixate FS, Hemofil M, Kogenate FS, NovoSeven RT, Recombinate, Rixubis, Wilate, Xyntha; For home infusion services call Caremark at 1-800-237-2767.
famciclovir	Tier 1	
famotidine	Tier 1	
famotidine suspension	Tier 1	
Famvir	Tier 3	
Fanapt		NC olanzapine, quetiapine, risperidone
Fanatrex		NC gabapentin solution
Fareston	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Fazaclo	Tier 2	
felbamate	Tier 1	
Felbatol	Tier 3	
Feldene	Tier 3	
felodipine ext-rel	Tier 1	
Femara	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Femhrt 0.5 mg/2.5 mcg	Tier 3	
Femring	Tier 2	
Femtrace	Tier 3	
fenofibrate 43 mg, 130 mg	Tier 1	

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fenofibrate 48 mg, 145 mg	Tier 2	
fenofibrate 54 mg, 67 mg, 134 mg, 160 mg, 200 mg	Tier 1	
fenofibric acid	Tier 1	
fenofibric acid delayed-rel	Tier 1	
Fenoglide		NC fenofibrate tablets or capsules
fentanyl citrate lollipop	Tier 1	QL 120 units (lollipops)/30 days
fentanyl transdermal	Tier 1	QL 10 patches/30 days
Fentora		NC QL 28 buccal tablets/30 days, fentanyl citrate lollipop
Feriva	Tier 3	
Ferralet 90	Tier 3	
Ferriprox	Tier 2	PA QL 30 tablets/30 days
Fetzima	NTM	
Fexmid		NC cyclobenzaprine tablets
Fibricor		NC fenofibric acid tablets or capsules
Finacea	Tier 2	
finasteride 5 mg	Tier 1	Covered for men only, all ages. Not covered for women (no exceptions).
Fioricet		NC butalbital/acetaminophen/caffeine
Fioricet with Codeine		NC QL butalbital/acetaminophen/caffeine/codeine, 360 capsules/30 days
Fiorinal		NC butalbital/aspirin/caffeine
Firazyr	Tier 2	SP PA QL 1 unit (3 mL)/fill, Call Caremark at 1-800-237-2767
First-BXN	Tier 3	
First-Duke's Mouthwash	Tier 3	
First-Lansoprazole	Tier 3	QL 300 mL/30 days
First-Mary's Mouthwash	Tier 3	
First-Omeprazole	Tier 3	QL 300 mL/30 days
First-Progesterone VGS	Tier 2	
Flagyl	Tier 3	
Flagyl 375 mg		NC metronidazole 375 mg
Flagyl ER		NC metronidazole tablets
Flarex	Tier 3	
flavoxate hydrochloride	Tier 1	
flecainide	Tier 1	
Flector		NC diclofenac tablets, Voltaren gel, Pennsaid
Flexeril		NC cyclobenzaprine
Flolan	Medical Benefit	PA SI Covered under the medical benefit., For home infusion services call Accredo at 1-866-344-4874.
Flomax	Tier 3	
Flonase		NC QL fluticasone nasal spray, 3 nasal spray units/90 days
Flo-Pred		NC prednisolone 15 mg/5 mL solution
Flovent Diskus	Tier 2	QL 6 diskus/90 days
Flovent HFA	Tier 2	QL 6 inhalers/90 days
fluconazole	Tier 1	
fludrocortisone	Tier 1	
Flumadine	Tier 3	
flunisolide nasal spray	Tier 1	QL 3 nasal spray units/90 days
fluocinolone acetonide	Tier 1	
fluocinolone acetonide oil	Tier 1	
fluocinonide	Tier 1	

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fluoride drops	Tier 1	
fluoride tablets	Tier 1	
fluorometholone eye drops, eye ointment	Tier 1	
Fluoroplex	Tier 2	
fluorouracil	Tier 1	
fluoxetine	Tier 1	
Fluoxetine 60 mg	Tier 2	
fluoxetine delayed-rel	Tier 1	
fluphenazine	Tier 1	
flurazepam	Tier 1	
flurbiprofen	Tier 1	
flutamide	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
fluticasone nasal spray	Tier 1	QL 3 nasal spray units/90 days
fluticasone propionate cream, lotion, ointment	Tier 1	
fluvastatin	Tier 1	
fluvoxamine	Tier 1	
fluvoxamine ext-rel	Tier 2	
FML	Tier 3	
Focalin		NC dexmethylphenidate
Focalin XR 15 mg, 30 mg	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Focalin XR 5 mg, 10 mg, 20 mg, 25 mg, 35 mg, 40 mg	Tier 3	STPA
folic acid	Tier 1	No copayment required for women age 13 through age 44.
Follistim AQ	Tier 3	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
fondaparinux sodium	Tier 1	
Foradil Aerolizer	Tier 2	QL 3 inhalers/90 days
Forfivo XL	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Fortamet		NC metformin ext-rel tablets
Forteo	Tier 2	SP PA Call Accredo at 1-877-238-8387
Fortesta Gel		NC Androderm, Androgel
Fortical	Tier 3	
Fosamax		NC alendronate
Fosamax Plus D		NC alendronate + vitamin D (OTC)
fosinopril	Tier 1	
fosinopril/hydrochlorothiazide	Tier 1	
Fosrenol	Tier 2	
Fragmin	Tier 3	
Freshkote	Tier 3	
Frova	Tier 3	QL STPA 9 tablets/30 days
Fulyzaq	Tier 2	PA
Furadantin suspension 25 mg/5 mL	Tier 3	
furosemide	Tier 1	
Fusion Plus	Tier 3	
Fuzeon	Tier 2	SP Call Accredo at 1-877-238-8387
Fycompa	NTM	

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G

Drug Name	Tier	Pharmacy Program
<u>gabapentin</u>	Tier 1	
Gabitril	Tier 3	
<u>galantamine</u>	Tier 1	
<u>galantamine ext-rel</u>	Tier 1	
<u>Galzin</u>	Tier 2	
<u>ganciclovir</u>	Tier 1	
Ganirelix	Tier 3	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
gatifloxacin eye drops	Tier 2	QL 1 bottle/7 days
Gattex	Tier 2	SP PA QL 30 vials/30 days (either 1 kit of 30 vials or 30 individual 1-vial kits), Call Accredo at 1-877-238-8387
Gazyva	NTM	
Gelclair	Tier 2	
Gelnique	Tier 2	
Gel-One	Medical Benefit	SP NC Call Accredo at 1-877-238-8387. Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
<u>gemfibrozil</u>	Tier 1	
Generess Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Genotropin		SP NC Call Caremark at 1-800-237-2767, Norditropin FlexPro, Norditropin Nordiflex
<u>gentamicin</u>	Tier 1	
<u>gentamicin eye drops, eye ointment</u>	Tier 1	
Geodon	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
<u>Gesticare DHA</u>	Tier 3	
<u>gianvi</u>	Tier 1	
Giazo		NC balsalazide disodium
Gilenya	Tier 2	SP PA QL 28 tablets/28 days, Call Accredo at 1-877-238-8387
Gilotrif	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Gleevec	Tier 2	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
<u>glimepiride</u>	Tier 1	
<u>glipizide</u>	Tier 1	
<u>glipizide ext-rel</u>	Tier 1	

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Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment/Coinsurance

Tier 3 - Highest Copayment/Coinsurance

glipizide/metformin	Tier 1	
Glucagon	Tier 2	
Glucophage	Tier 3	
Glucophage XR	Tier 3	
Glucotrol	Tier 3	
Glucotrol XL	Tier 3	
Glucovance	Tier 3	
Glumetza		NC metformin ext-rel tablets
glyburide	Tier 1	
glyburide, micronized	Tier 1	
glyburide/metformin	Tier 1	
Glycate		NC glycopyrrolate
Glynase	Tier 3	
Glyset	Tier 3	
Golytely	Tier 3	
Golytely packets	Tier 2	
Gonal-F	Tier 2	SP PA SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Gralise		NC gabapentin
granisetron tablets	Tier 1	QL 6 tablets/7 days
Granisol oral solution	Tier 3	QL 45 mL/7 days
Granix	NTM	SP Call Accredo at 1-877-238-8387
Grifulvin V tablets	Tier 3	
griseofulvin microsize	Tier 1	
griseofulvin microsize suspension	Tier 1	
griseofulvin ultramicrosize	Tier 1	
Gris-Peg	Tier 3	
guanfacine	Tier 1	
Guiatuss AC	Tier 1	
Guiatuss DAC	Tier 1	

H

Drug Name	Tier	Pharmacy Program
Halcion		NC triazolam
Halflytely	Tier 2	
halobetasol propionate	Tier 1	
haloperidol	Tier 1	
Hectorol	Tier 2	
Helidac	Tier 3	
Hepsera	Tier 3	
Hexalen	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Horizant	Tier 3	QL 60 tablets/30 days
Humalog	Tier 2	
Humatrope		SP NC Norditropin FlexPro, Norditropin Nordiflex, Call Caremark at 1-800-237-2767

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Humira	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 2 syringes/28 days; One Crohn's Disease / Ulcerative Colitis starter pack (6 pens) as a one-time fill only; One Psoriasis starter pack (4 pens) as a one-time fill only
Humulin	Tier 2	
Hyalgan	Medical Benefit	SP NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Call Accredo at 1-877-238-8387. Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
Hycamtin oral capsules	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., 0.25 mg: 15 capsules/21 days; 1 mg: 25 capsules/21 days
hydralazine	Tier 1	
Hydrea	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Hydro 35		NC urea lotion/cream
Hydro 40		NC urea lotion/cream
hydrochlorothiazide	Tier 1	
hydrocodone polistirex/chlorpheniramine polistirex	Tier 1	
hydrocodone/acetaminophen	Tier 1	
hydrocodone/acetaminophen 10/650	Tier 1	
hydrocodone/acetaminophen 2.5/500	Tier 1	
hydrocodone/acetaminophen 7.5/300	Tier 1	
hydrocodone/acetaminophen 7.5/500	Tier 1	
hydrocodone/acetaminophen 7.5/650	Tier 1	
hydrocodone/acetaminophen tablets	Tier 1	
hydrocodone/homatropine	Tier 1	
hydrocodone/ibuprofen	Tier 1	
hydrocortisone	Tier 1	
hydrocortisone (prescription only)	Tier 1	
hydrocortisone butyrate	Tier 1	
hydrocortisone butyrate lipid cream 0.1%	Tier 1	
hydrocortisone cream	Tier 1	
hydrocortisone enema	Tier 1	
hydrocortisone valerate	Tier 1	
hydrocortisone/aloe polysaccharide/iodoquinol	Tier 1	
hydrocortisone/pramoxine/skin cleanser	Tier 2	
hydromorphone	Tier 1	
hydroxychloroquine	Tier 1	
hydroxyurea	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
hydroxyzine HCl	Tier 1	
hydroxyzine pamoate	Tier 1	
hyoscyamine sulfate	Tier 1	

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hyoscyamine sulfate ext-rel	Tier 1	
Hyzaar		NC losartan/hydrochlorothiazide
I		
Drug Name	Tier	Pharmacy Program
ibandronate 150 mg	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
ibuprofen (Rx Only)		
ibuprofen (Rx Only)	Tier 1	
Ilaris	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
Ilevro	Tier 3	
Imbruvica	NTM	
Imdur	Tier 3	
imipramine HCl	Tier 1	
imiquimod	Tier 1	
Imitrex	Tier 3	QL STPA Step Therapy Prior Authorization applies to brand name drug only., Tablets: 9 tablets/30 days; Injection: 4 injections (2 kits)/30 days or 4 injections (4 vials)/30 days; Nasal Spray: 5 mg: 2 boxes (12 spray unit devices)/30 days; 20 mg: 1 box (6 spray unit devices)/30 days
Immune Globulin (IVIG, SCIG)	Medical Benefit	PA SI Covered under the medical benefit., Examples include, but are not limited to: Bivigam, Carimune, Flebogamma, Gammagard S/D, Gammalex, Gamunex-C, Hizentra, Privigen; For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767.
Imuran	Tier 3	
Incivek	Tier 3	SP PA Call Caremark at 1-800-237-2767
Increlex	Tier 2	SP PA Call Caremark at 1-800-237-2767
indapamide	Tier 1	
Inderal LA		NC propranolol ext-rel
indomethacin	Tier 1	
indomethacin ext-rel	Tier 1	
indomethacin suppositories	Tier 1	
Infed	Tier 3	
Infergen	Tier 2	SP PA SP PA Call Caremark at 1-800-237-2767
Inlyta	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Innopran XL	Tier 3	
Inova		NC benzoyl peroxide wash (OTC), Stridex (OTC)
Inspra	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Insulin Pen Needles	Tier 2	
Integra F	Tier 3	
Integra Plus	Tier 3	
Intelence	Tier 2	
Intermezzo	Tier 3	QL STPA 10 tablets/30 days
Intron A	Tier 2	SP Call Accredo at 1-877-238-8387 or Caremark at 1-800-237-2767
Intuniv	Tier 3	QL 90 tablets/90 days

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Invega		NC olanzapine, quetiapine, risperidone
Invirase	Tier 2	
Invokana	Tier 3	
Iopidine 0.5%	Tier 3	
Iopidine 1%	Tier 3	
ipratropium nasal spray	Tier 1	QL 6 nasal spray units/90 days
ipratropium nebulizer solution	Tier 1	QL 360 vials/90 days
ipratropium/albuterol nebulizer solution	Tier 1	QL 360 vials/90 days
Iprivask		NC enoxaparin, fondaparinux sodium
irbesartan	Tier 1	
irbesartan/hydrochlorothiazide	Tier 1	
iron dextran	Tier 1	
Irospan	Tier 3	
Isentress	Tier 2	QL 120 tablets/30 days; Chewable tablets: 100 mg: 180 tablets/30 days; 25 mg: 720 tablets/30 days
isoniazid	Tier 1	
isosorbide dinitrate ext-rel tablets	Tier 1	
isosorbide mononitrate ext-rel	Tier 1	
isradipine	Tier 1	
itraconazole capsules	Tier 1	PA

J

Drug Name	Tier	Pharmacy Program
Jakafi	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Jalyn	Tier 3	
Janumet	Tier 2	
Janumet XR	Tier 2	
Januvia	Tier 2	
Jentadueto	Tier 3	STPA
jinteli	Tier 1	
Jolessa	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
jolivette	Tier 1	
junel	Tier 1	
junel fe	Tier 1	
Juxtapid	Tier 2	PA QL 5 mg, 10 mg: 28 capsules/28 days; 20 mg: 84 capsules/28 days

K

Drug Name	Tier	Pharmacy Program
Kadcyla	Medical Benefit	PA Covered under the medical benefit.
Kadian 10 mg, 200 mg	Tier 3	QL 60 capsules/30 days
Kadian 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	Tier 3	QL 60 capsules/30 days
Kaletra	Tier 2	
Kalydeco	Tier 2	PA QL 60 tabs/30 days
Kapvay	Tier 3	

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kariva	Tier 1	
Kazano	Tier 3	STPA
Keflex	Tier 3	
Keppra	Tier 3	
Keppra XR		NC levetiracetam, levetiracetam ext-rel
Kerafoam		NC urea lotion/cream
Keralyt	Tier 3	
Kerlone	Tier 3	
ketoconazole	Tier 1	
ketoconazole 2%	Tier 1	
ketoconazole foam 2%	Tier 1	
ketorolac 0.4% eye drops	Tier 1	
ketorolac 0.5% eye drops	Tier 1	
ketorolac tablets	Tier 1	
Kineret	Tier 2	SP PA QL 28 syringes/28 days, Call Accredo at 1-877-238-8387
Klaron	Tier 3	
Klonopin		NC clonazepam tablets
Kombiglyze XR	Tier 2	
Korlym	Tier 2	PA QL 120 tablets/30 days
Krystexxa	Medical Benefit	PA Covered under the medical benefit.
Kuvan	Tier 2	SP PA Call Accredo at 1-877-238-8387
Kynamro	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 4 vials or prefilled syringes/28 days

L

Drug Name	Tier	Pharmacy Program
labetalol	Tier 1	
Lac-Hydrin	Tier 3	
lactulose	Tier 1	
Lamictal	Tier 3	
Lamictal ODT	Tier 3	
Lamictal XR	Tier 3	QL 25 mg: 90 tablets/90 days; 50 mg: 90 tablets/90 days; 100 mg: 90 tablets/90 days; 200 mg: 270 tablets/90 days; 250 mg: 180 tablets/90 days; 300 mg: 180 tablets/90 days
Lamisil oral granules packet	Tier 3	QL 125 mg packets: 56 packets/28 days; 187.5 mg packets: 28 packets/28 days. Annual limit of 12 weeks applies.
Lamisil tablets	Tier 3	QL 30 tablets/30 days. Annual limit of 90 days applies.
lamivudine	Tier 1	
lamivudine/zidovudine	Tier 1	
lamotrigine	Tier 1	
lamotrigine ext-rel		QL 25 mg: 90 tablets/90 days; 50 mg: 90 tablets/90 days; 100 mg: 90 tablets/90 days; 200 mg: 270 tablets/90 days; 250 mg: 180 tablets/90 days; 300 mg: 180 tablets/90 days
lamotrigine ext-rel	Tier 2	QL 25 mg: 90 tablets/90 days; 50 mg: 90 tablets/90 days; 100 mg: 90 tablets/90 days; 200 mg: 270 tablets/90 days; 250 mg: 180 tablets/90 days; 300 mg: 180 tablets/90 days
Lanoxin	Tier 3	
lansoprazole + amoxicillin + clarithromycin	Tier 1	
lansoprazole delayed-rel	Tier 3	QL

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Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment/Coinsurance

Tier 3 - Highest Copayment/Coinsurance

lansoprazole soluble tablets	Tier 3	QL
Lantus	Tier 2	
Lasix	Tier 3	
Lastacaft		NC azelastine, epinastine
latanoprost	Tier 1	
latanoprost eye drops	Tier 1	
Latuda		NC QL olanzapine, quetiapine, risperidone, 20 mg: 30 tablets/30 days; 40 mg: 30 tablets/30 days; 60 mg: 30 tablets/30 days; 80 mg: 60 tablets/30 days; 120 mg: 30 tablets/30 days
Lazanda	Tier 3	QL 1 box (4 bottles)/28 days
leena	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
leflunomide	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
Lescol		NC simvastatin, atorvastatin, fluvastatin
Lescol XL		NC fluvastatin, simvastatin, atorvastatin
Lessina	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Letairis	Tier 2	SP PA Call Accredo at 1-866-344-4874
letrozole	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
leucovorin calcium	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Leukeran	Tier 2	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Leukine	Tier 2	SP QL Call Accredo at 1-877-238-8387, 6 vials/14 days; Covered under the Prescription Drug Benefit when self-administered.
leuprolide acetate 1 mg kit	Tier 1	
levalbuterol inhalation solution	Tier 1	QL 270 vials/90 days, Step Therapy Prior Authorization applies to both brand and generic drug.
Levaquin		NC ciprofloxacin, levofloxacin
Levatol	Tier 3	
Levbid	Tier 3	
Levemir	Tier 2	
levetiracetam	Tier 1	
levetiracetam ext-rel	Tier 1	
Levitra	Tier 3	QL 4 tablets/30 days total for any combination of Viagra, Cialis, and Levitra; Not covered for men 18 years of age or younger, or for women. (No exceptions)
levobunolol eye drops	Tier 1	

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levofloxacin	Tier 1	
levofloxacin eye drops	Tier 1	
levora	Tier 1	
Levothroid	Tier 1	
levothyroxine	Tier 1	
Levoxyl	Tier 1	
Levsin	Tier 3	
Lexapro	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to brand name drug only.
Lexiva	Tier 2	
Lialda	Tier 2	
Librax		NC chlordiazepoxide/clidinium
lidocaine patch 5%	Tier 2	PA QL
lidocaine viscous	Tier 1	
lidocaine/prilocaine cream	Tier 1	QL 1 tube/30 days
Lidocort Rectal kit	Tier 1	
Lidoderm	Tier 3	PA QL 30 patches/30 days
Lidovir	Tier 3	QL 1 kit/30 days
lindane	Tier 1	
Linzess	Tier 3	QL 30 capsules/30 days
lithyronine	Tier 1	
Lipitor		NC atorvastatin
Lipofen		NC fenofibrate
Liptruzet		NC atorvastatin
lisinopril	Tier 1	
lisinopril/hydrochlorothiazide	Tier 1	
lithium carbonate	Tier 1	
lithium carbonate ext-rel tablets 300 mg	Tier 1	
lithium carbonate ext-rel tablets 450 mg	Tier 1	
Lithium Citrate	Tier 2	
Lithobid	Tier 3	
Livalo		NC fluvastatin, simvastatin, atorvastatin
Lo Loestrin Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Lo Minastrin Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Locoid	Tier 3	
Locoid Lipocream	Tier 3	
Lodosyn	Tier 2	
Loestrin	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Loestrin 24 Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

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Loestrin Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Lofibra		NC fenofibrate
Lomotil	Tier 3	
lomustine	Tier 1	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
loperamide	Tier 1	
Lopid		NC gemfibrozil
Lopressor		NC metoprolol tartrate tablets
Lopressor HCT	Tier 3	
Loprox	Tier 3	
lorazepam	Tier 1	
Lorcet 10/650	Tier 3	
Lorcet Plus	Tier 3	
Lortab 7.5/500	Tier 3	
Lorzone		NC chlorzoxazone
losartan	Tier 1	
losartan/hydrochlorothiazide	Tier 1	
LoSeasonique	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Lotemax	Tier 3	
Lotensin	Tier 3	
Lotensin HCT		NC benazepril/hydrochlorothiazide tablets
Lotrel		NC amlodipine/benazepril
Lotronex	Tier 2	
lovastatin	Tier 1	
Lovaza		NC omega-3 fish oil (OTC)
Lovenox	Tier 3	
low-ogestrel	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
loxapine	Tier 1	
Lumigan	Tier 3	STPA
Lumizyme	Medical Benefit	SI Covered under the medical benefit. For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767.
Lunesta	Tier 3	QL STPA 10 tablets/30 days
Luride drops	Tier 1	No copayment required for children age 6 months through age 6.
Luride Lozi-Tabs	Tier 3	No copayment required for children age 6 months through age 6.
lutera	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

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Luvox CR		NC fluvoxamine tablets
Luxiq	Tier 3	
Lyrica	Tier 3	STPA
Lysodren	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Lysteda	Tier 3	QL 30 tablets/28 days
M		
Drug Name	Tier	Pharmacy Program
Macrobid	Tier 3	
Macrochantin	Tier 3	
Magnacet	Tier 3	
Makena	Medical Benefit	PA Covered under the medical benefit.
Malarone	Tier 3	
malathion	Tier 1	
maprotiline	Tier 1	
Marnatal-F	Tier 3	
Matulane	Tier 2	Drug is available through Accredo 1-866-344-4874. This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Mavik	Tier 3	
Maxair Autohaler	Tier 3	QL 3 inhalers/90 days
Maxalt/Maxalt-MLT	Tier 3	QL STPA 9 tablets/30 days
Maxaron Forte	Tier 3	
Maxitrol	Tier 3	
Maxzide	Tier 3	
Maxzide-25	Tier 3	
meclizine	Tier 1	
meclofenamate	Tier 1	
Medrol	Tier 3	
medroxyprogesterone acetate	Tier 1	
mefenamic acid	Tier 1	
mefloquine	Tier 1	
Megace ES		NC megestrol acetate oral suspension
Megace suspension	Tier 3	
megestrol acetate	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Mekinist	Tier 2	SP PA This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
meloxicam	Tier 1	
Menest	Tier 3	

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Menopur	Tier 2	SP PA SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Menostar	Tier 3	
meperidine	Tier 1	
Mephyton	Tier 2	
Mepron	Tier 2	
mercaptapurine	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
mesalamine rectal suspension	Tier 1	
Mestinon	Tier 3	
Mestinon Timespan	Tier 2	
Metadate CD	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
metaproterenol syrup/tablets	Tier 1	
metformin	Tier 1	
metformin ext-rel	Tier 1	
methadone	Tier 1	
methamphetamine	Tier 1	
methazolamide	Tier 1	
methimazole	Tier 1	
methocarbamol	Tier 1	
methotrexate	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
methyl dopa	Tier 1	
methylergonovine tablets	Tier 1	
Methylin chewable tablets	Tier 2	
Methylin Oral Solution	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
methylphenidate	Tier 1	
methylphenidate ext-rel	Tier 1	
methylphenidate ext-rel 10 mg tablets	Tier 1	
methylphenidate ext-rel 20 mg, 30 mg, 40 mg	Tier 1	
methylphenidate ext-rel capsules	Tier 1	
methylphenidate HCl ER	Tier 2	
methylphenidate oral solution	Tier 1	
methylprednisolone	Tier 1	
metoclopramide	Tier 1	
metolazone	Tier 1	
metoprolol	Tier 1	
metoprolol ext-rel	Tier 1	
metoprolol/hydrochlorothiazide	Tier 1	
Metozolv ODT	Tier 3	QL 120 tablets/30 days
MetroCream	Tier 3	
MetroGel	Tier 3	
MetroGel-Vaginal	Tier 3	
MetroLotion	Tier 3	
metronidazole	Tier 1	
metronidazole 375 mg capsules	Tier 1	
metronidazole cream	Tier 1	

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metronidazole lotion	Tier 1	
metronidazole tablets	Tier 1	
metronidazole vaginal gel	Tier 1	
Mevacor		NC lovastatin tablets
mexiletine	Tier 1	
Miacalcin injection	Tier 2	
Miacalcin nasal	Tier 3	
Micardis		NC irbesartan, losartan, valsartan
Micardis HCT		NC irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ
microgestin	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
microgestin fe	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
midodrine	Tier 1	
Migergot suppository	Tier 2	
Migranal	Tier 3	QL 1 box (8 vials)/30 days
Millipred	Tier 3	
Minastrin 24 Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Minipress	Tier 3	
Minocin		NC minocycline capsules
minocycline capsules	Tier 1	
minocycline SR	Tier 2	
minocycline tablets	Tier 1	
Mirapex	Tier 3	
Mirapex ER	Tier 3	
Mircette	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
mirtazapine	Tier 1	
Mirvaso	NTM	
misoprostol	Tier 1	
Mobic	Tier 3	
modafinil	Tier 2	QL 180 tablets/90 days
Modicon	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
moexipril	Tier 1	
moexipril/hydrochlorothiazide	Tier 1	
mometasone	Tier 1	
Monodox		NC doxycycline monohydrate
mononessa	Tier 1	
montelukast	Tier 1	
Monurol	Tier 3	
morphine	Tier 1	
morphine ext-rel	Tier 1	QL 90 tablets/30 days
morphine sulfate ext-rel 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	Tier 1	QL

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Morphine suppositories 30 mg	Tier 2	
morphine suppositories 5 mg, 10 mg, 20 mg	Tier 1	
MoviPrep	Tier 3	
Moxatag		NC amoxicillin 500 mg, amoxicillin 875 mg
Moxeza	Tier 3	QL 1 bottle/10 days
Mozobil	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
MS Contin		NC QL 90 tablets/30 days, morphine sulfate ext-rel
Multaq	Tier 3	
mupirocin	Tier 1	
MUSE	Tier 3	
Myambutol	Tier 3	
mycophenolate mofetil	Tier 1	
Myfortic	Tier 3	
Myleran tablets	Tier 2	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Myozyme	Medical Benefit	SI Covered under the medical benefit. For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767.
Myrbetriq	Tier 3	STPA
Mysoline	Tier 3	

N

Drug Name	Tier	Pharmacy Program
nabumetone	Tier 1	
nadolol	Tier 1	
Naglazyme	Medical Benefit	SI Covered under the medical benefit. For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767.
Nalfon	Tier 3	
naltrexone	Tier 1	
Namenda	Tier 2	
Namenda XR	Tier 2	
naphazoline eye drops	Tier 1	
Naprelan		NC naproxen sodium ext-rel tablets
Naprosyn		NC naproxen
naproxen	Tier 1	
naproxen delayed-rel	Tier 1	
naproxen sodium	Tier 1	
naratriptan	Tier 1	QL 9 tablets/30 days
Nasacort AQ		NC QL 3 nasal spray units/90 days, flunisolide nasal spray, fluticasone nasal spray, Nasonex
Nascobal	Tier 2	
Nasonex	Tier 2	QL 6 nasal spray units/90 days
Natazia	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
nateglinide	Tier 1	
Natroba	Tier 3	QL 1 bottle/fill
Nebusal 6%	Tier 2	

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necon 0.5/35	Tier 1	
necon 1/35	Tier 1	
necon 1/50	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Necon 10/11	Tier 2	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
necon 7/7/7	Tier 1	
Neevo DHA	Tier 3	
nefazodone	Tier 1	
neomycin/polymyxin B/bacitracin/hydrocortisone eye ointment	Tier 1	
neomycin/polymyxin B/dexamethasone eye drops, eye ointment	Tier 1	
neomycin/polymyxin B/gramicidin eye drops	Tier 1	
neomycin/polymyxin B/hydrocortisone eye drops	Tier 1	
neomycin/polymyxin B/hydrocortisone otic	Tier 1	
Neoral	Tier 3	
Neosporin	Tier 3	
Nephrocaps	Tier 3	
Nesina	Tier 3	STPA
Neulasta	Tier 2	SP QL Call Accredo at 1-877-238-8387, 1 syringe/14 days; Covered under the Prescription Drug Benefit when self-administered.
Neumega	Tier 2	
Neupogen	Tier 2	SP QL 10 vials (1 mL and 1.6 mL)/14 days; Covered under the Prescription Drug Benefit when self-administered., Call Accredo at 1-877-238-8387
Neupogen/Single-Ject	Tier 3	SP QL Call Accredo at 1-877-238-8387, 10 syringes/14 days; Covered under the Prescription Drug Benefit when self-administered.
Neupro	Tier 3	QL 30 patches/30 days
Neurontin	Tier 3	
Neutrasal		NC OTC saliva substitute
Nevanac	Tier 3	
nevirapine	Tier 1	
Nexavar	Tier 2	SP PA QL 120 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Nexiclon XR		NC clonidine
Nexium		NC QL Prilosec OTC, omeprazole, lansoprazole, pantoprazole; Nexium Oral Packets are covered for members 12 years of age and younger. Quantity Limitations apply., 90 capsules/90 days; 90 oral packets/90 days, Nexium Packets for Oral Suspension are covered for members 12 years of age and younger.
Next Choice	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
next choice one dose	Tier 1	
niacin ext-rel	Tier 2	

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Niaspan	Tier 3	
nicardipine	Tier 1	
Nicazeldoxy Kit	NTM	
Nicotrol Inhaler	No copayment	QL 90 days/year; Max 168 units/fill
Nicotrol NS Spray	No copayment	QL 90 days/year; Max 4 units/fill
nifedipine 10 mg	Tier 1	
Nifedipine 20 mg	Tier 2	
nifedipine ext-rel	Tier 1	
Nilandron	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
nimodipine	Tier 1	
Niron Komplexe	Tier 3	
nisoldipine ext-rel	Tier 1	
Nitro-Dur	Tier 3	
nitrofurantoin ext-rel	Tier 1	
nitrofurantoin macrocrystals	Tier 1	
nitrofurantoin suspension	Tier 1	
nitroglycerin oral spray	Tier 1	
nitroglycerin transdermal	Tier 1	
Nitrolingual	Tier 3	
Nitrostat	Tier 2	
nizatidine capsules	Tier 1	
nizatidine oral solution	Tier 1	
Nizoral shampoo	Tier 3	
Norco		NC hydrocodone/acetaminophen
Nordette	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Norditropin Products	Tier 2	SP PA Call Caremark at 1-800-237-2767. Applies to all Norditropin products including Norditropin Flexpro and Norditropin Nordiflex.
norethindrone acetate	Tier 1	
Norinyl 1+35	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Noritate	Tier 3	
Noroxin	Tier 3	
Norpace	Tier 3	
Norpace CR	Tier 3	
Norpramin		NC desipramine
Nor-QD	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
nortrel 0.5/35	Tier 1	
nortrel 1/35	Tier 1	

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nortrel 7/7/7	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
nortriptyline	Tier 1	
Norvasc		NC amlodipine
Norvir	Tier 2	
Novaferrum oral solution	Tier 3	
Novarel	Tier 1	SP PA SP Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Novolin	Tier 2	
Novolog	Tier 2	
Noxafil oral suspension		NC fluconazole oral suspension, itraconazole, voriconazole
Noxafil tablets	NTM	
Nplate	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
Nucort	Tier 3	
Nucynta		NC QL 30 capsules/30 days, tramadol, oxycodone
Nucynta ER		NC QL tramadol, Oxycontin, 60 tablets/30 days
Nuedexta	Tier 2	PA
Nulytely	Tier 3	
Nulytely with Flavor Packs	Tier 3	
Numoisyn	Tier 3	
Nutropin		SP NC Norditropin FlexPro, Norditropin Nordiflex, Call Caremark at 1-800-237-2767
Nutropin AQ		SP NC Call Caremark at 1-800-237-2767, Norditropin FlexPro, Norditropin Nordiflex
Nutropin AQ Nuspin		SP NC Norditropin FlexPro, Norditropin Nordiflex, Call Caremark at 1-800-237-2767
Nuvaring	Tier 2	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Nuvigil	Tier 2	QL STPA 90 tablets/90 days
Nymalize	Tier 3	
nystatin	Tier 1	
nystatin/triamcinolone	Tier 1	

O

Drug Name	Tier	Pharmacy Program
OB Complete caplet	Tier 3	
OB Complete DHA	Tier 3	
Obtrex DHA	Tier 3	
ocella	Tier 1	
Ocuflox	Tier 3	
ofloxacin	Tier 1	
ofloxacin eye drops	Tier 1	
ofloxacin otic	Tier 1	
Ogestrel	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

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olanzapine	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
olanzapine orally disintegrating tablets	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
olanzapine/fluoxetine	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
Oleptro ER	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Olux foam 0.05%	Tier 3	
Olux-E		NC clobetasol 0.05% foam, clobetasol 0.05% foam/emollient
Olysio	NTM	SP Call Caremark at 1-800-237-2767
Omeclamox-Pak		NC omeprazole + clarithromycin + amoxicillin, PrevPac
omeprazole delayed-rel	Tier 1	QL
omeprazole/sodium bicarbonate capsules	Tier 1	QL
Omnaris		NC QL azelastine nasal spray, fluticasone nasal spray, flunisolide nasal spray, 3 nasal spray units/90 days
Omnitrope		SP NC Norditropin FlexPro, Norditropin Nordiflex, Call Caremark at 1-800-237-2767
ondansetron	Tier 1	QL oral solution: 90 mL/7 days; tablets/ODT tablets: 4 mg: 9 tablets/7 days; 8 mg: 9 tablets/7 days; 24 mg: 1 tablet/7 days
OneTouch test strips	Tier 2	
Onfi	Tier 3	PA
Onfi Oral Suspension	Tier 3	PA
Onglyza	Tier 2	
Onmel	Tier 3	PA QL 28 tablets/28 days
Onsolis	Tier 2	SP QL 60 buccal films/30 days, Call Accredo at 1-877-238-8387
Opana		NC hydromorphone tablets, oxycodone tablets, oxymorphone
Opana ER		NC morphine sulfate SR, oxymorphone ext-rel
Opsumit	NTM	SP Call Accredo at 1-866-344-4874
Optase	Tier 3	
Optivar	Tier 3	
Oracea		NC doxycycline
Orapred	Tier 3	
Orapred ODT	Tier 3	
Oravig		NC fluconazole
Orbivan	Tier 3	
Orbivan CF	Tier 3	
Orencia prefilled syringe	Tier 3	SP PA QL 4 syringes/28 days, Orencia syringes are covered under the pharmacy benefit only, prior authorization applies. Orencia vials are covered under the medical benefit only, prior authorization applies., Call Accredo at 1-877-238-8387
Orencia vial	Medical Benefit	PA Orencia vials are covered under the medical benefit only, prior authorization applies. Available to providers through Accredo, call 1-877-238-8387. Orencia syringes are covered under the pharmacy benefit only, prior authorization applies.
Orfadin	Tier 2	SP PA Call Accredo at 1-866-344-4874
orphenadrine ext-rel	Tier 1	
orphenadrine/aspirin/caffeine	Tier 1	

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Ortho Evra	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about <u>applicability and effective date for your group.</u>
Ortho Micronor	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about <u>applicability and effective date for your group.</u>
Ortho Tri-Cyclen	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about <u>applicability and effective date for your group.</u>
Ortho Tri-Cyclen Lo	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about <u>applicability and effective date for your group.</u>
Ortho-Cept	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about <u>applicability and effective date for your group.</u>
Ortho-Cyclen	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about <u>applicability and effective date for your group.</u>
Ortho-Novum 1/35	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about <u>applicability and effective date for your group.</u>
Ortho-Novum 7/7/7	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about <u>applicability and effective date for your group.</u>

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Orthovisc	Medical Benefit	SP NC Call Accredo at 1-877-238-8387. Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
Oseni	Tier 3	STPA
Osphena	Tier 3	
Otozin	Tier 3	
Otrexup	NTM	SP Call Accredo at 1-877-238-8387
Ovcon 35	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ovide	Tier 3	
Ovidrel	Tier 2	SP Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
oxaprozin	Tier 1	
oxazepam	Tier 1	
oxcarbazepine	Tier 1	
Oxecta 5 mg, 7.5 mg		NC oxycodone
Oxistat	Tier 2	
Oxsoralen-Ultra	Tier 2	
Oxtellar XR	Tier 3	QL 150 mg and 300 mg: 30 tablets/30 days; 600 mg: 120 tablets/30 days
oxybutynin	Tier 1	
oxybutynin ext-rel	Tier 1	
oxycodone	Tier 1	
oxycodone/acetaminophen	Tier 1	
oxycodone/aspirin	Tier 1	
oxycodone/ibuprofen	Tier 1	
OxyContin	Tier 2	QL 120 tablets/30 days
oxymorphone	Tier 1	
oxymorphone ext-rel 7.5 mg, 15 mg	Tier 2	
Oxytrol	Tier 2	

P

Drug Name	Tier	Pharmacy Program
Pacnex	Tier 2	
Pacnex HP		NC benzoyl peroxide pad
Pacnex LP		NC benzoyl peroxide pad
Pacnex MX		NC benzoyl peroxide (OTC)
Pamelor		NC nortriptyline
Pancreaze	Tier 3	
Pandel	Tier 3	
Panretin	Tier 3	
pantoprazole delayed-rel	Tier 1	QL
Parafon Forte DSC	Tier 3	
Parcopa	Tier 3	
paricalcitol capsules	Tier 1	
Parlodel	Tier 3	
Parnate		NC tranlycypromine
paromomycin	Tier 1	
paroxetine HCl	Tier 1	

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paroxetine HCl ext-rel	Tier 1	
Pataday		NC Zador (OTC), azelastine, epinastine
Patanase		NC azelastine nasal spray, Astepro
Patanol	Tier 3	
Paxil		NC paroxetine
Paxil CR		NC paroxetine, paroxetine ext-rel
PCE	Tier 3	
peg 3350/electrolytes	Tier 1	
peg 3350/electrolytes disposable jug	Tier 1	
Pegasys/Pegasys ProClick	Tier 2	SP PA QL Call Caremark at 1-800-237-2767, 4 individual vials/28 days; 1 kit (4 vials/syringes)/28 days; 4 pens/28 days
PegIntron	Tier 3	SP PA QL 4 syringes/vials/28 days, Call Caremark at 1-800-237-2767
penicillin VK	Tier 1	
Penlac	Tier 3	QL 1 bottle/30 days
Pennsaid	Tier 3	QL 1 bottle/30 days
Pentasa	Tier 2	
pentazocine/naloxone	Tier 1	
pentoxifylline ext-rel	Tier 1	
Pepcid		NC cimetidine, famotidine, or ranitidine
Pepcid suspension	Tier 3	
Percocet		NC oxycodone/acetaminophen
Percodan		NC oxycodone/aspirin
Perforomist	Tier 2	QL 180 vials/90 days
Peridex	Tier 3	
perindopril	Tier 1	
Perjeta	Medical Benefit	PA Covered under the medical benefit.
permethrin 5%	Tier 1	
perphenazine	Tier 1	
Persantine	Tier 3	
Pertzye	Tier 3	
Pexeva	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
phenazopyridine	Tier 1	
phendimetrazine	Tier 1	PA
phendimetrazine ext-rel	Tier 1	PA
phenobarbital	Tier 1	
phentermine	Tier 1	PA
phenytoin sodium	Tier 1	
phenytoin sodium ext-rel	Tier 1	
PhosLo	Tier 3	
Phoslyra	Tier 2	
Picato	Tier 3	QL Picato 0.05%: 1 carton/2-day supply; Picato 0.015%: 1 carton/3-day supply
pilocarpine	Tier 1	
Pilopine HS gel	Tier 2	
pindolol		
pindolol	Tier 1	
pioglitazone	Tier 1	
pioglitazone/glimepiride	Tier 1	
pioglitazone/metformin	Tier 1	
piroxicam	Tier 1	

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Plan B One-Step	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Plaquenil	Tier 3	
Plavix	Tier 3	
Pletal	Tier 3	
Pliaglis		NC lidocaine/prilocaine cream
podofilox	Tier 1	
polymyxin B/trimethoprim eye drops	Tier 1	
Polytrim	Tier 3	
Pomalyst	Tier 2	SP PA This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Ponstel	Tier 3	
portia	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
potassium chloride ext-rel	Tier 1	
potassium chloride liquid	Tier 1	
potassium chloride/potassium bicarbonate/citric acid effervescent tablets 25 mE	Tier 1	
Potiga	Tier 3	PA
Pradaxa	Tier 3	QL 60 tablets/30 days
pramipexole	Tier 1	
Pramosone E	Tier 3	
PrandiMet	Tier 3	
Prandin	Tier 3	
Pravachol		NC pravastatin tablets
pravastatin	Tier 1	
prazosin	Tier 1	
Precose	Tier 3	
Pred Forte	Tier 3	
Pred Mild	Tier 2	
Pred-G	Tier 2	
prednisolone acetate 1% eye drops	Tier 1	
Prednisolone Phosphate 1%	Tier 2	
prednisolone sodium phosphate	Tier 1	
prednisolone sodium phosphate 5 mg/5 mL	Tier 1	
prednisolone syrup	Tier 1	
prednisone	Tier 1	
Prednisone Intensol	Tier 3	
Prefest	Tier 2	
Pregnyl	Tier 1	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Prelone Syrup	Tier 3	
Premarin	Tier 3	
Premarin cream	Tier 3	
Premphase	Tier 3	
Prempro	Tier 3	
Prenatal Vitamins	Tier 3	
prenatal vitamins w/folic acid	Tier 1	

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Prenexa	Tier 3	
Prepopik	Tier 3	
Preque 10	Tier 3	
Prevacid		NC QL Prilosec OTC, omeprazole, lansoprazole, pantoprazole, 90 capsules/90 days
Prevacid Solutab		NC QL 90 solutabs/90 days, Prilosec OTC, omeprazole, lansoprazole, pantoprazole. Prevacid Solutab and generic lansoprazole soluble tablets are covered for members 12 years of age and younger. Quantity Limitations apply., Prevacid Solutab and generic lansoprazole soluble tablets are covered for members 12 years of age and younger. Quantity Limitations apply.
Prevalite	Tier 3	
previfem	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Prevpac	Tier 3	
Prezista	Tier 2	
Prilosec		NC QL Prilosec OTC, omeprazole, lansoprazole, or pantoprazole, 90 capsules/90 days
Prilosec Oral Suspension		NC QL 90 packets/90 days, omeprazole, lansoprazole, pantoprazole
primidone	Tier 1	
Primsol	Tier 3	
Prinivil	Tier 3	
Prinzide	Tier 3	
Pristiq	Tier 2	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
ProAir HFA	Tier 2	QL 6 inhalers/90 days
probenecid	Tier 1	
Procardia	Tier 3	
Procardia XL		NC nifedipine ext-rel
Procentra	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
prochlorperazine	Tier 1	
Procort		NC hydrocortisone/pramoxine cream
Procrit	Tier 2	SP QL 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered., Call Accredo at 1-877-238-8387
Proctocream-HC 2.5%	Tier 1	
ProctoFoam-HC	Tier 3	
Procysbi		NC Cystagon
progesterone, micronized	Tier 1	
Prograf	Tier 3	
Prolensa	Tier 3	
Prolia	Medical Benefit	PA Covered under the medical benefit.
Promacta	Tier 2	SP PA QL 30 tablets/30 days, Call Accredo at 1-877-238-8387
promethazine	Tier 1	
Prometrium	Tier 3	
propafenone	Tier 1	
propafenone ext-rel	Tier 1	
propranolol 15 mg	Tier 1	
propranolol	Tier 1	

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propranolol ext-rel	Tier 1	
propylthiouracil	Tier 1	
Proscar		NC finasteride 5 mg, Not covered for women (no exceptions).
Prosed/DS	Tier 3	
Protonix		NC QL Prilosec OTC, omeprazole, lansoprazole, pantoprazole, 90 tablets/90 days
Protonix Oral Suspension		NC QL 90 packets/90 days, omeprazole, lansoprazole, pantoprazole. Protonix Oral Suspension is covered for members 12 years of age and younger. Quantity Limitations apply., Protonix Packets for Oral Suspension are covered for members 12 years of age and younger.
Protopic	Tier 3	STPA
Provenge	Medical Benefit	PA Covered under the medical benefit.
Proventil HFA	Tier 3	QL 6 inhalers/90 days
Provera	Tier 3	
Provigil		NC QL STPA 180 tablets/90 days, modafinil, Nuvigil
Prozac		NC fluoxetine
Prozac Weekly		NC fluoxetine, fluoxetine delayed-release
Prudoxin	Tier 1	
Pulmicort Flexhaler	Tier 3	QL 6 inhalers/90 days
Pulmicort Respules	Tier 3	QL STPA 180 vials/90 days, Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to both brand and generic drug.
Pulmozyme	Tier 2	
Purinethol	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Pylera	Tier 2	
pyrazinamide	Tier 1	
Pyridium	Tier 3	
pyridostigmine	Tier 1	
Q		
Drug Name	Tier	Pharmacy Program
Qnasl		NC QL 3 nasal spray units/90 days, fluticasone nasal spray, flunisolide nasal spray, Nasonex
Qsymia	Tier 3	PA
Qvalaquin	Tier 3	
Quartette	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
quasense	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Questran/Questran Light		NC cholestyramine
quetiapine 100 mg, 200 mg, 300 mg, 400 mg	Tier 1	
quetiapine 25 mg, 50 mg	Tier 1	PA
Quillivant XR	Tier 3	STPA

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quinapril	Tier 1	
quinapril/hydrochlorothiazide	Tier 1	
quinine sulfate	Tier 1	
QVAR	Tier 2	QL 6 inhalers/90 days

R

Drug Name	Tier	Pharmacy Program
rabeprazole delayed-rel	Tier 2	QL
Radiogardase	Tier 3	
ramipril	Tier 1	
Ranexa	Tier 2	
ranitidine	Tier 1	
Rapaflo		NC alfuzosin ext-rel, doxazosin, tamsulosin
Rapamune	Tier 2	
Ravicti	Tier 3	PA
Rayos		NC QL prednisone, 30 tablets/30 days
Razadyne	Tier 3	
Razadyne ER	Tier 3	
Rebetol	Tier 3	SP Call Caremark at 1-800-237-2767
Rebif	Tier 2	SP QL Call Accredo at 1-877-238-8387, 12 syringes/28 days
Reclast	Medical Benefit	PA Covered under the medical benefit.
reclipsen	Tier 1	
Rectiv Ointment	Tier 3	QL 1 tube/30 days
Refissa	Tier 1	PA Prior Authorization required for members 26 years of age and older.
Regimex	Tier 3	PA
Reglan	Tier 3	
Regranex	Tier 2	
Relenza	Tier 2	QL 20 units/365 days
Relistor	Tier 2	
Relpax	Tier 3	QL STPA 6 tablets/30 days
Remeron	Tier 3	
Remeron Soltab	Tier 3	
Remicade	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
Remodulin	Medical Benefit	PA SI Covered under the medical benefit., For home infusion services call Accredo at 1-866-344-4874.
Renagel	Tier 2	
Renvela	Tier 2	
repaglinide	Tier 1	
Repronex	Tier 2	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Requip	Tier 3	
Requip XL	Tier 3	QL 90 tablets/90 days
Rescriptor	Tier 2	
Restasis	Tier 3	PA
Restoril		NC temazepam
Retin-A	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Retin-A Micro	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Retrovir	Tier 3	

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Revatio	Tier 3	SP PA Call Accredo at 1-866-344-4874
Revia	Tier 3	
Revlimid	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Reyataz	Tier 2	
Rheumatrex	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Rhinocort Aqua		NC QL 3 nasal spray units/90 days, flunisolide nasal spray, fluticasone nasal spray, Nasonex
Riax		NC benzoyl peroxide
ribasphere	Tier 1	SP Call Caremark at 1-800-237-2767
Ribatab	Tier 3	SP Call Caremark at 1-800-237-2767
ribavirin	Tier 1	SP Call Caremark at 1-800-237-2767
Ridaura	Tier 2	
Rifadin	Tier 3	
rifampin	Tier 1	
Rilutek	Tier 3	
riluzole	Tier 1	
rimantadine	Tier 1	
Risperdal	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Risperdal Consta	Tier 2	
Risperdal M-Tab	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
risperidone	Tier 1	
risperidone orally disintegrating tablets	Tier 1	
Ritalin	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Ritalin LA	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Ritalin-SR	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Rituxan	Medical Benefit	PA Covered under the medical benefit.
rivastigmine capsules	Tier 1	
rizatriptan	Tier 1	QL orally disintegrating tablets: 9 tablets/30 days; tablets: 9 tablets/30 days
Robaxin	Tier 3	
Rocaltrol	Tier 3	
ropinirole	Tier 1	
ropinirole ext-rel	Tier 1	QL 90 tablets/90 days
Rowasa	Tier 3	
Roxicodone		NC oxycodone
Rozerem	Tier 3	QL STPA 10 tablets/30 days
Rybix ODT		NC tramadol
Rythmol	Tier 3	
Rythmol SR	Tier 3	

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S

Drug Name	Tier	Pharmacy Program
Sabril	Tier 2	
Safyral	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Saizen		SP NC Call Caremark at 1-800-237-2767, Norditropin FlexPro, Norditropin Nordiflex
Salagen	Tier 3	
Salex	Tier 3	
salicylic acid	Tier 1	
salicylic acid liquid 27.5%	Tier 1	
Salkera Foam		NC salicylic acid cream, foam, lotion
salsalate	Tier 1	
Salvax 6% Foam		NC salicylic acid cream, foam, lotion
Salvax Duo Plus Combo Pack		NC salicylic acid foam + urea lotion
Samsca	Tier 3	QL 14 tablets/7 days
Sanctura	Tier 3	
Sanctura XR	Tier 3	
Sancuso	Tier 3	QL 1 patch/7 days
Sandimmune	Tier 3	
Saphris		NC olanzapine, quetiapine, risperidone
Sarafem tablets	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Savella	Tier 2	QL STPA 180 tablets/90 days
Seasonique	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Sectral		NC acebutolol
Select-OB + DHA	Tier 3	
selegiline capsules	Tier 1	
selegiline tablets	Tier 1	
selenium sulfide shampoo 2.25%	Tier 1	
selenium sulfide shampoo 2.5%	Tier 1	
SelRx		NC selenium sulfide shampoo
Selsun	Tier 3	
Selzentry	Tier 2	QL 150 mg: 60 tablets/30 days; 300 mg: 120 tablets/30 days
Sensipar	Tier 2	
Serevent Diskus	Tier 2	QL 3 diskus/90 days
Seroquel 100 mg, 200 mg, 300 mg, 400 mg	Tier 3	STPA
Seroquel 25 mg, 50 mg	Tier 3	PA
Seroquel XR	Tier 3	STPA
Serostim	Tier 2	SP PA Call Caremark at 1-800-237-2767
sertraline	Tier 1	
Signifor	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 60 ampules/30 days
sildenafil 20 mg	Tier 1	SP PA Call Accredo at 1-866-344-4874
Silenor		NC zolpidem, zaleplon, Rozerem

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Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment/Coinsurance

Tier 3 - Highest Copayment/Coinsurance

Silvadene	Tier 3	
silver sulfadiazine	Tier 1	
Silvrstat	Tier 3	
Simbrinza	Tier 3	
Simcor	Tier 2	
Simponi	Tier 2	SP PA QL 1 pre-filled syringe or SmartJect autoinjector (50 mg or 100 mg)/28 days, Call Accredo at 1-877-238-8387
Simponi Aria	Medical Benefit	PA Covered under the medical benefit.
simvastatin	Tier 1	
Sinemet	Tier 3	
Sinemet CR	Tier 3	
Singulair	Tier 3	
Sirturo	Tier 2	PA
Skelaxin		NC cyclobenzaprine, dantrolene, tizanidine
Skelid	Tier 2	
Sklice	Tier 3	QL 1 bottle/fill
Solaraze	Tier 3	
Soliris	Medical Benefit	PA Covered under the medical benefit.
Solodyn		NC minocycline ext-rel
Soltamox	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Soma 250 mg		NC carisoprodol tablets
Soma 350 mg	Tier 3	
Somavert	Tier 3	PA
Sonata		NC QL 10 capsules/30 days, zaleplon
Soriatane	Tier 3	
Sorilux		NC calcipotriene topical solution, cream or ointment
sotalol	Tier 1	
sotalol AF	Tier 1	
Sovaldi	NTM	SP Call Caremark at 1-800-237-2767
Spectracef	Tier 3	
spinosad	Tier 1	QL 1 bottle/fill
Spiriva	Tier 2	QL 3 HandiHalers/90 days
spironolactone	Tier 1	
spironolactone/hydrochlorothiazide	Tier 1	
Sporanox capsules	Tier 3	PA
sprintec	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Sprix		NC ketorolac
Sprycel	Tier 2	SP PA QL 20 mg, 50 mg, 70 mg, 80 mg: 60 tablets/30 days; 100 mg, 140 mg: 30 tablets/30 days, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387

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Stalevo	Tier 3	
Starlix	Tier 3	
stavudine	Tier 1	
Stavzor	Tier 3	
Staxyn	Tier 3	QL 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn; Not covered for men 18 years of age or younger, or for women. (No exceptions)
Stelara	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
Stelara prefilled syringe	Tier 2	SP PA QL 1 injection (prefilled syringe)/84 days, Call Accredo at 1-877-238-8387
Stivarga	Tier 2	SP PA QL Call Accredo at 1-877-238-8387. This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., 84 tablets/28 days
Strattera	Tier 2	QL 10 mg, 18 mg, 25 mg, 40 mg, 60 mg: 60 capsules/30 days; 80 mg & 100 mg: 30 capsules/30 days
Striant	Tier 3	
Stribild	Tier 2	
Suboxone film	Tier 3	PA
Suboxone SL tablets	Tier 3	PA
Subsys	Tier 3	QL 30 bottles/30 days
Suclear	Tier 3	
sucralfate	Tier 1	
Sular		NC amlodipine, felodipine, nisoldipine ext-rel
sulfacetamide 10% eye drops	Tier 1	
sulfacetamide sodium 10%	Tier 1	
sulfacetamide/prednisolone phosphate eye drops, eye ointment	Tier 1	
sulfacetamide/sulfur	Tier 1	
sulfamethoxazole/trimethoprim	Tier 1	
sulfasalazine	Tier 1	
sulfasalazine delayed-rel	Tier 1	
sulindac	Tier 1	
Sumadan		NC sodium sulfacetamide/sulfur wash
sumatriptan	Tier 1	QL tablets: 9 tablets/30 days; injection: 4 injections (2 kits)/30 days or 4 injections (4 vials)/30 days; nasal spray: 5 mg: 2 boxes (12 spray unit devices)/30 days; 20 mg: 1 box (6 spray unit devices)/30 days
Sumavel Dosepro	Tier 3	QL STPA 4 injections/30 days
Sumaxin		NC sulfacetamide sodium 10% + sulfur 5% Med Pads
Sumaxin TS		NC sodium sulfacetamide/sulfur 10/5%
Supartz	Medical Benefit	SP NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Call Accredo at 1-877-238-8387. Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
Suprax	Tier 3	
Suprenza	Tier 3	PA
Suprep	Tier 3	
Surmontil	Tier 3	
Sustiva	Tier 2	

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Sutent	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Sylatron	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 4 vials/28 days
Symbicort	Tier 2	QL 6 inhalers/90 days
Symbyax	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
SymlinPen	Tier 3	
Synagis	Medical Benefit	SP PA Covered under the medical benefit., Call Accredo at 1-866-297-0933
Synarel	Tier 2	
Synthroid	Tier 3	
Synvisc	Medical Benefit	SP NC Call Accredo at 1-877-238-8387. Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
Synvisc-One	Medical Benefit	SP NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Call Accredo at 1-877-238-8387. Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.

T

Drug Name	Tier	Pharmacy Program
Tabloid	Tier 2	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Taclonex		NC betamethasone dipropionate + calcipotriene ointment
Taclonex Scalp		NC betamethasone dipropionate + calcipotriene solution
tacrolimus capsules	Tier 1	
Tafinlar	Tier 2	SP PA This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Tambocor	Tier 3	
Tamiflu capsules	Tier 2	QL 10 capsules/365 days
Tamiflu suspension	Tier 3	QL 180 mL/365 days
tamoxifen	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
tamsulosin	Tier 1	
Tandem DHA	Tier 3	

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Tandem OB	Tier 3	
Tapazole	Tier 3	
Tarceva	Tier 2	SP QL This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387, 150 mg & 100 mg: 30 tablets/30 days; 25 mg: 90 tablets/30 days
Targretin capsules	Tier 2	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Targretin gel	Tier 2	SP Call Accredo at 1-877-238-8387
Tarka	Tier 3	
Tasigna	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Tasmar	Tier 2	
Tazorac	Tier 2	PA Prior Authorization required for members 26 years of age and older.
Tecfidera	Tier 2	SP PA QL 60 capsules/30 days, Call Accredo at 1-877-238-8387
Tegretol	Tier 3	
Tegretol-XR	Tier 3	
Tegretol-XR 100 mg	Tier 2	
Tekamlo	Tier 3	
Tekturna	Tier 3	
Tekturna HCT	Tier 3	
temazepam	Tier 1	
Temodar	Tier 3	SP QL Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., 5 mg & 140 mg: 15 capsules/21 days; 20 mg & 100 mg: 20 capsules/21 days; 180 mg & 250 mg: 10 capsules/21 days
Temovate	Tier 3	
temozolomide	Tier 1	SP QL 5 mg & 140 mg: 15 capsules/21 days; 20 mg & 100 mg: 20 capsules/21 days; 180 mg & 250 mg: 10 capsules/21 days, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Tenex		NC guanfacine
Tenoretic		NC atenolol/chlorthalidone
Tenormin		NC atenolol
Terazol 3 suppositories	Tier 3	
Terazol Vaginal cream	Tier 3	

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terazosin	Tier 1	
terbinafine tablets	Tier 1	QL 30 tablets/30 days. Annual limit of 90 days applies.
terbutaline tablets	Tier 1	
terconazole cream	Tier 1	
terconazole suppositories	Tier 1	
Tersi Foam		NC selenium sulfide shampoo
Tessalon Perles	Tier 3	
Testim	Tier 3	
testosterone cypionate	Tier 1	
testosterone enanthate	Tier 1	
tetracycline	Tier 1	
Teveten		NC eprosartan, irbesartan, losartan
Teveten HCT		NC irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ
Tev-Tropin		SP NC Norditropin FlexPro, Norditropin Nordiflex, Call Caremark at 1-800-237-2767
Thalomid	Tier 3	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Theo-24	Tier 2	
theophylline ext-rel tablets	Tier 1	
thioridazine	Tier 1	
thiothixene	Tier 1	
tiagabine	Tier 1	
Tiazac		NC diltiazem ext-rel
ticlopidine	Tier 1	
Tigan capsules	Tier 3	
Tikosyn	Tier 2	
tilia fe	Tier 1	
timolol maleate eye drops	Tier 1	
timolol maleate gel forming solution	Tier 1	
Timoptic	Tier 3	
Timoptic-XE	Tier 3	
Tindamax	Tier 3	
tinidazole	Tier 1	
Tirosint	Tier 3	
Tivicay	Tier 2	
tizanidine	Tier 1	
TOBI	Tier 3	
TOBI Podhaler	Tier 3	
Tobradex	Tier 3	
Tobradex ointment	Tier 3	
Tobradex ST	Tier 3	
tobramycin eye drops, eye ointment	Tier 1	
tobramycin inhalation solution	Tier 1	
tobramycin/dexamethasone 0.3%/0.1% eye suspension	Tier 1	
Tobrex	Tier 3	
Tofranil		NC imipramine
tolterodine	Tier 1	
Topamax	Tier 3	
Topicort	Tier 3	
Topicort Spray 0.25%		NC desoximetasone 0.25%

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topiramate	Tier 1	
Toprol-XL	Tier 3	
torsemide	Tier 1	
Toviaz		NC oxybutynin ER, trospium, tolterodine
Tracleer	Tier 2	SP PA Call Accredo at 1-866-344-4874
Tradjenta	Tier 3	STPA
tramadol	Tier 1	
tramadol ext-rel	Tier 1	
tramadol/acetaminophen	Tier 1	
Trandate	Tier 3	
trandolapril	Tier 1	
tranexamic acid	Tier 1	QL 30 tablets/28 days
Transderm Scop	Tier 3	
Tranxene T-Tab		NC clorazepate
tranylcypromine	Tier 1	
Travatan Z	Tier 3	STPA
travoprost eye drops	Tier 1	
trazodone	Tier 1	
Trental	Tier 3	
tretinoin	Tier 1	PA
tretinoin capsules	Tier 1	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
tretinoin cream/gel	Tier 1	PA Prior Authorization required for members 26 years of age and older.
tretinoin gel microsphere	Tier 1	PA Prior Authorization required for members 26 years of age and older.
Tretin-X	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Trexall	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Treximet		NC QL 9 tablets/30 days, sumatriptan + naproxen sodium
triamcinolone acetonide	Tier 1	
triamcinolone nasal spray	Tier 2	QL 3 nasal spray units/90 days
triamcinolone paste	Tier 1	
triamterene/hydrochlorothiazide capsules 37.5/25	Tier 1	
triamterene/hydrochlorothiazide capsules 50/25	Tier 1	
triamterene/hydrochlorothiazide tablets 37.5/25	Tier 1	
triamterene/hydrochlorothiazide tablets 75/50	Tier 1	
triazolam	Tier 1	
Tribenzor		NC Benicar, amlodipine, HCTZ
Tricare DHA	Tier 3	
Tricor		NC fenofibrate
trifluoperazine	Tier 1	
trifluridine eye drops	Tier 1	
Triglide		NC fenofibrate
trihexyphenidyl	Tier 1	
tri-legest fe	Tier 1	
Trileptal	Tier 3	
Trilipix		NC fenofibric acid delayed-rel

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trimethobenzamide capsules	Tier 1	
trimethoprim	Tier 1	
trimipramine	Tier 1	
trinessa	Tier 1	
Tri-Norinyl	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
TriOxin		NC MyOxin
tri-previfem	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
tri-sprintec	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
trivora	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Trizivir	Tier 2	
Trokendi XR		NC topiramate
tropium	Tier 1	
tropium ext-rel	Tier 1	
Trusopt	Tier 3	
Truvada	Tier 2	
Tudorza Pressair	Tier 3	QL 3 inhalers/90 days
Tussionex	Tier 3	
Twynsta		NC amlodipine + ARB, Azor, Exforge
Tykerb	Tier 2	SP PA QL 180 tablets/30 days, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Tylenol w/Codeine		NC acetaminophen/codeine
Tylox		NC oxycodone/acetaminophen
Tysabri	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
Tyvaso	Medical Benefit	PA SI Covered under the medical benefit., For home infusion services call Accredo at 1-866-344-4874
Tyzeka	Tier 2	QL 30 tablets/30 days
U		
Drug Name	Tier	Pharmacy Program
ubidecarenone	Tier 1	PA
Uceris	Tier 3	
Ulesfia	Tier 3	QL 6 bottles/7 days
Uloric	Tier 3	STPA
Ultracet		NC tramadol/acetaminophen

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Ultram		NC tramadol
Ultram ER		NC tramadol, tramadol ext-rel
Ultravate	Tier 3	
Ultravate X		NC halobetasol + lactic acid cream
Ultresa	Tier 3	
Umecta PD		NC urea lotion or cream
Uniretic	Tier 3	
Unithroid	Tier 1	
Univasc	Tier 3	
Uramaxin		NC urea cream, gel or lotion
Urecholine	Tier 3	
Uribel	Tier 3	
Uroxatral	Tier 3	
Urso	Tier 3	
Urso Forte	Tier 3	
ursodiol	Tier 1	
Utopic		NC urea cream 40%

V

Drug Name	Tier	Pharmacy Program
Vagifem	Tier 2	
valacyclovir	Tier 1	
Valchlor	NTM	
Valcyte	Tier 2	
Valium		NC diazepam tablets
valproic acid	Tier 1	
valsartan/hydrochlorothiazide	Tier 1	
Valtrex	Tier 3	
Vancocin	Tier 3	
vancomycin	Tier 1	
Vandazole	Tier 1	
Vanos	Tier 3	
Vascepa		NC Omega-3 fish oil
Vaseretic	Tier 3	
Vasotec	Tier 3	
Vectical		NC calcitriol ointment
Veletri	Medical Benefit	PA SI For home infusion services call Accredo at 1-866-344-4874, Covered under the medical benefit.
velivet	Tier 1	
Veltin Gel		NC clindamycin + tretinoin gel
venlafaxine	Tier 1	
venlafaxine ext-rel capsules	Tier 1	
venlafaxine ext-rel tablets	Tier 1	
Venlafaxine OSM ER	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to brand name drug only.
Venofer	Tier 2	QL 10 vials/30 days
Ventavis	Medical Benefit	PA SI Covered under the medical benefit., For home infusion services call Accredo at 1-866-344-4874.
Ventolin HFA	Tier 3	QL 6 inhalers/90 days
Ventolin nebulizer solution	Tier 3	QL 9 dropper bottles/90 days

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Veramyst		NC QL 3 nasal spray units/90 days, flunisolide nasal spray, fluticasone propionate nasal spray, Nasonex
verapamil	Tier 1	
verapamil ext-rel	Tier 1	
Verdeso		NC desonide cream/lotion
Veregen		NC imiquimod, podofilox, Condylox
Verelan		NC verapamil ext-rel
Verelan PM		NC verapamil ext-rel
Veripred 20	Tier 3	
Versacloz	NTM	
Vesicare	Tier 2	
Vexol	Tier 2	
Vfend	Tier 3	QL 50 mg; tablets: 50 mg; 56 tablets/14 days; 200 mg; 28 tablets/14 days; oral suspension: 150 mL/14 days
Viagra	Tier 3	SP PA QL Prior Authorization required for diagnosis of Pulmonary Hypertension., 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn; Not covered for men 18 years of age or younger, or for women. (No exceptions), Call Accredo at 1-866-344-4874
Vibramycin	Tier 3	
Vicodin		NC hydrocodone/acetaminophen
Vicodin ES		NC hydrocodone/acetaminophen
Vicoprofen		NC hydrocodone/ibuprofen tablets
Victoza	Tier 3	
Victrelis	Tier 3	SP PA Call Caremark at 1-800-237-2767
Videx EC	Tier 3	
Vigamox	Tier 3	QL 1 bottle/10 days
Viibryd	Tier 3	STPA
Vimovo		NC QL naproxen + omeprazole, 60 tablets/30 days
Vimpat	Tier 2	PA QL oral solution: 1200 mL/30 days; tablets: 180 tablets/90 days
Viokace	Tier 3	
Viracept	Tier 2	
Viramune	Tier 3	
Viramune XR	Tier 2	
Virasal		NC salicylic acid (OTC)
Viread	Tier 2	
Viroptic	Tier 3	
Vistaril	Tier 3	
Vitafol-OB + DHA	Tier 3	
vitamin B-12	Tier 1	
Viva DHA	Tier 3	
Vivelle-Dot	Tier 2	
Vivitrol	Medical Benefit	Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
Vol-Tab Rx	Tier 3	
Voltaren gel 1%	Tier 3	QL 2 tubes/each fill
Voltaren ophthalmic solution	Tier 3	
voriconazole	Tier 1	QL tablets: 50 mg; 56 tablets/14 days; 200 mg; 28 tablets/14 days; oral suspension: 150 mL/14 days
Vospire ER	Tier 3	

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Votrient	Tier 2	SP PA QL 120 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Vpriv	Medical Benefit	PA SI For home infusion services call Coram Healthcare at 1-800-422-7312 or Caremark at 1-800-237-2767., Covered under the medical benefit.
Vusion		NC miconazole nitrate + zinc oxide (OTC)
Vytone		NC dermazene/iodoquinol
Vytorin	Tier 2	
Vyvanse	Tier 3	STPA

W

Drug Name	Tier	Pharmacy Program
warfarin	Tier 1	
Welchol	Tier 3	
Wellbutrin		NC bupropion
Wellbutrin SR		NC bupropion ext-rel or bupropion SR
Wellbutrin XL		NC bupropion XL
Westcort	Tier 3	

X

Drug Name	Tier	Pharmacy Program
Xalatan		NC latanoprost
Xalkori	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Xanax		NC alprazolam tablets
Xanax XR		NC alprazolam extended-release tablets
Xarelto	Tier 3	QL 10 mg: 35 tablets/fill; 15 mg: 60 tablets/30 days; 20 mg: 30 tablets/30 days
Xclair	Tier 3	
Xeljanz	Tier 2	SP PA QL 60 tablets/30 days, Call Accredo at 1-877-238-8387
Xeloda	Tier 2	SP QL Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., 150 mg: 84 capsules/14 days; 500 mg: 168 capsules/14 days
Xenazine	Tier 2	SP PA QL 12.5 tablets: 90 tablets/30 days; 25 mg tablets: 120 tablets/30 days, Call Caremark at 1-800-237-2767
Xenical	Tier 3	PA
Xerese Cream 5-1%		NC Denavir, Zovirax
Xgeva	Medical Benefit	PA Covered under the medical benefit.
Xiaflex	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.

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Xifaxan	Tier 3	PA QL 200 mg tablets: 9 tablets/30 days; 550 mg tablets: 60 tablets/30 days
Xodol	Tier 3	
Xolair	Medical Benefit	PA Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.
Xolegel		NC ketoconazole cream
Xopenex HFA	Tier 3	QL 6 inhalers/90 days
Xopenex inhalation solution	Tier 3	QL STPA Step Therapy Prior Authorization applies to both brand and generic drug., 270 vials/90 days
Xtandi	Tier 2	SP PA QL 120 capsules/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Xyrem	Tier 3	

Y

Drug Name	Tier	Pharmacy Program
Yasmin	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
YAZ	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

Z

Drug Name	Tier	Pharmacy Program
zafirlukast	Tier 1	
zaleplon	Tier 1	QL 10 capsules/30 days
Zamicet	Tier 3	
Zanaflex	Tier 3	
Zantac	Tier 3	
Zarontin	Tier 3	
Zaroxolyn	Tier 3	
Zavesca	Tier 2	SP PA Call Accredo at 1-877-238-8387
Zebeta	Tier 3	
Zegerid capsules		NC QL Prilosec OTC, omeprazole, lansoprazole, pantoprazole, omeprazole/sodium bicarbonate, 90 capsules/90 days
Zegerid oral packets		NC QL 90 packets/90 days, Prilosec OTC, omeprazole, lansoprazole, pantoprazole, omeprazole/sodium bicarbonate
Zelapar		NC selegiline tablets
Zelboraf	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Zemplar	Tier 3	
Zenpep	Tier 3	
Zerit	Tier 3	

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Zestoretic	Tier 3	
Zestril	Tier 3	
Zetia	Tier 3	
Zetonna		NC QL fluticasone nasal spray, flunisolide nasal spray, triamcinolone nasal spray, 3 nasal sprays/90 days
Ziac	Tier 3	
Ziagen	Tier 3	
Ziana		NC tretinoin gel + clindamycin gel
zidovudine	Tier 1	
Zioptan	Tier 3	QL STPA 90 single-use containers/90 days
ziprasidone HCl	Tier 2	Step Therapy Prior Authorization applies to both brand and generic drug.
Zipsor		NC diclofenac tablets
Zirgan	Tier 3	
Zithranol		NC calcipotriene solution
Zithranol-RR		NC Drithocrema HP
Zithromax	Tier 3	
Zmax	Tier 3	
Zocor		NC simvastatin tablets
Zofran		NC QL ondansetron, oral solution: 90 mL/7 days; tablets/ODT tablets: 4 mg: 9 tablets/7 days; 8 mg: 9 tablets/7 days
Zohydro ER	NTM	
zoledronic acid (generic of Reclast)	Medical Benefit	PA Covered under the medical benefit.
zoledronic acid (generic of Zometa 4 mg/5 mL IV)	Medical Benefit	PA Covered under the medical benefit.
Zolinza	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
zolmitriptan	Tier 2	QL 2.5 mg: 6 tablets/30 days; 5 mg: 6 tablets/30 days
Zoloft		NC sertraline
zolpidem	Tier 1	QL 10 tablets/30 days
zolpidem tartrate CR	Tier 1	QL 10 tablets/30 days
Zolpimist 5 mg Spray	Tier 3	QL STPA 1 metered spray unit/30 days
Zolvit	Tier 3	
Zometa	Medical Benefit	PA Covered under the medical benefit.
Zomig/Zomig-ZMT	Tier 3	QL STPA 2.5 mg: 6 tablets/30 days; 5 mg: 6 tablets/30 days; Nasal spray: 1 box (6 spray units)/30 days
Zonalon	Tier 3	
Zonegran	Tier 3	
zonisamide	Tier 1	
Zorbtive	Tier 2	SP PA Call Caremark at 1-800-237-2767
Zortress	Tier 2	QL 180 tablets/90 days
Zorvolex		NC diclofenac potassium, doclofenac sodium
zovia 1/35e	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

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Zovia 1/50e	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Zovirax	Tier 3	
Zovirax cream 5%	Tier 3	QL 1 tube/30 days
Zovirax ointment 5%	Tier 3	QL 1 tube/30 days
Zubsolv	Tier 3	PA
Zuplenz	Tier 3	QL 10 films/7 days
Zyban	No copayment	QL Annual limit of 180 tablets/90 days
Zyclara Cream	Tier 3	QL 1 box or 1 pump bottle/30 days
Zyflo	Tier 3	
Zyflo CR		NC montelukast, zafirlukast
Zylet	Tier 3	
Zyloprim	Tier 3	
Zymaxid		NC QL 1 bottle/7 days, ciprofloxacin drops, levofloxacin drops, ofloxacin drops
Zyprexa	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Zyprexa Zydis	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Zytiga	Tier 2	SP PA QL 120 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Zyvox	Tier 2	

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