



Massachusetts Large Group 4-Tier Formulary
Prescription Drug List in Alphabetical Order

Last Updated: 3/25/2024

Key Terms

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.

Note: With limited exceptions, when a generic launches the brand name drug will move to not covered immediately following the generic launch.

4-Tier Pharmacy Copayment Program (4-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the four-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 four tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, Tier 3 or Tier 4 drug (as defined below); however, there may be instances when only a Tier 4 drug is appropriate, which will require a higher copayment. The program features a high cost tier mostly inclusive of specialty drugs included in and obtained through the Designated Specialty Pharmacy (SP) program. Drugs subject to the SP program include but are not limited to medications used in the treatment of rare diseases, infertility, hepatitis C, growth hormone deficiency, multiple sclerosis, rheumatoid arthritis, and cancers treated with oral medications.

- **Tier 1:** Medications on this tier have the lowest cost sharing amount
- **Tier 2:** Medications on this tier have a higher cost sharing amount
- **Tier 3:** Medications on this tier have a higher cost sharing amount
- **Tier 4:** Medications on this tier have the highest cost sharing amount; limited to a 30 day supply

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.

CM Cancer Mandate	MM Mandatory Mail	NC Non Covered Drugs	1
NTM New-to-Market	PA Prior Authorization	QL Quantity Limitation Program	
SI Specialty Infusion	SP Designated Specialty Pharmacy	STPA Step Therapy Prior Authorization	
WH Women's Health	ACA Preventive Service	LCG Low Cost Generic	

Coinsurance

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

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.

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.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

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.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

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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.

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 up to a 30-day supply of 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.

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.

Medications included in the Specialty Pharmacy Program must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For questions on the Specialty Pharmacy Program 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.

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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.

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.

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.

Cancer Mandate (CM)

Oral Cancer medications may have a cost share of up to \$0 for up to a 30 day supply under the Massachusetts oral cancer therapy mandate. Please check your benefit document.

Low Cost Generic (LCG)

Certain medications may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.

Women's Health (WH)

Certain medications may be covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

Affordable Care Act (ACA)

Under the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or health care reform, these preventive medications may be covered at no cost (copay, coinsurance, or deductible) for Tufts Health Plan members, depending on their plan benefits. Please check the specific terms of your plan benefit document.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications

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NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program
SI	Specialty Infusion	SP	Designated Specialty Pharmacy	STPA	Step Therapy Prior Authorization
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Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462-0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.
705 Mount Auburn St. Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 800.462.0224

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For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Navajo Doo bą́ąh ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee née ho'dilzingo nantinígíí bikáá'.

Laotian ສຳລັບການແປພາສາແປ້ນພາສາລາວທີ່ໄດ້ສອບຮູ້ໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Persian برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

List-Languages-THP-ID-07/16

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A

Drug Name	Tier	Pharmacy Program
abacavir	Tier 2	
abacavir/lamivudine	Tier 2	
abacavir/lamivudine/zidovudine	Tier 1	
Abilify Mycite	Tier 3	PA QL 1 tablet/day
Abilify tablets	Tier 3	STPA
abiraterone 250 mg	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
abiraterone 500 mg	Tier 4	SP PA
Abraxane	Medical Benefit	PA Covered under the medical benefit with PA.
Absorica		NC Claravis
Absorica LD		NC Claravis
acamprosate calcium	Tier 2	
Acanya		NC clindamycin gel + benzoyl peroxide gel
acarbose	Tier 1	
Accolate	Tier 3	
Accrufer		NC ferrous sulfate tablets
Accu-Chek test strips		NC OneTouch, OneTouch is the preferred, covered, test strip. Examples of non-covered test strips include, but are not limited to: Accu-Chek, Ascensia, BD, FreeStyle, Precision, TrueTrack test strips
Accupril	Tier 3	
Accuretic		NC quinapril/hydrochlorothiazide tablets
acebutolol	Tier 1	
acetaminophen/caffeine/dihydrocodeine capsules	Tier 2	QL
acetaminophen/caffeine/dihydrocodeine tablets	Tier 2	QL 325/30/16 mg: 10 tablets/day
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	Tier 3	PA QL 90 tablets/90 days, Prior Authorization applies to brand name drug only., Quantity Limitation (QL) only applies to the brand name.
Aciphex Sprinkle Capsules DR		NC omeprazole, lansoprazole, pantoprazole, rabeprazole and esomeprazole OTC
acitretin	Tier 1	
Aclovate	Tier 3	PA Prior Authorization applies to brand name drug only.
Actemra prefilled syringe	Tier 4	SP PA QL 4 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

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Actemra vial	Medical Benefit	PA Covered under the medical benefit. Medication available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767.
Acthar	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Acticlate		NC doxycycline tablets
Actimmune	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Actiq		NC QL fentanyl lollipop, 120 units (lollipops)/30 days
Activella	Tier 3	
Actonel		NC risedronate
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	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
acyclovir cream 5%	Tier 2	QL
acyclovir ointment 5%	Tier 2	QL
acyclovir suspension	Tier 2	
Aczone gel 5%		NC benzoyl peroxide gel, dapsone 5% gel
Aczone gel 7.5%		NC benzoyl peroxide gel, dapsone 7.5% gel
Adakveo	Medical Benefit	PA Covered under the medical benefit with PA.
adapalene 0.1% pads/swabs		NC adapalene cream/gel
adapalene cream	Tier 3	PA
adapalene gel 0.1%	Tier 3	PA
adapalene gel 0.3%	Tier 3	PA
adapalene/benzoyl peroxide gel 0.1%-2.5%	Tier 2	
adapalene/benzoyl peroxide gel 0.3%-2.5%		NC adapalene (Differin 0.1% Gel OTC) + benzoyl peroxide
Adbry		NC QL Dupixent, 4 injections(4 mL)/28 days
Adcirca	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Adderall		NC amphetamine/dextroamphetamine
Adderall XR		NC QL amphetamine/dextroamphetamine ER, 5, 10, 15 mg: 30 capsules/30 days; 20, 25, 30 mg: 60 capsules/30 days
Addyi	Tier 3	PA
adefovir dipivoxil	Tier 1	
Adempas	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Adhansia XR		NC QL 30 capsules/30 days, methylphenidate ER
Adipex-P		NC phentermine
Adlarity		NC donepezil tablets
Adlyxin		NC Ozempic, Trulicity, Victoza
Admelog		NC Humalog

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Adrenacllick		NC QL 2 injectors/each fill, epinephrine (generic for Adrenacllick)
Aduhelm	NTM	
Advair Diskus		NC QL fluticasone propionate/salmeterol, 3 diskus/90 days
Advair HFA	Tier 2	QL 6 inhalers/90 days
Advicor	Tier 3	
Adzenys ER Suspension		NC QL 450 mL/30 days, dextroamphetamine solution
Adzenys XR-ODT		NC QL amphetamine/dextroamphetamine mixed salts ext-rel, 30 tablets/30 days
Aemcolo	Tier 3	QL 12 tablets/fill
Afinitor		SP PA NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., everolimus tablets, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Afinitor Disperz		SP PA NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., everolimus tablets for oral susp, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Afrezza		NC Humalog
Agrylin	Tier 3	
Aimovig	Tier 2	PA QL 70 mg/mL & 140 mg/mL pen: 1 pen per 30 days; 140 mg/mL (2 x 70 mg/mL) pen pack: 1 pack (2 pens) per 30 days
AirDuo digihaler		NC QL 3 inhalers/90 days, fluticasone/salmeterol inhalation
AirDuo RespiClick		NC QL 3 inhalers/90 days, Advair, Breo Ellipta, Symbicort, fluticasone/salmeterol
Ajovy	Tier 2	PA QL 3 pens/90 days
Ajovy Auto-injector	Tier 2	PA QL 3 pens/90 days
Aklief cream 0.005%		NC tretinoin, adapalene
Akynzeo	Tier 3	QL 1 capsule/fill; maximum QL=3 capsules/28 days
albendazole	Tier 3	
Albenza		NC albendazole tablets
albuterol ext-rel	Tier 1	
albuterol sulfate nebulizer solution	Tier 1	QL 360 vials/90 days or 9 dropper bottles/90 days
albuterol sulfate, CFC-free aerosol	Tier 1	QL
albuterol sulfate, CFC-free aerosol (generic Proventil HFA)		QL 6 inhalers/90 days
albuterol syrup	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
albuterol tablets	Tier 1	
alclometasone	Tier 1	PA
Aldactazide		NC spironolactone/hydrochlorothiazide
Aldactone		NC spironolactone
Aldara		NC imiquimod
Aldurazyme	Medical Benefit	SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

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Alecensa	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
alendronate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
alfuzosin ext-rel	Tier 1	
Alinia		NC nitazoxanide
aliskiren	Tier 2	
Alkeran		NC melphalan, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Alkindi		NC hydrocortisone tablets
allopurinol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Allopurinol 200 mg tablet		NC allopurinol
Allzital		NC butalbital/acetaminophen
almotriptan	Tier 2	QL 6 tablets/30 days
alogliptin	Tier 1	
alogliptin/metformin	Tier 1	
alogliptin/pioglitazone	Tier 1	
Alora	Tier 3	
alose tron	Tier 2	
Alphagan P 0.1%	Tier 3	
Alphagan P 0.15%	Tier 3	
alprazolam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
alprazolam ext-rel	Tier 1	
alprazolam orally disintegrating tablets	Tier 1	
Alex	Tier 2	
Altabax	Tier 3	QL 1 tube/5 days
Altace		NC ramipril
Altoprev		NC lovastatin tablets
Altreno	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Alunbrig	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Aluvea		NC urea cream
Alvesco		NC QL Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler, 80 mcg: 3 inhalers/90 days; 160 mcg: 6 inhalers/90 days
Alymsys	Medical Benefit	PA Covered under the medical benefit with PA.
amantadine	Tier 1	
Amaryl	Tier 3	
Ambien		NC QL 10 tablets/30 days, zolpidem tartrate tablets

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Ambien CR		NC QL STPA zolpidem tartrate tablets, zolpidem ext-rel, 10 tablets/30 days
Ambitussin	Tier 1	QL 60 mL/day
ambrisentan	Tier 4	SP PA
amcinonide cream, lotion	Tier 2	PA
Amcinonide ointment	Tier 2	PA
Amerge		NC QL 9 tablets/30 days, naratriptan
amethia	Tier 1	PA
amethia lo	Tier 1	PA
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.
Amicar oral solution	Tier 3	
Amicar tablets	Tier 3	
amiloride	Tier 1	
amiloride/hydrochlorothiazide	Tier 1	
aminocaproic acid oral solution	Tier 2	
aminocaproic acid tablets	Tier 2	
amiodarone	Tier 1	
Amitiza		NC lubiprostone
amitriptyline	Tier 1	PA Prior Authorization applies to members through age 12
amitriptyline/perphenazine	Tier 1	PA Prior Authorization applies to members through age 12
amlodipine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
amlodipine/atorvastatin	Tier 2	
amlodipine/benazepril	Tier 1	
amlodipine/olmesartan	Tier 2	
amlodipine/valsartan	Tier 1	
amlodipine/valsartan/hydrochlorothiazide	Tier 2	
ammonium lactate 12%	Tier 1	
Amnesteem		NC Claravis
Amondys 45	Medical Benefit	PA Covered under the medical benefit with PA.
amoxapine	Tier 1	PA Prior Authorization applies to members through age 12
amoxicillin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
amoxicillin/clavulanate	Tier 1	
amoxicillin/clavulanate ext-rel	Tier 1	
amphetamine ext-rel suspension		QL 450 mL/30 days, dextroamphetamine solution
amphetamine sulfate		QL
amphetamine/dextroamphetamine mixed salts	Tier 1	PA Prior Authorization applies to members 25 years of age or older.
amphetamine/dextroamphetamine mixed salts ext-rel	Tier 2	PA QL Prior Authorization applies to members 25 years of age or older., 5, 10, 15 mg: 30 capsules/30 days; 20, 25, 30 mg: 60 capsules/30 days
ampicillin	Tier 1	

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Ampyra		SP PA NC QL 60 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., dalfampridine ext-rel
Amrix		NC cyclobenzaprine tablets
Amvuttra	Medical Benefit	PA Covered under the medical benefit with PA.
Amzeeq		NC minocycline 100mg capsules
Anafranil		NC clomipramine
anagrelide	Tier 1	
Analpram E Rectal Kit		NC hydrocortisone/pramoxine rectal cream
Anaprox/Anaprox DS		NC naproxen
anastrozole	Tier 1	
Androderm		NC testosterone 1% gel, testosterone cypionate
AndroGel		NC testosterone 1% gel
Angeliq	Tier 3	
Annovera	Tier 3	QL 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., 1 ring/year
Anoro Ellipta	Tier 2	QL 3 inhalers, 180 blister packs/90 days
Antara		NC fenofibrate
Anusol-HC 2.5%	Tier 1	
Apadaz		NC QL 168 tablets/14 days, hydrocodone/acetaminophen
Apidra/Apidra Solostar		NC Humulin, Humalog
Aplenzin	Tier 3	PA STPA Step Therapy Prior Authorization required for members 13 years of age and older., Prior Authorization applies to members through age 12.
Apokyn		NC apomorphine solution
apomorphine 30 mg/3mL	Tier 2	
apraclonidine 0.5% eye drops	Tier 1	
aprepitant capsules	Tier 2	QL
Apretude	Medical Benefit	PA Covered under the medical benefit with PA.
Apri	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.
Apriso		NC mesalamine caps 0.375G
Aptensio XR		NC QL 30 capsules/30 days, methylphenidate HCl ER
Aptiom	Tier 2	
Aptivus	Tier 2	
Arakoda		NC mefloquine
aranelle	Tier 1	PA
Aranesp	Tier 2	SP QL 4 mL/30 days; Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Arava		NC leflunomide
Arazlo		NC tretinoin; Differin OTC gel
Arcalyst	Tier 4	SP PA QL 5 vials/28 days for initial 28 days, 4 vials/28 days thereafter, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

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arformoterol tartrate nebulizer solution	Tier 2	
Aricept	Tier 3	
Arikayce	Tier 4	
Arimidex		NC anastrozole, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
aripiprazole oral solution	Tier 2	
aripiprazole orally disintegrating tablets	Tier 2	
aripiprazole tablets	Tier 1	
Arixtra	Tier 3	
armodafinil	Tier 3	PA QL
Armonair digihaler		NC QL Flovent Diskus, 3 inhalers/90 days
Armour Thyroid	Tier 2	
Arnuity Ellipta	Tier 2	QL 3 inhalers/90 days
Aromasin		NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., exemestane
Arthrotec	Tier 3	
Asacol HD		NC mesalamine delayed-release tablets
asenapine	Tier 1	
Asmanex		NC QL Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler, 6 Twisthalers/90 days
Asmanex HFA		NC Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler
Aspruzo		NC ranolazine tablets
Astagraf XL		NC tacrolimus
Asthma Supplies	Tier 2	QL 2 spacers/year; 1 peak flow meter/year
Atabex EC	Tier 3	
Atacand		NC candesartan, irbesartan, losartan
Atacand HCT		NC losartan/HCTZ, candesartan/HCTZ
atazanavir	Tier 2	
Atelvia		NC alendronate, risedronate delayed-rel
atenolol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
atenolol/chlorthalidone	Tier 1	
Ativan		NC lorazepam
atomoxetine	Tier 2	QL
atorvastatin 10 mg, 20 mg	Tier 1	QL
atorvastatin 40 mg, 80 mg	Tier 1	
atovaquone	Tier 2	
atovaquone/proguanil	Tier 2	
Atralin		PA NC tretinoin gel 0.05%, Prior Authorization required for members 26 years of age and older.
Atripla		NC efavirenz, emtricitabine, and tenofovir disoproxil fumarate
atropine eye drops	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 4	SP QL 30 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Augmentin	Tier 3	
Auryxia (ferric citrate)		NC ferrous sulfate, sevelamer

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Austedo	Tier 4	SP PA QL 6 & 9 mg: 60 tablets/30 days; 12 mg: 120 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Auvelity		NC bupropion
Auvi-Q		NC QL epinephrine, 2 units/fill
Avalide		NC irbesartan/HCTZ, losartan/HCTZ
Avandamet		NC pioglitazone + metformin, Janumet
Avapro		NC eprosartan, irbesartan, losartan
Avastin	Medical Benefit	PA Covered under the medical benefit with PA.
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.
Avita	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Avodart	Tier 3	
Avonex	Tier 4	SP QL 4 syringes or vials/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Avonex Pen	Tier 4	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 4 pens/28 days
Avsola	Medical Benefit	PA Covered under the medical benefit with PA.
Aygestin	Tier 3	
Ayvakit	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Azasite	Tier 3	QL 1 bottle/7 days
azathioprine	Tier 1	
azelaic acid gel	Tier 2	
azelastine spray	Tier 1	QL 3 nasal spray units/90 days
azelastine/fluticasone nasal spray		NC QL 3 units/90 days, fluticasone nasal spray (OTC) + azelastine nasal spray
Azelex		NC azelaic acid 15% gel
Azilect	Tier 3	
azithromycin	Tier 1	
Azopt		NC brinzolamide suspension 1%
Azor		NC amlodipine/olmesartan
Azstarys		NC QL dexmethylphenidate XR, amphetamine/dextroamphetamine ER, 1 capsule/day
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 2	PA
Bactrim/Bactrim DS	Tier 3	

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Bafiertam	Tier 4	SP QL 120 units/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Balcoltra	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.
balsalazide	Tier 1	
Balversa	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
balziva	Tier 1	PA
Banzel	Tier 3	
Banzel 40 mg/mL suspension	Tier 3	
Baqsimi	Tier 2	QL 2 devices/fill
Baraclude tablets	Tier 3	
Basaglar		NC Lantus
Baxdela	Tier 3	
B-D Insulin syringes	Tier 2	
B-D Pen needles	Tier 2	
Belbuca	Tier 3	PA QL 60 films/30 days
Belsomra	Tier 3	QL STPA 10 tablets/30 days
benazepril	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
benazepril/hydrochlorothiazide	Tier 1	
Benicar		NC olmesartan
Benicar HCT		NC olmesartan/hydrochlorothiazide
Benlysta	Medical Benefit	PA Covered under the medical benefit.
Benlysta Sub Q Injection	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Benz Per For Lot HC 7.5-1		NC Benzoyl Peroxide 10% gel (OTC)
Benzaclin Gel		NC clindamycin/benzoyl peroxide
Benzamycin	Tier 3	
Benznidazole	Tier 2	
benzonatate	Tier 1	
benzonatate capsules	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
benzoyl peroxide/hydrocortisone lotion 7.5% -1%		
benzphetamine	Tier 2	
benztropine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Berinert	Medical Benefit	SI Medication must be infused at home with services from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Besivance	Tier 3	
Besremi	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

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betamethasone dipropionate augmented cream	Tier 1	PA
betamethasone dipropionate augmented gel, ointment	Tier 1	
betamethasone dipropionate augmented lotion	Tier 1	
betamethasone dipropionate cream, lotion	Tier 1	
betamethasone dipropionate ointment 0.05%	Tier 2	PA
betamethasone valerate	Tier 1	
betamethasone valerate foam	Tier 2	PA
Betapace	Tier 3	
Betapace AF	Tier 3	
Betaseron	Tier 4	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 15 vials/30 days
betaxolol	Tier 1	
bethanechol	Tier 1	
Bethkis		NC tobramycin
Betimol	Tier 2	
Betoptic S	Tier 3	
Bevespi Aerosphere		NC Anoro Ellipta and Stiolto Respimat
bexarotene capsules	Tier 4	SP
bexarotene gel	Tier 4	SP
Beyaz	Tier 3	PA Generic preferred, 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.
Biacin	Tier 3	
bicalutamide	Tier 1	
BiDil		NC isosorbate dinitrate - hydralazine
Bijuva		NC estradiol, micronized progesterone
Biktarvy	Tier 2	
Biltricide		NC praziquantel tablets
bimatoprost 0.03%	Tier 2	
Binosto		NC alendronate, ibandronate
Bionect	Tier 3	
bisoprolol	Tier 1	
bisoprolol/hydrochlorothiazide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Bleph-10	Tier 3	
Blephamide	Tier 3	
Boniva 150 mg		NC ibandronate 150 mg
Bonjesta		NC Unisom Sleep Tab (OTC) and Vitamin B6 (OTC)
bosentan tablets 62.5 mg, 125 mg	Tier 4	SP PA
Bosulif	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Botulinum Toxins	Medical Benefit	PA Prior Authorization. Examples include Botox, Dysport, Myobloc and Xeomin. Covered under the medical benefit.

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Braftovi	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Breo Ellipta	Tier 2	QL 3 inhalers/90 days
Brevicon	Tier 3	PA Generic preferred, 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.
Brexafemme		NC QL 4 tablets/fill, fluconazole 150 mg tab
Breztri		NC QL Trelegy ellipta, 3 inhalers/90 days
Brilinta	Tier 3	
brimonidine 0.15% eye drops	Tier 2	
brimonidine 0.2% eye drops	Tier 1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Tier 2	
Brineura		Covered under medical benefit with PA
brinzolamide suspension 1%	Tier 2	
Brisdelle		NC estradiol, paroxetine 10 mg
Briviact	Tier 3	
bromfenac sodium eye drops	Tier 2	
bromocriptine	Tier 2	
Bromsite		NC bromfenac sodium eye drops, diclofenac eye drops, ketorolac eye drops
Bronchitol	Tier 4	PA QL 20 capsules/day
Brovana		NC arformoterol tartrate nebulizer solution
Brukinsa	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Bryhali		NC betamethasone dipropionate augmented cream 0.05%
budesonide delayed-release capsules	Tier 1	
budesonide ext-rel	Tier 2	
budesonide inhalation suspension	Tier 1	QL
bumetanide	Tier 1	
Bunavail	Tier 3	PA
Buphenyl	Tier 3	
buprenorphine	Tier 1	QL 2 mg: 90 sublingual tablets/30 days; 8 mg: 120 sublingual tablets/30 days
buprenorphine transdermal	Tier 2	PA QL
buprenorphine/naloxone film	Tier 2	
buprenorphine/naloxone SL tablets	Tier 1	
bupropion	Tier 1	PA
bupropion ext-rel	Tier 1	PA
bupropion ext-rel	Tier 2	PA
bupropion HCl SR	Tier 1	PA
bupropion SR	No copayment	
buspirone	Tier 1	
buspirone 7.5mg and 30mg tablets		NC buspirone 15mg tablets
butalbital/acetaminophen	Tier 1	
butalbital/acetaminophen capsules 50/300 mg		NC butalbital/acetaminophen 50/300 mg tablets
butalbital/acetaminophen/caffeine	Tier 3	
butalbital/acetaminophen/caffeine tabs	Tier 3	
butalbital/acetaminophen/caffeine/codeine	Tier 2	QL
butalbital/aspirin/caffeine	Tier 1	

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butorphanol nasal spray	Tier 1	QL 3 bottles (9 mL total)/30 days
Butrans		PA NC QL 4 patches/30 days, buprenorphine transdermal
Bydureon Bcise		NC Ozempic, Trulicity, Victoza
Byetta		NC Ozempic, Trulicity, Victoza
Bylvay	Tier 4	PA
Bystolic		NC nebivolol

C

Drug Name	Tier	Pharmacy Program
cabergoline	Tier 1	
Cablivi	NTM	
Cablivi	Tier 4	
Cabometyx	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Caduet	Tier 3	
Cafegot		NC ergotamine/caffeine
Calan SR		NC verapamil ext-rel
calcipotriene cream	Tier 2	
calcipotriene ointment, solution	Tier 1	
calcipotriene/betamethasone dipropionate		
calcipotriene/betamethasone dipropionate ointment	Tier 2	
calcipotriene/betamethasone dipropionate suspension		NC betamethasone dipropionate + calcipotriene solution
calcitonin-salmon injection	Tier 1	
calcitonin-salmon spray	Tier 1	
calcitriol	Tier 1	
calcitriol ointment	Tier 2	
calcium acetate	Tier 1	
calcium acetate	Tier 2	
Calquence	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Cambia		NC QL diclofenac potassium tablets, 9 packets/30 days
camila	Tier 1	PA
camrese	Tier 1	PA
Camzyos	Tier 4	SP PA QL 1 unit/day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Canasa	Tier 3	
candesartan	Tier 2	
candesartan/hydrochlorothiazide	Tier 2	
capecitabine	Tier 1	SP
Capex	Tier 3	PA
Caphosol		NC saliva substitute (OTC)
Capital w/Codeine	Tier 3	
Caplyta	Tier 3	STPA

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Caprelsa	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
captopril	Tier 2	
captopril/hydrochlorothiazide	Tier 1	
Carafate	Tier 3	
Carafate suspension		NC sucralfate tablets
Carbaglu	Tier 3	
carbamazepine	Tier 1	
carbamazepine ext-rel	Tier 1	
Carbatrol	Tier 3	
carbidopa	Tier 2	
carbidopa/levodopa	Tier 1	
carbidopa/levodopa ext-rel	Tier 1	
carbidopa/levodopa orally disintegrating tablets	Tier 1	
carbidopa/levodopa/entacapone	Tier 2	
carbinoxamine		NC clemastine tablets
Cardizem		NC diltiazem
Cardizem CD		NC diltiazem ext-rel
Cardizem LA		NC diltiazem ext-rel
Cardura		NC doxazosin
Cardura XL		NC doxazosin
carglumic acid	Tier 2	
carisoprodol 250 mg	Tier 1	
carisoprodol 350 mg	Tier 1	
Carospir		NC spironolactone
carteolol eye drops	Tier 1	
carvedilol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
carvedilol phosphate ext-rel	Tier 2	
Casodex		NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., bicalutamide
Catapres-TTS		NC clonidine patch
Caverject	Tier 3	
Cayston	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
cefaclor	Tier 1	
Cefaclor ER	Tier 2	
cefadroxil	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
cefdinir	Tier 1	
cefixime capsules, suspension	Tier 2	
cefpodoxime	Tier 2	
cefprozil	Tier 1	
Ceftin	Tier 3	
cefuroxime axetil	Tier 1	
Celebrex		NC celecoxib
celecoxib	Tier 2	

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Celexa		NC citalopram
Cellcept	Tier 4	
Celontin	Tier 3	
cephalexin	Tier 2	
Cequa	Tier 3	PA
Cerdelga	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cerezyme	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767 or Coram Healthcare; call Coram Healthcare at 1-800-422-7312.
Cetraxal	Tier 3	
Cetrotide	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
cevimeline	Tier 2	
CGU WC	Tier 1	QL 60 mL/day
Chantix	No copayment	
Chemet	Tier 3	
Chenodal		NC ursodiol
chlordiazepoxide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
chlordiazepoxide/clidinium	Tier 3	
chlorhexidine gluconate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
chloroquine phosphate	Tier 1	
chlorpromazine	Tier 2	
chlorthalidone	Tier 1	
chlorzoxazone	Tier 1	
Cholbam	Tier 2	
cholestyramine	Tier 1	
chorionic gonadotropin	Tier 1	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
chorionic gonadotropin	Tier 3	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cialis		NC QL tadalafil 2.5, 10, and 20 mg tablets, Erectile Dysfunction: 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn
Cialis 5 mg		PA NC QL 30 tablets/30 days: Symptomatic Benign Prostatic Hyperplasia only., tadalafil 5 mg tablets
Cibinqo		SP NC QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 1 tablet/day, Dupixent
ciclopirox	Tier 1	
ciclopirox shampoo 1%	Tier 2	
ciclopirox topical solution 8%	Tier 1	

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cilostazol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Ciloxan	Tier 3	
Ciloxan ointment	Tier 3	
Cimduo	Tier 2	
cimetidine	Tier 2	
Cimzia	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 injections/28 days; Starter Kit: 1 fill/lifetime
cinacalcet	Tier 2	
Cinqair	Medical Benefit	PA Covered under the medical benefit.
Cinryze	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cipro	Tier 3	
Cipro HC Otic	Tier 3	
Ciprodex		NC ciprofloxacin-dexamethasone otic susp
ciprofloxacin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
ciprofloxacin eye drops	Tier 1	
ciprofloxacin otic	Tier 1	
ciprofloxacin otic soln 0.2%/fluocinolone otic oil		
ciprofloxacin-dexamethasone otic suspension	Tier 2	
citalopram	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Citalopram capsules		NC citalopram tablets
Citranatal Rx	Tier 3	
Claravis	Tier 3	
clarithromycin	Tier 1	
clarithromycin ext-rel	Tier 1	
clarithromycin suspension	Tier 2	
clemastine 2.68 mg	Tier 1	
Clenpiq	Tier 3	May be covered at no copayment for members age 45 through 74
Cleocin	Tier 3	
Cleocin Pediatric	Tier 3	
Cleocin T	Tier 3	
Cleocin vaginal cream	Tier 3	
Cleocin vaginal suppositories	Tier 3	
Climara		NC estradiol transdermal
Climara Pro	Tier 2	
Clindagel 1%		NC clindamycin phosphate gel 1%
clindamycin	Tier 1	
clindamycin 1%/benzoyl peroxide 5%	Tier 3	
clindamycin gel, lotion	Tier 2	
clindamycin pads 1%	Tier 1	
clindamycin palmitate oral solution	Tier 1	
clindamycin phosphate foam 1%	Tier 3	
clindamycin phosphate gel 1%	Tier 2	

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clindamycin vaginal cream	Tier 1	
clindamycin/benzoyl peroxide gel	Tier 1	
clindamycin/benzoyl peroxide gel	Tier 3	
clindamycin/benzoyl peroxide gel 1.2/2.5%		clindamycin gel + benzoyl peroxide gel
clindamycin/tretinoin gel	Tier 1	
clindamycin/tretinoin gel 1.2-0.025%		NC clindamycin + tretinoin gel
Clindesse	Tier 3	
clobazam	Tier 2	
clobetasol propionate	Tier 2	PA
clobetasol propionate 0.05%	Tier 2	PA
clobetasol propionate emollient cream	Tier 2	PA
clobetasol propionate foam	Tier 2	PA
clobetasol propionate spray 0.05%	Tier 2	PA
clobetasol propionate/emollient foam	Tier 2	PA
Clobex	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Clobex spray		PA NC clobetasol propionate spray 0.05%
clocortolone	Tier 2	PA
Cloderm	Tier 3	PA Prior Authorization applies to both brand and generic drug.
clomiphene	Tier 1	
clomipramine	Tier 2	
clonazepam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
clonidine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
clonidine ext-rel	Tier 2	
clonidine transdermal	Tier 2	
clopidogrel	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
clorazepate	Tier 2	
clotrimazole (Rx only)	Tier 1	
clotrimazole troches	Tier 1	
clotrimazole/betamethasone	Tier 2	
clozapine	Tier 1	
clozapine orally disintegrating tablets	Tier 1	
Clozaril	Tier 3	STPA
Coartem	Tier 2	QL 24 tablets/90 days
Cocaine solution	NTM	
Codar GF	Tier 1	QL 60 mL/day
codeine sulfate	Tier 1	QL Solution: 60 mL/day; Tablets: 15 mg: 24 tablets/day, 30 mg: 12 tablets/day, 60 mg: 6 tablets/day
codeine/acetaminophen	Tier 1	QL
codeine/acetaminophen solution	Tier 1	QL 150 mL/day
codeine/chlorpheniramine	Tier 1	QL
codeine/chlorpheniramine/pseudoephedrine	Tier 1	
codeine/guaifenesin	Tier 1	QL
codeine/guaifenesin/pseudoephedrine	Tier 1	
codeine/promethazine	Tier 1	QL 30 mL/day

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codeine/promethazine VC	Tier 1	QL 30 mL/day
codeine/promethazine/phenylephrine	Tier 1	QL
Coditussin AC	Tier 1	QL 60 mL/day
Coditussin DAC	Tier 1	QL 40 mL/day
Coenzyme Q10	Tier 3	PA
Colazal	Tier 3	
colchicine capsules	Tier 2	
colchicine tablets	Tier 2	
Colcrys	Tier 3	
colesevelam	Tier 3	
Colestid		NC colestipol
colestipol	Tier 1	
Combigan		NC brimonidine-timolol 0.2-0.5% soln
CombiPatch	Tier 2	
Combivent Respimat	Tier 2	QL 6 inhalers/90 days
Combivir	Tier 3	
Cometriq	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Complera	Tier 2	
Comtan	Tier 3	
Concept DHA	Tier 3	
Concept OB	Tier 3	
Concerta		NC QL 18, 27 & 54 mg: 30 tablets/30 days; 36 mg: 60 tablets/30 days, methylphenidate HCl ER
Condylox		NC podofilox solution
Conjupri		NC amlodipine tablets
Consensi		NC amlodipine, celecoxib
constulose	Tier 1	
Contrave	Tier 3	PA
Conzip		NC QL tramadol, tramadol ext-rel, 1 tablet/day
Copaxone 20 mg/mL prefilled syringe	Tier 4	SP QL 1 kit (30 syringes)/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Copaxone 40 mg/mL prefilled syringe	Tier 4	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 1 kit (12 syringes)/30 days
Copiktra	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Cordran	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Coreg	Tier 3	
Coreg CR		NC carvedilol tablets
Corgard	Tier 3	
Corlanor	Tier 2	
Corlanor solution		NC Corlanor tablets
Cortef	Tier 3	
Cortifoam	Tier 2	
cortisone acetate	Tier 1	
Cortisporin	Tier 3	

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Cortrophin	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Corvite 150	Tier 3	
Cosela	Medical Benefit	PA Covered under the medical benefit with PA.
Cosentyx	Tier 4	SP PA QL 75 & 150 mg: 1 syringe/28 days; 300 mg: 2 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cosopt	Tier 3	
Cosopt PF	Tier 3	
Cotellic	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Cotempla XR-ODT		NC QL methylphenidate ext-rel, 8.6 mg: 30 tablets/30 days; 17.3 & 25.9 mg: 60 tablets/30 days
Cozaar		NC losartan
Creon	Tier 2	
Cresemba capsule	Tier 3	PA
Crestor 20 mg, 40 mg		NC rosuvastatin
Crestor 5 mg, 10 mg		NC QL rosuvastatin, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., 90 tablets/90 days
Crinone	Tier 2	
Crixivan	Tier 2	
cromolyn sodium nebulizer solution	Tier 3	QL 360 vials/90 days
cromolyn sodium oral concentrate	Tier 2	
crotamiton	Tier 2	
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.
Crysvita	Medical Benefit	PA Covered under the medical benefit.
Cuprimine		NC penicillamine
Cutivate lotion	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Cuvposa Solution		NC QL 1 bottle/30 days, glycopyrrolate tablets
cyanocobalamin injection	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Cyclessa	Tier 3	PA 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., Generic preferred
cyclobenzaprine	Tier 1	
cyclobenzaprine ext-rel capsules		cyclobenzaprine tablets
Cyclogyl	Tier 3	

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cyclopentolate ophthalmic solution	Tier 1	
Cyclophosphamide Capsules	Tier 2	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cycloset	Tier 2	
cyclosporine	Tier 1	
cyclosporine emulsion 0.05%	Tier 2	PA
cyclosporine, modified	Tier 1	
Cymbalta		NC QL duloxetine delayed-rel, 20 mg: 60 capsules/30 days; 30 mg: 90 capsules/30 days; 60 mg: 60 capsules/30 days
cyproheptadine	Tier 1	
Cystadrops	Tier 4	
Cystaran	Tier 4	
Cytomel	Tier 3	
Cytotec	Tier 3	

D

Drug Name	Tier	Pharmacy Program
D.H.E. 45	Tier 3	
dalfampridine	Tier 4	SP PA QL 60 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
dalfampridine ext-rel	Tier 4	SP PA QL
Daliresp	Tier 2	
danazol	Tier 1	
Dantrium	Tier 3	
dantrolene	Tier 2	
dapsone	Tier 1	
dapsone gel 5%	Tier 2	
dapsone gel 7.5%	Tier 3	
Daraprim		NC pyrimethamine
darifenacin	Tier 2	
Dartisla		NC QL glycopyrolate tablets, 4 tablets/day
Daurismo	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Daypro		NC oxaprozin
Daytrana		NC QL methylphenidate, 30 patches/30 days
Dayvigo	Tier 3	QL STPA 10 tablets/30 days
DDAVP	Tier 3	
deferasirox	Tier 4	
deferasirox 90, 180, 360 mg tablets	Tier 4	
deferasirox granules	Tier 2	
deferiprone	Tier 2	QL
Delestrogen	Tier 3	
Delstrigo	Tier 2	
Delzicol		NC mesalamine capsules
Demser		NC metyrosine capsule
Denavir	Tier 3	PA

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Depakote	Tier 3	
Depakote ER	Tier 3	
Depakote Sprinkle	Tier 3	
Depen Titratabs		NC penicillamine
Derma-N	Tier 3	
Derma-Smoothe/FS	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Dermotic	Tier 3	
Descovy	Tier 2	PA
desipramine	Tier 2	PA
desmopressin	Tier 1	
Desonate		NC desonide cream or lotion
desonide cream	Tier 2	PA
desonide gel 0.05%	Tier 1	
desonide lotion	Tier 2	PA
desonide ointment	Tier 2	
Desowen cream	Tier 3	PA Prior authorization applies to brand name only
desoximetasone cream, gel, ointment	Tier 2	PA
Desoximetasone spray 0.25%		NC fluocinonide cream 0.05%
Desoxyyn		PA NC QL 150 tablets/30 days, Prior Authorization required for members 25 years of age and older., methamphetamine, amphetamine salts
Desvenlafaxine ER	Tier 3	PA STPA Generic product covered only., Prior Authorization applies to members through age 12., Step Therapy Prior Authorization required for members 13 years of age and older.
Desvenlafaxine Fumarate ER	Tier 3	PA STPA Step Therapy Prior Authorization required for members 13 years of age and older., Prior Authorization applies to members through age 12., Generic product covered only.
desvenlafaxine succinate ext-rel	Tier 2	PA
Detrol	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Detrol LA	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
dexamethasone	Tier 1	
dexamethasone sodium phosphate eye drops, eye ointment	Tier 1	
dexamethasone therapy pack	Tier 1	
Dexedrine Spansule		PA NC QL Prior Authorization required for members 25 years of age and older., 5 mg: 30 capsules/30 days; 10 mg: 150 capsules/30 days; 15 mg: 120 capsules/30 days, dextroamphetamine ext-rel
Dexilant		PA NC QL omeprazole, pantoprazole, dexlansoprazole, 90 capsules/90 days
dexlansoprazole delayed-rel	Tier 2	PA QL
dexmethylphenidate	Tier 1	PA Prior Authorization required for members 25 years of age and older.
dexmethylphenidate ext-rel	Tier 2	PA QL Prior Authorization applies to members 25 years of age or older., 30 capsules/30 days
dextroamphetamine	Tier 1	PA Prior Authorization required for members 25 years of age and older.
dextroamphetamine ext-rel	Tier 2	PA QL
dextroamphetamine solution	Tier 2	PA Prior Authorization applies to members 25 years of age or older.
dextromethorphan/brompheniramine/pseudoephedrine syrup	Tier 1	

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dextromethorphan/promethazine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
DiaBeta	Tier 3	
Diabetic Test Strips, Other		NC OneTouch is the preferred, covered, test strip. Examples of non-covered test strips include, but are not limited to: Accu-Chek, Ascensia, BD, FreeStyle, Precision, TrueTrack test strips, OneTouch Test Strips
Diacomit	Tier 4	PA
Diamox Sequels	Tier 3	
Diastat/Diastat AcuDial	Tier 3	QL 1 kit (2 units)/fill
diazepam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
diazepam rectal gel	Tier 2	QL 1 kit (2 units)/fill
diazoxide suspension	Tier 2	
Dibenzyline	Tier 3	
Diclegis - Brand and generic		NC Unisom Sleep Tab (OTC) and Vitamin B6 (OTC)
diclofenac epolamine transdermal		diclofenac tablets, diclofenac sodium gel 1%, diclofenac sodium solution
diclofenac potassium	Tier 1	
diclofenac potassium 25 mg capsules		NC diclofenac tablets
diclofenac sodium delayed-rel	Tier 1	
diclofenac sodium delayed-rel/misoprostol	Tier 2	
diclofenac sodium eye drops	Tier 1	
diclofenac sodium gel 1%	Tier 1	QL
diclofenac sodium gel 3%	Tier 3	QL 200 grams/30 days and max 90 days per year
diclofenac sodium solution		NC QL diclofenac, 1 bottle/30 days
dicloxacillin	Tier 1	
dicyclomine	Tier 1	
diethylpropion	Tier 2	
diethylpropion ER	Tier 2	
Differin 0.1% Gel OTC	Tier 1	PA Prior Authorization required for members 26 years of age and older.
Differin cream		PA NC Prior Authorization required for members 26 years of age and older., adapalene cream
Differin gel 0.1%		PA NC adapalene gel, Differin 0.1% Gel OTC, Prior Authorization required for members 26 years of age and older.
Differin gel 0.3%		PA NC Prior Authorization required for members 26 years of age and older., adapalene gel
Differin lotion		PA NC Prior Authorization required for members 26 years of age and older., adapalene cream, gel
Difucid	Tier 3	PA
Difucid suspension	Tier 3	PA
diflorasone diacetate	Tier 2	PA
Diflucan	Tier 3	
diflunisal	Tier 1	
difluprednate ophthalmic emulsion		NC dexamethasone, fluorometholone, Pred Mild, prednisolone
digoxin	Tier 1	
dihydroergotamine injection	Tier 1	
dihydroergotamine spray	Tier 3	QL

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Dilantin	Tier 3	
Dilantin Infatabs	Tier 3	
Dilaudid		NC QL Liquid: 20 mL/day; Tablets: 2 mg: 10 tablets/day, 4 mg: 5 tablets/day, 8 mg: 2 tablets/day, hydromorphone
diltiazem	Tier 1	
diltiazem ext-rel	Tier 1	
dimethyl fumarate	Tier 4	SP QL
Diovan	Tier 3	
Diovan HCT	Tier 3	
Dipentum	Tier 2	
diphenhydramine 50 mg	Tier 1	
diphenoxylate/atropine	Tier 1	
Diprolene	Tier 3	
Diprolene AF	Tier 3	PA Prior Authorization applies to brand name drug only.
dipyridamole	Tier 1	
dipyridamole ext-rel/aspirin	Tier 2	
disopyramide	Tier 1	
disulfiram	Tier 1	
Ditropan XL	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
divalproex sodium delayed-rel	Tier 1	
divalproex sodium ext-rel	Tier 1	
divalproex sodium sprinkle	Tier 2	
Divigel	Tier 3	
dofetilide	Tier 2	
Dojolvi	Tier 4	PA
donepezil	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Doptelet	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Doryx		NC doxycycline hyclate
Doryx MPC		NC doxycycline hyclate
dorzolamide HCl eye drops	Tier 1	
dorzolamide HCl/timolol maleate eye drops	Tier 1	
dorzolamide/timolol/preservative-free	Tier 2	
Dovato	Tier 2	
Dovonex cream		NC calcipotriene cream
doxazosin	Tier 1	
doxepin	Tier 1	PA Prior Authorization applies to members through age 12.
doxepin	Tier 3	Prior Authorization applies to members through age 12.
doxepin cream	Tier 2	
doxepin cream 5%	Tier 2	
doxepin oral concentrate	Tier 1	PA Prior Authorization applies to members through age 12.
doxercalciferol	Tier 2	
doxycycline delayed-rel 40 mg		doxycycline hyclate 20 mg tabs
doxycycline hyclate	Tier 1	
doxycycline hyclate 20 mg tablets	Tier 1	
doxycycline hyclate delayed-rel tablets	Tier 3	
doxycycline hyclate tablets	Tier 2	

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doxycycline hyclate tablets 50 mg		
doxycycline monohydrate	Tier 1	
doxylamine/pyridoxine delayed-rel		
Drisdol	Tier 3	
Drizalma	Tier 3	QL STPA 20 mg: 60 capsules/30 days; 30 mg: 90 capsules/30 days; 40 mg: 90 capsules/30 days; 60 mg: 60 capsules/30 days
dronabinol capsule	Tier 2	
drosiprone/EE/levomefolate and levomefolate	Tier 1	PA
Droxia	Tier 2	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
droxidopa	Tier 4	
Drysol	Tier 1	
Duaklir Aerosol		NC
Duavee	Tier 2	
Duetact	Tier 3	
Dulera		NC QL Advair, Breo Ellipta, Symbicort, fluticasone/salmeterol generics, 3 inhalers/90 days
duloxetine delayed-rel	Tier 1	QL
duloxetine delayed-rel 40 mg		NC QL 60 capsules/30 days, duloxetine delayed-rel 20mg, 30mg, 60mg
Duobrii		NC betamethasone dipropionate augmented 0.05% lotion, tazarotene cream 0.1%
Duopa	Tier 2	
Dupixent	Tier 4	SP PA QL 2 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Dupixent pen	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 pens/28 days
Duragesic		NC QL 10 patches/30 days, fentanyl patch
Durezol		NC dexamethasone, fluorometholone, Pred Mild, prednisolone
Durlaza		NC aspirin
Durolane	Medical Benefit	PA NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis.
dutasteride	Tier 1	
dutasteride/tamsulosin	Tier 1	
Dutoprol	Tier 3	
Dyanavel XR	Tier 3	PA QL STPA Step Therapy Prior Authorization applies to members under the age of 25., Prior Authorization applies to members 25 years of age or older., 240 mL/30 days
Dyanavel XR chewable		NC QL 1 tablet/day, amphetamine/dextroamphetamine, methylphenidate
Dymista		NC QL fluticasone nasal spray (OTC) + azelastine nasal spray, 3 nasal sprays/90 days
Dyrenium		NC triamterene capsules

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Drug Name	Tier	Pharmacy Program
E.E.S. 200 suspension	Tier 3	
EC-Naprosyn	Tier 3	
econazole	Tier 1	
Ecoza 1%		NC econazole
Edarbi		NC eprosartan, irbesartan, losartan
Edarbyclor		NC losartan or candesartan plus chlorthalidone
Edecrin	Tier 3	
Edex	Tier 3	
Edluar		NC QL zolpidem tartrate tablets, 10 sublingual tablets/30 days
Edurant	Tier 2	
EE/norethindrone acetate	Tier 1	
efavirenz	Tier 2	
efavirenz/emtricitabine/tenofovir	Tier 2	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Tier 2	
Effer-K 10 mEq, 20 mEq	Tier 3	
Effexor XR		NC venlafaxine ext-rel
Effient		NC prasugrel tablets
Efudex	Tier 3	
Egrifta SV	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Elahere	NTM	
Elaprase	Medical Benefit	SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767 or Coram Healthcare; call Coram Healthcare at 1-800-422-7312.
Elelyso	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Covered under the medical benefit.
ElenzaPatch		NC lidocaine patch
Elepsia XR		NC levetiracetam ER tablets
Elestrin	Tier 3	
Eletone	Tier 3	
eletriptan	Tier 2	QL
Elidel	Tier 3	STPA
Eligard	Tier 4	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Eliquis	Tier 2	
Elixophyllin	Tier 2	
Ella	Tier 3	QL 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., 1 tablet/fill
Elmiron	Tier 3	

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Eluryng	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.
Elyxyb		NC QL celecoxib capsules, 19.2 mL/30 days
Emcyt	Tier 4	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Emend		NC QL aprepitant capsules, 40 mg: 1 capsule/7 days; 80 mg: 2 capsules/7 days; 125 mg: 1 capsule/7 days; 1 dosepack/7 days
Emend suspension	Tier 3	QL 3 units/7 days
Emflaza	Tier 4	PA QL tablets: 30 tablets/30 days; suspension: 26 mL/30 days
Emgality	Tier 2	PA QL 100 mg prefilled syringe: 3 syringes per 30 days. 120 mg auto-injector/prefilled syringe: 2 auto-injectors/syringes (240 mg) as a single loading dose, followed by 1 auto-injector or syringe (120 mg)/30 days.
Empaveli	Medical Benefit	PA Covered under the medical benefit with PA.
Emsam	Tier 3	PA STPA Step Therapy Prior Authorization required for members 13 years of age and older., Prior Authorization applies to members through age 12.
emtricitabine	Tier 2	
emtricitabine/tenofovir	Tier 2	May be covered at no cost share
Emtriva	Tier 3	
Emverm	Tier 3	
Enablex	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
enalapril	Tier 1	
enalapril maleate solution	Tier 2	
enalapril/hydrochlorothiazide	Tier 1	
Enbrel	Tier 4	SP PA QL 25 mg: 8 vials/syringes/28 days; 50 mg: 4 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Enbrel Mini	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 4 syringes/28 days
Endari	Tier 4	PA
Endometrin	Tier 2	
Enjaymo	Medical Benefit	PA Covered under the medical benefit with PA.
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.
Enspryng	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Enstilar Foam		NC calcipotriene/betamethasone dipropionate
entacapone	Tier 1	

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Entadfi		NC finasteride + tadalafil
entecavir	Tier 2	
Entocort EC	Tier 3	
Entresto	Tier 2	
Entyvio	Medical Benefit	PA Covered under the medical benefit.
enulose	Tier 1	
Envarsus XR		SP NC tacrolimus, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Epaned		NC enalapril maleate solution 1 mg/mL
Epclusa	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Generic formulations are non-covered and are subject to non-covered cost share.
Epclusa pak	Tier 4	SP PA QL 200/50 mg; 28 tablets/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Epidiolex	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Epiduo		NC adapalene/benzoyl peroxide gel 0.1%-2.5%, adapalene (Differin 0.1% Gel OTC)
Epiduo Forte Gel		NC benzoyl peroxide, adapalene (Differin 0.1% Gel OTC)
epinephrine (generic for Adrenacllick)	Tier 1	QL
epinephrine (generic for Epipen Jr.)	Tier 2	QL
epinephrine (generic for Epipen)	Tier 2	QL
Epipen		NC QL 2 injectors/each fill, epinephrine (generic for Adrenacllick)
Epipen Jr.		NC QL epinephrine (generic for Adrenacllick), 2 injectors/each fill
Episil	Tier 2	QL 4 bottles/30 days
Epivir	Tier 3	
Epivir-HBV solution	Tier 2	
Epivir-HBV tablets	Tier 3	
eplerenone	Tier 2	
Epogen	Tier 2	SP QL 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
epoprostenol sodium	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. Cassettes only are available through Accredo at 1-888-773-7376.
Eprontia		NC topiramate sprinkle caps, tablets
Epzicom	Tier 3	
Equetro	Tier 3	
Ergocal		NC OTC vitamin D
ergocalciferol (D2)	Tier 1	
ergotamine/cafeine tablets	Tier 2	
Erivedge	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

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Erleada		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Xtandi
erlotinib	Tier 4	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Ermeza	NTM	
errin	Tier 1	PA
Ertaczo	Tier 3	
Eryped	Tier 3	
Ery-Tab	Tier 2	
erythromycin delayed-rel	Tier 2	
erythromycin ethylsuccinate	Tier 2	
erythromycin ethylsuccinate susp 400 mg/5 mL	Tier 2	
erythromycin ethylsuccinate tablets	Tier 2	
erythromycin eye ointment	Tier 1	
erythromycin gel	Tier 2	
erythromycin solution	Tier 1	
erythromycin stearate	Tier 2	
erythromycin tablets	Tier 2	
erythromycin/benzoyl peroxide	Tier 2	
Esbriet		SP NC QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., pirfenidone, 267 mg: 270 capsules or tablets/30 days; 801 mg: 90 tablets/30 days
escitalopram	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
esgic capsules	Tier 3	
Esgic tablets		NC butalbital/acetaminophen/caffeine tablets
esomeprazole delayed-rel capsules	Tier 1	
esomeprazole delayed-rel oral suspension	Tier 2	PA QL 90 packets/90 days, Prior Authorization required for members older than 12 years of age.
Esomeprazole Strontium		NC omeprazole, pantoprazole
estazolam	Tier 1	
Estrace	Tier 3	
Estrace vaginal cream		NC estradiol vaginal cream
estradiol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
estradiol	Tier 2	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
estradiol transdermal	Tier 1	
estradiol transdermal	Tier 2	
estradiol vaginal cream	Tier 1	
estradiol vaginal tablets	Tier 1	
estradiol valerate	Tier 1	

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estradiol/norethindrone acetate	Tier 1	
Estring	Tier 2	
Estrogel	Tier 3	
Estrostep Fe	Tier 3	PA 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., Generic preferred, Generic preferred
eszopiclone	Tier 1	QL
ethacrynic acid	Tier 3	
ethambutol	Tier 1	
ethosuximide	Tier 1	
ethynodiol diacetate/EE	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.
etodolac	Tier 1	
etodolac ext-rel	Tier 2	
etonogestrel/EE ring	Tier 1	PA
etoposide capsules	Tier 1	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
etravirine	Tier 2	
Eucrisa	Tier 3	PA
Euflexxa	Medical Benefit	PA Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767.
Evamist	Tier 3	
Evekeo - Brand and generic		NC QL 5 mg: 30 tablets/30 days; 10 mg: 180 tablets/30 days, amphetamine/dextroamphetamine tablets
Evekeo ODT		NC amphetamine/dextroamphetamine tablets
Evenity	Medical Benefit	PA Covered under the medical benefit.
everolimus	Tier 4	SP PA
everolimus 2, 3, and 5 mg	Tier 4	SP PA
Evista	Tier 3	No copayment required for women under Preventive Services
Evkeeza	Medical Benefit	PA Covered under the medical benefit with PA.
Evoclin 1%		NC clindamycin phosphate foam 1%
Evotaz	Tier 2	
Evoxac	Tier 3	
Evrysdi	Tier 4	PA QL 240 mL/fill
Exelon capsules	Tier 3	
Exelon Patch	Tier 3	
Exelon solution	Tier 3	
exemestane	Tier 1	
Exforge	Tier 3	
Exforge HCT	Tier 3	

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Exjade		NC deferasirox
Exkivity	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Exondys 51	Medical Benefit	PA Covered under the medical benefit.
Exservan	Tier 4	
Extavia		SP NC QL 15 vials/30 days, Betaseron, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Extina foam 2%		NC ketoconazole foam
Eysuvis		NC QL Restasis, Xiidra, 1 bottle/fill
Ezallor Sprinkle		NC QL 30 capsules/30 days, rosuvastatin, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater.
ezetimibe	Tier 1	
ezetimibe/simvastatin	Tier 2	

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Fabior	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Fabrazyme	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767 or Coram Healthcare; call Coram Healthcare at 1-800-422-7312.
Factor Products, various	Medical Benefit	PA SI Examples include, but are not limited to: Advate, Alprolix, BeneFix, Coagadex, Corifact, Eloctate, Feiba, Helixate FS, Hemofil M, Ixinity, Jivi, Kogenate FS, Novoeight, NovoSeven RT, Obizur, Recombinate, Rixubis, Wilate, Xyntha; Medication must be infused at home with services from CVS/specialty; call CVS/specialty at 1-800-237-2767.
famciclovir	Tier 1	
famotidine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
famotidine suspension	Tier 2	
Famvir	Tier 3	
Fanapt		NC olanzapine, quetiapine, risperidone, clozapine and ziprasidone
Fanatrex		NC gabapentin solution
Fareston		NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., toremifene tablets
Farxiga	Tier 2	

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Farydak	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Fasenra Pen	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. 1 pen/56 days
Fasenra prefilled syringe	Medical Benefit	PA Covered under the medical benefit with PA.
fayosim	Tier 1	PA
febuxostat	Tier 2	
felbamate	Tier 1	
Felbatol	Tier 3	
Feldene	Tier 3	
felodipine ext-rel	Tier 1	
Femara		NC letrozole, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Femcon FE	Tier 3	PA 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., Generic preferred
Femhrt 0.5 mg/2.5 mcg	Tier 3	
Femring	Tier 2	
fenofibrate 120 mg	Tier 2	
fenofibrate 30 mg, 90 mg		NC fenofibrate
fenofibrate 40 mg, 120 mg	Tier 2	
fenofibrate 43 mg, 130 mg	Tier 1	
fenofibrate 48 mg, 145 mg	Tier 1	
fenofibrate 50 mg, 150 mg	Tier 2	
fenofibrate 54 mg, 67 mg, 134 mg, 160 mg, 200 mg		
fenofibrate 54 mg, 67 mg, 134 mg, 160 mg, 200 mg	Tier 1	
fenofibrate micronized capsule 130 mg	Tier 2	
fenofibric acid	Tier 1	
fenofibric acid delayed-rel	Tier 1	
Fenoglide		NC fenofibrate tablets or capsules
Fenoglide 120 mg		NC fenofibrate tablets or capsules
fenoprofen	Tier 3	
Fenortho		NC fenoprofen
fantanyl citrate buccal	Tier 2	QL
fantanyl citrate lollipop	Tier 1	QL 120 units (lollipops)/30 days
fantanyl patch 37.5 mcg/hr	Tier 2	QL 10 patches/30 days
fantanyl patch 50, 75, 100 mcg/hr	Tier 1	PA QL 10 patches/30 days
fantanyl patch 62.5 mcg/hr, 87.5 mcg/hr	Tier 2	PA QL
fantanyl patch 62.5, 87.5 mcg/hr	Tier 2	PA QL 10 patches/30 days
fantanyl transdermal	Tier 1	QL
Fentora		NC QL 120 buccal tablets/30 days, fantanyl citrate lollipop
Feriva	Tier 3	
Ferralet 90	Tier 3	
Ferrex 150	NTM	
Ferriprox 1,000 mg tablets		NC QL 30 tablets/30 days, deferiprone tablets

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Ferriprox oral solution	Tier 2	QL 150 mL/30 days
Ferriprox tablets		NC QL 30 tablets/30 days, deferiprone tablets
festoterodine fumarate ER		NC oxybutynin ER, trospium, tolterodine
Fetzima		NC citalopram, sertraline, fluoxetine, escitalopram, venlafaxine ER, paroxetine
Fexmid		NC cyclobenzaprine tablets
Fiasp		NC Humalog
Fiasp Penfill		NC Humalog
Fibricor		NC fenofibric acid tablets or capsules
Finacea		NC azelaic acid 15% gel
Finacea Aerosol	Tier 2	
finasteride 5 mg	Tier 1	
Fintepla	Tier 3	PA
Fioricet		NC butalbital/acetaminophen/caffeine
Fioricet with Codeine		NC QL butalbital/acetaminophen/caffeine/codeine, 360 capsules/30 days
Fiorinal		NC butalbital/aspirin/caffeine
Firazyr		SP PA NC QL icatibant, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 units (6 mL)/fill
Firdapse	Tier 4	PA
First-BXN	Tier 3	
First-Duke's Mouthwash	Tier 3	
First-Lansoprazole	Tier 3	QL 300 mL/30 days
First-Omeprazole	Tier 3	QL 300 mL/30 days
First-Progesterone VGS	Tier 2	
First-Vancomycin 25	Tier 3	QL 1 kit/25 days
Firvanq	Tier 3	QL 2 bottles/10 days
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, diclofenac sodium gel 1%, diclofenac sodium solution
Fleqsuvy	Tier 3	PA
Flolan	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. Cassettes only are available through Accredo at 1-888-773-7376.
Flolipid		NC simvastatin, atorvastatin
Flomax	Tier 3	
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	
fluocinolone acetone oil	Tier 1	
fluocinolone cream, ointment	Tier 1	PA
fluocinolone oil, body or scalp 0.01%	Tier 2	PA
fluocinolone solution 0.01%	Tier 2	PA
fluocinonide	Tier 2	PA QL 60 units/30 days
fluocinonide cream 0.05%	Tier 1	QL 60 grams/30 days

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fluocinonide cream 0.1%	Tier 2	PA QL
fluoride drops	Tier 1	No copayment required for children through age 6. Coverage is excluded for members age 16 and older.
fluoride tablets	Tier 1	No copayment required for children through age 6. Coverage is excluded for members age 16 and older.
fluorometholone eye drops, eye ointment	Tier 1	
Fluoroplex	Tier 3	
fluorouracil	Tier 3	
fluoxetine	Tier 1	
Fluoxetine 60 mg	Tier 2	PA
fluoxetine capsules	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
fluoxetine delayed-rel		
fluoxetine solution	Tier 1	
fluoxetine tablets 10 mg, 20 mg	Tier 2	PA
fluphenazine	Tier 2	
flurandrenolide cream, lotion, ointment	Tier 2	PA
flurazepam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
flurbiprofen	Tier 1	
flutamide	Tier 1	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Fluticasone Furoate/Vilanterol		NC QL 3 inhalers/90 days, Breo Ellipta
fluticasone propionate cream, ointment	Tier 1	
Fluticasone Propionate HFA Inhalation Aerosol		NC QL Flovent HFA, 6 inhalers/90 days
fluticasone propionate lotion	Tier 2	PA
fluticasone/salmeterol	Tier 1	QL
fluticasone/salmeterol - Wixela Inhub	Tier 1	QL 3 diskus/90 days
fluticasone/salmeterol (AirDuo RespiClick)	Tier 1	QL
fluvastatin	Tier 1	QL
fluvastatin ext-rel	Tier 2	QL
fluvoxamine	Tier 1	
Fluvoxamine ext-rel		NC fluvoxamine immediate-release
FML	Tier 3	
Focalin		NC dexmethylphenidate
Focalin XR		NC QL dexmethylphenidate ER, 30 capsules/30 days
folic acid	Tier 1	No copayment required for members age 12 through age 52.
Follistim AQ	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
fondaparinux sodium	Tier 2	
Forfivo XL		PA NC bupropion ER, Prior Authorization applies to members through age 12.
formoterol fumarate 20 mcg/2 mL		NC QL 180 vials/90 days, Perforomist
Fortamet		PA NC metformin ext-rel tablets

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Forteo		SP PA NC Tymlos, teriparatide, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Fortesta Gel		NC testosterone gel
Fortical	Tier 3	
Fosamax		NC alendronate
Fosamax Plus D		NC alendronate + vitamin D (OTC)
fosamprenavir tablet 700 mg	Tier 2	
fosfomycin tromethamine	Tier 2	
fosinopril	Tier 1	
fosinopril/hydrochlorothiazide	Tier 1	
Fosrenol		NC lanthanum carbonate chewable tablets
Fosrenol oral powder		NC sevelamer powder packets
Fotivda	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Fragmin	Tier 3	
Freshkote	Tier 3	
Frova		NC QL frovatriptan, 9 tablets/30 days
frovatriptan	Tier 3	QL
Fulphila	Tier 4	SP PA QL 0.6 mL/14 days, Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Furoscix kit	NTM	
furosemide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Fusion Plus	Tier 3	
Fuzeon	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Fycompa	Tier 2	
Fylnetra	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 0.6 mL/14 days. Covered under the Prescription Drug Benefit when self-administered.

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Drug Name	Tier	Pharmacy Program
gabapentin	Tier 1	
Gabitril 12 mg, 16 mg		NC tiagabine 12 mg, 16 mg
Gabitril 2 mg, 4 mg	Tier 3	
Galafold	Tier 4	PA
galantamine	Tier 1	
galantamine ext-rel	Tier 1	
Galzin	Tier 2	
Ganirelix	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
gatifloxacin eye drops	Tier 2	
Gattex	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

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Gavilyte-C	Tier 1	May be covered at no copayment for members age 45 through 74
Gavilyte-G	Tier 1	May be covered at no copayment for members age 45 through 74
Gavreto	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Gelclair	Tier 2	
Gelnique	Tier 3	STPA
Gel-One	Medical Benefit	PA NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis.
Gelsyn-3	Medical Benefit	PA NC Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
gemfibrozil	Tier 1	
Gemtesa	Tier 3	STPA
Generess Fe	Tier 3	PA Generic preferred, 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 Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Norditropin FlexPro, Norditropin Nordiflex
gentamicin	Tier 1	
gentamicin solution	Tier 1	
Genvisc 850	Medical Benefit	PA NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis.
Genvoya	Tier 2	
Geodon	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
gianvi	Tier 1	PA
Giapreza	NTM	
Gilenya	Tier 4	SP QL 30 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Gilotrif	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

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Gimoti		NC QL metoclopramide tablets, 1 spray/28 days
Givlaari	Medical Benefit	PA Covered under the medical benefit with a prior authorization.
glatiramer acetate 20 mg/mL prefilled syringe		SP NC QL 1 kit (30 syringes)/30 days, Copaxone, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
glatiramer acetate 40 mg/mL prefilled syringe		SP NC QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Copaxone, 1 kit (12 syringes)/30 days
Glatopa		SP NC QL 20mg/mL:1 kit (30 syringes)/30 days, 40mg/mL:1 kit (12 syringes)/30 days, Copaxone, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Glatopa prefilled syringe		SP QL
Gleevec		SP NC imatinib mesylate, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Gleostine	Tier 3	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
glimepiride	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
glipizide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
glipizide ext-rel	Tier 1	
glipizide/metformin	Tier 1	
Gloperba		NC colchicine tablets and capsules
Glucagon	Tier 2	
Glucagon Emergency Kit	Tier 2	
Glucophage	Tier 3	
Glucophage XR	Tier 3	
Glucotrol XL	Tier 3	
Glumetza		PA NC metformin ext-rel tablets
glyburide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
glyburide, micronized	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
glyburide/metformin	Tier 1	
glycopyrrolate oral solution		NC QL glycopyrrolate tablets, 1 bottle/30 days
Glynase	Tier 3	
Glyxambi	Tier 2	
Gocovri		NC amantadine
Golytely	Tier 3	Generics may be covered at no copayment for members age 45 through 74

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Golytely packets	Tier 2	May be covered at no copayment for members age 45 through 74
Gonal-F	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Gonitro		NC nitroglycerin lingual spray; nitroglycerin sublingual tablets
Gralise		NC gabapentin
granisetron tablets	Tier 2	QL 6 tablets/7 days
Granix prefilled syringe	Tier 4	SP PA QL 10 syringes/14 days. Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Grastek	Tier 3	PA
Grifulvin V tablets	Tier 3	
griseofulvin microsize	Tier 2	
griseofulvin microsize suspension	Tier 2	
griseofulvin ultramicrosize	Tier 2	
guaifenesin/pseudoephedrine/codeine	Tier 1	QL
guanfacine	Tier 1	
guanfacine ext-rel	Tier 1	
guanidine	Tier 1	
Guiatuss AC	Tier 1	
Guiatuss DAC	Tier 1	
Gvoke HypoPen		NC Glucagon, Baqsimi
Gvoke kit injection		NC glucagen
Gvoke prefilled syringe		NC glucagen

H

Drug Name	Tier	Pharmacy Program
Haegarda	Tier 4	SP PA QL 2,000 unit vials: 40 vials/30 days; 3,000 unit vials: 27 vials/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
halcinonide	Tier 2	PA
Halcion		NC triazolam
halobetasol propionate	Tier 2	PA
Halog		PA NC
haloperidol	Tier 1	
Harvoni 45mg/200mg	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 30 units/30 days, Generic formulations are non-covered and are subject to non-covered cost share.
Harvoni 90mg/400mg	Tier 4	SP PA Generic formulations are non-covered and are subject to non-covered cost share., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Harvoni pak	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Generic formulations are non-covered and are subject to non-covered cost share., 30 units/30 days
Hectorol	Tier 3	

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Hemady		NC dexamethasone tablets, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Hemangeol		NC propranolol oral solution
Hemlibra	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Hepsera	Tier 3	
Herceptin	Medical Benefit	PA Covered under the medical benefit with PA.
Herceptin Hylecta	Medical Benefit	PA Covered under the medical benefit with PA.
Hetlioz	Tier 4	PA QL 30 capsules/30 days
Hetlioz oral suspension	Tier 3	PA QL 48 mL: 3 bottles/30 days; 158 mL: 1 bottle/30 days
Hiprex		NC methenamine hippurate tablets
Horizant	Tier 3	QL 60 tablets/30 days
Humalog	Tier 2	Generic formulations are non-covered and are subject to non-covered cost share.
Humatrope		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Norditropin FlexPro, Norditropin Nordiflex
Humira	Tier 4	SP PA QL 2 pens or syringes/28 days; All Starter Kits: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Humulin	Tier 2	
Hyalgan	Medical Benefit	PA NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis.
Hycamtin oral capsules	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
hydralazine	Tier 1	
Hydrea		NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., hydroxyurea
Hydro 40		NC urea lotion/cream
hydrochlorothiazide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
hydrocodone bitartrate ER 24HR deterrent	Tier 3	QL
hydrocodone bitartrate ER 24HR deterrent 100 mg, 120 mg	Tier 3	PA QL 2 tablets/day
hydrocodone ext-rel capsules		QL hydrocodone/acetaminophen, 2 capsules/day
hydrocodone polistirex/chlorpheniramine polistirex	Tier 1	QL 10 mL/day

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hydrocodone/acetaminophen	Tier 1	QL 2.5/325 mg: 12 tablets/day; 2.5/500, 5/300, 5/400, and 5/500 mg: 8 tablets/day; 7.5/400, 7.5/500, 7.5/650, 10/300, 10/400, 10/500, and 10/650 mg: 6 tablets/day; 7.5/750, 10/660, and 10/750 mg: 5 tablets/day, Quantity Limitation applies to brand and generic products.
hydrocodone/acetaminophen 5/300, 7.5/300	Tier 1	QL
hydrocodone/acetaminophen solution	Tier 1	QL 90 mL/day
hydrocodone/chlorpheniramine	Tier 3	QL
hydrocodone/homatropine syrup	Tier 1	QL
hydrocodone/homatropine tabs	Tier 1	QL
hydrocodone/ibuprofen	Tier 1	QL
hydrocortisone	Tier 1	
hydrocortisone (prescription only)	Tier 1	
hydrocortisone butyrate cream, solution	Tier 2	PA
hydrocortisone butyrate lipid cream 0.1%	Tier 2	PA
hydrocortisone butyrate lotion 0.1%	Tier 2	PA
hydrocortisone butyrate ointment	Tier 1	PA
hydrocortisone cream	Tier 1	
hydrocortisone enema	Tier 1	
hydrocortisone valerate	Tier 2	PA
Hydromet	Tier 1	QL 30 mL/day
hydromorphone ext-rel	Tier 2	QL 30 tablets/30 days
hydromorphone ext-rel 32 mg	Tier 2	PA QL 30 tablets/30 days
hydromorphone suppository	Tier 1	QL 4 suppositories/day
hydromorphone tablets, liquid	Tier 1	QL
hydroxychloroquine	Tier 1	
hydroxyurea	Tier 1	
hydroxyzine HCl	Tier 1	
hydroxyzine pamoate	Tier 1	
Hyftor gel	NTM	
Hymovis	Medical Benefit	PA NC Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
hyoscyamine sulfate	Tier 1	
hyoscyamine sulfate ext-rel	Tier 1	
Hysingla ER		NC QL 2 tablets/day, hydrocodone ER 24HR deterrent
Hysingla ER 100 mg, 120 mg		NC QL hydrocodone ER 24HR deterrent, 2 tablets/day
Hyzaar		NC losartan/hydrochlorothiazide

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Drug Name	Tier	Pharmacy Program
ibandronate 150 mg	Tier 1	

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Ibrance	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Ibsrela tab 50mg		NC Linzess
ibuprofen (Rx Only)	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
icatibant	Tier 4	SP PA QL
Iclusig	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
icosapent ethyl 1 mg		NC Vascepa
Idhifa	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Ilaris	Medical Benefit	PA Covered under the medical benefit. Medication available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767.
Ilevro	Tier 3	
Ilumya		Covered under medical benefit with PA
imatinib mesylate	Tier 4	SP
Imbruvica	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Imbruvica oral suspension	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Imcivree	Tier 4	PA
imipramine HCl	Tier 1	
imipramine pamoate	Tier 2	
imiquimod	Tier 1	
imiquimod	Tier 2	
Imitrex injection		NC QL sumatriptan, 6 injections/vials (3 kits)/30 days
Imitrex nasal spray		NC QL 5 mg: 2 boxes (12 spray unit devices)/30 days; 20 mg: 1 box (6 spray unit devices)/30 days, sumatriptan
Imitrex tablets		NC QL sumatriptan, 9 tablets/30 days
Imjudo	NTM	
Immune Globulin (IVIG, SCIG)	Medical Benefit	PA SI Examples include, but are not limited to: Bivigam, Flebogamma, Gammagard, Gamunex, Hizentra, Octagam, Privigen. PA applies to members 18 years of age and older. If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767 or Coram Healthcare; call Coram Healthcare at 1-800-422-7312.

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Impavido	Tier 2	
Impeklo		NC clobetasol propionate 0.05% lotion
Impoyz		NC betamethasone dipropionate augmented ointment or gel
Imuran	Tier 3	
Imvexxy		NC estradiol vaginal tablets
Inbrija	Tier 3	PA
Increlex	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Incruse Ellipta indapamide	Tier 1	NC QL Spiriva, 3 inhalers/90 days This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Inderal LA		NC propranolol ext-rel
Inflectra	Medical Benefit	PA Covered under the medical benefit.
Ingrezza	Tier 2	PA QL 30 capsules/30 days; Initiation pack: 1 fill/lifetime
Injection device for insulin (Humapen/Novopen)	Tier 3	
Inlyta	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Innopran XL	Tier 3	
Inova		NC benzoyl peroxide wash (OTC), Stridex (OTC)
Inqovi	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Inrebic	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Inspra	Tier 3	
Insulin Aspart		NC Humulin, Humalog
Insulin Degludec		NC Tresiba
Insulin Glargine		NC Lantus
Insulin Lispro		NC Humalog
Integra F	Tier 3	
Integra Plus	Tier 3	
Intelence		NC etravirine tablets
Intrarosa	Tier 3	
Intron A	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Intuniv	Tier 3	
Invega		NC STPA olanzapine, paliperidone ext-rel, quetiapine, risperidone, Step Therapy Prior Authorization applies to generic drug only.
Inveltys	Tier 3	

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Invirase	Tier 2	
Invokamet		NC Jardiance + Metformin, Synjardy, Synjardy XR
Invokamet XR		NC Jardiance + Metformin, Synjardy, Synjardy XR
Invokana		NC Jardiance, Synjardy, Synjardy XR
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
irbesartan	Tier 1	
irbesartan/hydrochlorothiazide	Tier 1	
Iressa	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Irospan	Tier 3	
Isentress	Tier 2	
Isentress HD	Tier 2	
Isentress Oral Suspension	Tier 2	
isoniazid	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
isosorbide dinitrate/hydralazine HCL	Tier 2	
isosorbide mononitrate ext-rel	Tier 1	
isotretinoin		
Isotretinoin capsules		NC Claravis
isradipine	Tier 1	
Istalol		NC timolol maleate 0.5% eye drops
Isturisa	Tier 3	PA
itraconazole capsules	Tier 2	PA
itraconazole solution	Tier 2	
ivermectin	Tier 1	QL
ivermectin lotion	Tier 1	

J

Drug Name	Tier	Pharmacy Program
Jadenu		NC deferasirox tablets
Jakafi	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Jalyn		NC dutasteride/tamsulosin
Janumet	Tier 2	
Janumet XR	Tier 2	
Januvia	Tier 2	
Jardiance	Tier 2	
Jatenzo	Tier 3	PA QL 158 mg, 237 mg; 2 capsules/day; 198 mg; 4 capsules/day
Jentaduo		NC Janumet
Jentaduo XR		NC Janumet XR
Jinteli	Tier 1	

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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	PA
Jornay PM		NC methylphenidate ER capsules, amphetamine/dextroamphetamine mixed salts ext-rel
Jublia		NC oral terbinafine, topical ciclopirox solution
Juluca	Tier 2	
junel	Tier 1	PA
junel fe	Tier 1	PA
Juxtapid	Tier 4	PA QL 30 capsules/30 days
Jynarque	Tier 4	

K

Drug Name	Tier	Pharmacy Program
Kaletra solution	Tier 3	
Kaletra tablets	Tier 3	
Kalydeco	Tier 4	PA QL 60 tablets/30 days; 56 packets/28 days
Kanuma	Medical Benefit	PA SI Covered under the medical benefit., If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Kapsargo		NC metoprolol succinate ext-rel
Kapvay	Tier 3	
Karbinal ER		NC clemastine tablets
kariva	Tier 1	PA
Katerzia		NC amlodipine tablets
Kazano		NC Janumet
Keflex	Tier 3	
Kelnor	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.
Kenalog Spray	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Keppra	Tier 3	
Keppra XR		NC levetiracetam, levetiracetam ext-rel
Kerendia	Tier 2	PA QL 1 tablet/day
Kerydin		NC terbinafine tablets, ciclopirox solution
Kesimpta	Tier 4	SP QL 1 auto-injector/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ketoconazole	Tier 1	
ketoconazole 2%	Tier 1	
ketoconazole foam 2%	Tier 3	
ketoprofen		NC ibuprofen, naproxen
ketoprofen ext-rel		NC ibuprofen, naproxen
ketorolac 0.4% eye drops	Tier 1	
ketorolac 0.5% eye drops	Tier 1	
ketorolac tablets	Tier 1	
ketorolac tromethamine nasal spray		oral ketorolac, oral ibuprofen
Kevevis	Tier 3	PA

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Kevzara	Tier 4	SP PA QL 2 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Kevzara auto-injector	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 injectors/28 days
Kineret	Tier 4	PA QL 28 syringes/28 days
Kisqali	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Kisqali Femara Co-Pack	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Kitabis Pak	Tier 4	
Klaron	Tier 3	
Klisyri		NC fluorouracil, imiquimod 5% cream
Klonopin		NC clonazepam tablets
Kloxxado		NC QL Narcan nasal spray, 2 boxes/30 days
Kombiglyze XR		NC Janumet XR
Korlym	Tier 4	PA QL 120 tablets/30 days
Koselugo	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Krazati	NTM	
Krintafel	Tier 1	QL 2 tablets/fill
Krystexxa	Medical Benefit	PA Covered under the medical benefit.
Kuvan		SP NC sapropterin, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Kynmobi		NC QL Apokyn, 150 films/30 days
Kyzatrex		NC testosterone cypionate

L

Drug Name	Tier	Pharmacy Program
labetalol	Tier 1	
Lac-Hydrin	Tier 3	
lacosamide solution	Tier 2	
lacosamide tablets	Tier 2	
lactulose	Tier 1	
Lamictal	Tier 3	
Lamictal ODT	Tier 3	
Lamictal Starter Kit	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

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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	
lamivudine	Tier 1	
lamivudine tablets	Tier 1	
lamivudine/zidovudine	Tier 1	
lamotrigine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
lamotrigine ext-rel	Tier 2	QL
lamotrigine orally disintegrating tablets	Tier 2	
lamotrigine starter kit	Tier 2	
Lampit	Tier 3	
Lanoxin	Tier 3	
lansoprazole + amoxicillin + clarithromycin	Tier 1	
lansoprazole delayed-rel	Tier 2	PA QL
lansoprazole soluble tablets	Tier 3	PA QL
lanthanum carbonate chew tabs	Tier 3	
lanthanum oral powder	Tier 2	
Lantus	Tier 2	
lapatinib	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Lasix	Tier 3	
latanoprost	Tier 1	
latanoprost eye drops	Tier 1	
Latuda	Tier 2	STPA
layolis fe	Tier 1	PA
Lazanda		NC QL fentanyl citrate, 1 box (4 bottles)/28 days
ledipasvir/sofosbuvir		SP NC Harvoni, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
leena	Tier 1	PA
leflunomide	Tier 2	
lenalidomide 5, 10, 15, 25 mg	Tier 4	SP PA
Lenvima	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Leqvio	Medical Benefit	PA Covered under the medical benefit with PA.
Lescol		NC QL 90 capsules/90 days, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., simvastatin, atorvastatin, fluvastatin

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Lescol XL		NC QL fluvastatin, simvastatin, atorvastatin, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., 90 tablets/90 days
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 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
letrozole	Tier 1	
leucovorin calcium	Tier 1	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Leukeran	Tier 4	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Leukine	Tier 4	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 6 vials/14 days; Covered under the Prescription Drug Benefit when self-administered.
Leuprolide 22.5 mg	NTM	
leuprolide acetate 1 mg kit	Tier 1	Lupron Depot and Lupron Depot-Ped are covered under the medical benefit
levalbuterol inhalation solution	Tier 1	
levalbuterol tartrate, CFC-free aerosol	Tier 1	QL
Levaquin		NC ciprofloxacin, levofloxacin
Levatol	Tier 3	
Levbid	Tier 3	
Levemir		NC Lantus, Toujeo
levetiracetam	Tier 1	
levetiracetam ext-rel	Tier 1	
Levitra		NC QL 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn, sildenafil, vardenafil and tadalafil
levobunolol eye drops	Tier 1	
levofloxacin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
levofloxacin eye drops	Tier 1	
levora	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.
Levora	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.
Levorphanol		NC QL 2 mg: 4 tablets/day; 3 mg: 2 tablets/day, oxycodone
levorphanol tablets		QL

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Levothroid	Tier 1	
levothyroxine	Tier 1	
levothyroxine capsules	Tier 2	
Levoxyl	Tier 1	
Levsin	Tier 3	
Lexapro		NC escitalopram
Lexette		NC betamethasone dipropionate augmented 0.05%
Lexiva	Tier 3	
Lialda		NC mesalamine delayed-rel 1.2 gm
Librax		NC chlordiazepoxide/clidinium
Licart		NC diclofenac
lidocaine gel 2%	Tier 1	
lidocaine ointment 5%	Tier 2	QL 50 grams/30 days
lidocaine patch 4%	Tier 2	QL
lidocaine patch 5%	Tier 3	PA QL
lidocaine viscous	Tier 1	
lidocaine/prilocaine cream	Tier 1	QL 1 tube/30 days
lidocaine/tetracaine cream	Tier 2	QL
lidocaine/tetracaine cream	Tier 3	QL
Lidocare	Tier 2	QL 30 patches/30 days
Lidocort Rectal kit	Tier 1	
Lidoderm		PA NC QL 30 patches/30 days, lidocaine patch 5%
Lidotrex		NC lidocaine gel 2%
lindane	Tier 1	
linezolid 100 mg/5 mL oral suspension	Tier 3	
linezolid 600 mg tablets	Tier 2	
Linzess	Tier 2	
liothyronine	Tier 1	
Lipitor 10 mg, 20 mg		NC QL 90 tablets/90 days, atorvastatin, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater.
Lipitor 40 mg, 80 mg		NC atorvastatin
Lipofen		NC fenofibrate
lisinopril	Tier 1	
lisinopril/hydrochlorothiazide	Tier 1	
lithium carbonate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
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, lovastatin, pravastatin and rosuvastatin
Livmarli	Tier 4	PA
Livtency	Tier 3	PA QL 4 tablets/day
Lo Loestrin Fe	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.

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Locoid Lipocream	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Locoid Lotion		PA NC hydrocortisone butyrate lotion 0.1%
Lodosyn	Tier 3	
Loestrin	Tier 3	PA 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., Generic preferred, Generic preferred
Loestrin Fe	Tier 3	PA Generic preferred, Generic preferred, 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.
Lokelma	Tier 2	
Lomaira		NC phentermine
Lomedia 24 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.
Lomotil	Tier 3	
Lonhala Magnair		NC ipratropium nebulizer solution
Lonsurf	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Lopid		NC gemfibrozil
lopinavir/ritonavir solution	Tier 2	
lopinavir/ritonavir tablets	Tier 2	
Lopressor		NC metoprolol tartrate tablets
Loprox	Tier 3	
lorazepam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Lorbrena	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Loreev XR capsule		NC lorazepam tablets
Lortuss EX	Tier 1	QL 40 mL/day
Lorzone		NC chlorzoxazone
losartan	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.

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losartan/hydrochlorothiazide	Tier 1	
LoSeasonique	Tier 3	PA 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., Generic preferred
Lotemax	Tier 3	
Lotemax 0.5% gel		NC Ioteprednol ophthalmic gel 0.5%
Lotemax SM		NC Lotemax
Lotemax suspension		NC Ioteprednol suspension
Lotensin	Tier 3	
Lotensin HCT		NC benazepril/hydrochlorothiazide tablets
loteprednol ophthalmic gel 0.5%	Tier 2	
loteprednol suspension 0.5%	Tier 2	
Lotrel		NC amlodipine/benazepril
Lotronex	Tier 3	
lovastatin	Tier 1	QL
Lovaza		NC omega-3 fish oil (OTC)
Lovenox		NC enoxaparin
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	
lubiprostone	Tier 2	
Lucemyra	Tier 3	QL 132 tablets/fill
luliconazole cream	Tier 2	
Lumakras	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Lumigan	Tier 3	STPA
Lumizyme	Medical Benefit	SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767 or Coram Healthcare; call Coram Healthcare at 1-800-422-7312.
Lunesta		NC QL eszopiclone tablets, 10 tablets/30 days
Lupkynis	Tier 4	PA
Lupron Depot 3.75 mg, 11.25 mg	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Lupron Depot 7.5, 22.5, 30, and 45 mg	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Lupron Depot Ped	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Luride drops	Tier 1	No copayment required for children through age 6. Coverage is excluded for members age 16 and older.

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Luride Lozi-Tabs	Tier 3	No copayment required for children through age 6. Coverage is excluded for members age 16 and older.
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.
Luxiq	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Luzu		NC ketoconazole, econazole
Lybalvi	Tier 3	STPA
Lynparza	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Lyrica		NC STPA pregabalin
Lyrica CR		NC gabapentin
Lysodren	Tier 4	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Lysteda	Tier 3	QL 30 tablets/28 days
Lytgobi	NTM	
Lyumjev		NC Humalog
Lyvispah		NC baclofen tablets

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Drug Name	Tier	Pharmacy Program
Macrobid	Tier 3	
Macrochantin	Tier 3	
mafenide acetate 5%	Tier 2	
Malarone	Tier 3	
malathion	Tier 2	
maprotiline	Tier 1	PA Prior Authorization applies to members through age 12.
maraviroc	Tier 2	
MAR-COF CG	Tier 1	QL 45 mL/day
Marplan	Tier 3	PA Prior Authorization applies to members through age 12.
Matulane	Tier 4	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Mavenclad	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 10 tablets/30 days
Mavik	Tier 3	
Mavyret		NC Harvoni 90mg/400mg, Epclusa, Vosevi
Mavyret pak		SP NC Epclusa, Harvoni, Vosevi, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Maxalt/Maxalt-MLT		NC QL rizatriptan, 9 tablets/30 days
Maxaron Forte	Tier 3	
Maxidex	Tier 3	

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Maxitrol	Tier 3	
Maxzide	Tier 3	
Maxzide-25	Tier 3	
Mayzent	Tier 4	SP QL 0.25mg: 120 tablets/30 days; 2mg: 30 tablets/30 days; Starter Pack: 1 fill per lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
meclizine 12.5 mg, 25 mg	Tier 1	
meclizine 50 mg		NC meclizine 12.5mg tabs, 25mg tabs
meclofenamate	Tier 3	
Medrol	Tier 3	
medroxyprogesterone acetate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
mefenamic acid	Tier 3	
mefloquine	Tier 1	
megestrol acetate	Tier 1	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
megestrol acetate 625 mg/5 mL	Tier 2	
Mekinist	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Mektovi	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
meloxicam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
meloxicam capsules (generic for Vivlodex)		NC meloxicam tablets
melphalan	Tier 2	
memantine	Tier 1	
memantine ext-rel	Tier 2	
Menest	Tier 3	
Menopur	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Menostar		NC estradiol transdermal and Climara Pro transdermal
meperidine oral solution	Tier 1	QL Solution: 90 mL/day
meperidine tablets	Tier 1	QL 50 mg: 18 tablets/day; 100 mg: 8 tablets/day
Mephyton		NC phytonadione tablets
Mepron suspension	Tier 3	
mercaptopurine	Tier 1	
mesalamine delayed-rel	Tier 2	
mesalamine delayed-rel 1.2 gm	Tier 2	
mesalamine delayed-rel tablets	Tier 2	
mesalamine ext-rel capsules	Tier 2	
mesalamine rectal suspension	Tier 1	
mesalamine suppositories	Tier 2	

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Mesnex	Tier 4	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Mestinon	Tier 3	
Mestinon Timespan	Tier 3	
Metadate CD		NC QL 30 capsules/30 days, methylphenidate ext-rel capsules
Metadate ER 20 mg	Tier 1	PA QL 30 tablets/30 days, Prior Authorization required for members 25 years of age and older.
metaproterenol syrup	Tier 1	
metaxalone	Tier 2	
metformin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Metformin 625 mg tablet		NC metformin 500, 750
metformin ext-rel	Tier 1	
metformin ext-rel	Tier 2	PA
metformin ext-rel	Tier 3	PA
metformin oral solution	Tier 2	
methadone	Tier 1	PA QL Solution: 5 mg/5 mL: 20 mL/day; 10 mg/5 mL: 10 mL/day; Tablets: 5 mg: 4 tablets/day; 10 mg: 2 tablets/day
methadone injection	Tier 1	PA QL 2 mL/day
methadone intensol concentrate 10 mg/mL	Tier 1	PA QL 2 mL/day
methamphetamine	Tier 3	PA QL
methazolamide	Tier 2	
methenamine hippurate	Tier 1	
methenamine/hyoscyamine/methylene blue/phenyl sali	Tier 3	
methimazole	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
methocarbamol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Methocarbamol 1000 mg tablet		NC methocarbamol
methotrexate	Tier 1	
methoxsalen	Tier 1	
methyl dopa	Tier 1	
Methylin chewable tablets		NC methylphenidate chewable tablets, oral solution
Methylin oral solution		NC methylphenidate chewable tablets, oral solution
methylphenidate	Tier 1	PA Prior Authorization required for members 25 years of age and older.
Methylphenidate 45 mg extended release tablets	NTM	
Methylphenidate 63 mg extended release tablets	NTM	
methylphenidate chewable tablets	Tier 1	PA Prior Authorization required for members 25 years of age and older.
methylphenidate er 24 hr hcl		NC methylphenidate HCL ER
methylphenidate ER osmotic release 72 mg	Tier 3	PA QL

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methylphenidate ER osmotic release 72 mg Brand		PA QL 30 tablets/30 days, Prior Authorization applies to members 25 years of age or older., generic methylphenidate ER osmotic release 72 mg
methylphenidate ext-rel 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 2	PA QL Prior Authorization applies to members 25 years of age or older., 10 mg, 20 mg, 40 mg, 60 mg: 30 capsules/30 days; 30 mg: 60 capsules/30 days
methylphenidate ext-rel capsules	Tier 2	PA QL 30 capsules/30 days, Prior Authorization required for members 25 years of age and older.
methylphenidate ext-rel tablets	Tier 2	PA QL Prior Authorization required for members 25 years of age and older., 30 tablets/30 days
methylphenidate HCl ER	Tier 2	PA QL 18, 27 & 54 mg: 30 tablets/30 days; 36 mg: 60 tablets/30 days, Prior Authorization applies to members 25 years of age or older.
methylphenidate HCl ER 24HR		NC methylphenidate HCl ER
methylphenidate oral solution	Tier 2	PA Prior Authorization applies to members 25 years of age or older.
methylphenidate transdermal	Tier 2	QL
methylprednisolone	Tier 1	
metoclopramide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Metoclopramide orally disintegrating tablets 10 mg	Tier 3	QL 120 tablets/30 days
metoclopramide orally disintegrating tablets 5 mg	Tier 1	QL 120 tablets/30 days
metolazone	Tier 1	
metoprolol succinate ext-rel	Tier 1	
metoprolol tartrate	Tier 1	
metoprolol tartrate 37.5 mg, 75 mg	Tier 3	
metoprolol/hydrochlorothiazide	Tier 1	
Metozolv ODT 5 mg	Tier 3	QL 120 tablets/30 days
MetroCream	Tier 3	
MetroGel		NC metronidazole gel
MetroLotion	Tier 3	
metronidazole	Tier 1	
metronidazole 375 mg capsules	Tier 3	
metronidazole cream	Tier 1	
metronidazole gel	Tier 2	
metronidazole lotion	Tier 2	
metronidazole tablets	Tier 1	
metronidazole vaginal gel	Tier 2	
metryrosine	Tier 2	
Mevacor		NC QL lovastatin tablets, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., 90 tablets/90 days
mexiletine	Tier 1	
Miacalcin injection	Tier 2	
Miacalcin nasal	Tier 3	
Micardis		NC irbesartan, losartan, telmisartan
Micardis HCT		NC irbesartan/HCTZ, losartan/HCTZ, telmisartan/HCTZ
miconazole nitrate/zinc oxide		miconazole nitrate + zinc oxide (OTC)
microgestin	Tier 1	PA

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microgestin fe	Tier 1	PA
midodrine	Tier 1	
mifepristone 200 mg	Tier 2	
Migergot suppository	Tier 3	
miglitol	Tier 2	
miglustat	Tier 3	PA
Migranal		NC QL 1 box (8 vials)/30 days, dihydroergotamine spray
Millipred	Tier 3	
Minastrin 24 Fe	Tier 3	PA 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., Generic preferred
Minipress	Tier 3	
Minivelle	Tier 3	
Minocin		NC minocycline capsules
minocycline capsules	Tier 1	
minocycline ext-rel	Tier 1	
minocycline SR	Tier 3	
minocycline tablets	Tier 2	
Minolira		NC minocycline HCl
Mirapex	Tier 3	
Mirapex ER	Tier 3	
Mircera	Tier 2	QL 2 syringes/28 days
Mircette	Tier 3	PA Generic preferred, 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	PA Prior Authorization applies to members through age 12.
mirtazapine orally disintegrating tablets	Tier 1	PA
misoprostol	Tier 1	
Mitigare 0.6 mg		NC colchicine capsules
Mobic	Tier 3	
modafinil	Tier 2	PA QL
Modicon	Tier 3	PA 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., Generic preferred
moexipril	Tier 1	
molindone	Tier 1	
mometasone	Tier 1	
mometasone 0.1% lotion	Tier 1	PA This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
mometasone lotion 0.1%	Tier 1	PA
mononessa	Tier 1	PA

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Monovisc	Medical Benefit	PA NC Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
montelukast	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
montelukast chewable tablets	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
montelukast chewable tabs	Tier 1	
Monurol		NC fosfomycin
morphine	Tier 1	QL Solution: 100 mg/5 mL: 4.5 mL/day, 10 mg/5 mL: 45 mL/day, 20 mg/5 mL: 22.5 mL/day; Tablets: 15 mg: 6 tablets/day, 30 mg: 3 tablets/day
morphine ext-rel	Tier 1	QL
morphine ext-rel 60, 100, 200 mg	Tier 1	PA QL
morphine sulfate beads	Tier 1	QL 1 capsule/day
morphine sulfate beads 120 mg	Tier 1	PA QL
morphine sulfate ext-rel 10, 20, 30, 40 mg	Tier 1	QL 60 capsules/30 days
morphine sulfate ext-rel 50, 60, 80, 100 mg	Tier 1	PA QL 60 capsules/30 days
Morphine suppositories 30 mg	Tier 2	QL 3 suppositories/day
morphine suppositories 5 mg, 10 mg, 20 mg	Tier 1	QL 5 and 10 mg: 6 suppositories/day; 20 mg: 4 suppositories/day
Motegrity		NC Linzess
Mounjaro		NC Ozempic, Trulicity, Victoza
Movantik	Tier 2	
Moviprep		NC PEG 3350 solution, Generics may be covered at no copayment for members age 45 through 74
Moxeza		NC moxifloxacin sol 0.5%
moxifloxacin	Tier 1	
moxifloxacin	Tier 2	
MS Contin		NC QL morphine sulfate ext-rel, 90 tablets/30 days
MS Contin 60, 100, 200 mg		PA NC QL 90 tablets/30 days, morphine sulfate ext-rel
Mulpleta	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Multaq	Tier 3	
mupirocin	Tier 2	
MUSE	Tier 3	
Myalept	Tier 3	PA QL 30 injections/30 days
Myambutol	Tier 3	
Mycapssa	Tier 3	PA
Mycobutin	Tier 3	
mycophenolate mofetil	Tier 1	
mycophenolate mofetil suspension	Tier 2	
mycophenolate sodium	Tier 1	
mycophenolate sodium delayed-rel tablets	Tier 2	
Mydayis		NC QL amphetamine/dextroamphetamine, 30 capsules/30 days

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Myfembree	Tier 2	PA QL 30 tablets/30 days
Myfortic	Tier 4	
Myleran tablets	Tier 4	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Myorisan		NC Claravis
Myrbetriq	Tier 3	STPA
Myrbetriq suspension	Tier 3	STPA
Mysoline	Tier 3	
Mytesi	Tier 2	PA

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Drug Name	Tier	Pharmacy Program
nabumetone	Tier 1	
nadolol	Tier 2	
naftifine cream 1%	Tier 2	
naftifine cream 2%	Tier 2	
naftifine gel 1%	Tier 2	
Naglazyme	Medical Benefit	SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767 or Coram Healthcare; call Coram Healthcare at 1-800-422-7312.
Nalfon	Tier 3	
naloxone HCL nasal spray 4 mg/0.1mL	No copayment	QL
naloxone injection	No copayment	
naltrexone	Tier 1	
Namenda	Tier 3	
Namenda XR		NC memantine ext-rel capsules
Namzaric		NC Namenda XR, donepezil
naphazoline eye drops	Tier 1	
Naprelan		NC naproxen sodium ext-rel tablets
Naprosyn		NC
naproxen	Tier 1	
naproxen delayed-rel	Tier 1	
naproxen sodium	Tier 2	
naproxen sodium ext-rel		naproxen DR tablets, naproxen IR tablets
naproxen suspension	Tier 3	
naratriptan	Tier 1	QL
Narcan	No copayment	QL 2 kits or 2 boxes/30 days
Nascobal	Tier 2	
Natazia	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.
nateglinide	Tier 1	
Natesto		NC testosterone gel
Natpara	Tier 4	SP QL 2 cartridges/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Natroba		NC QL spinosad suspension 0.9%, 1 bottle/fill
Nayzilam	Tier 3	PA QL Prior authorization required through age 11; Covered for age 12 and older, 1 box (2 nasal spray units)/fill

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nebivolol	Tier 2	
necon 0.5/35	Tier 1	PA
necon 1/35	Tier 1	PA
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 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.
necon 7/7/7	Tier 1	PA
Neevo DHA	Tier 3	
nefazodone	Tier 2	PA Prior Authorization applies to members through age 12
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 2	
neomycin/polymyxin B/hydrocortisone otic	Tier 1	
Neoral	Tier 3	
Nephrocaps	Tier 3	
Nerlynx	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Nesina		NC Januvia
Neuac		NC clindamycin/benzoyl peroxide gel
Neulasta	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 1 syringe/14 days; Covered under the Prescription Drug Benefit when self-administered.
Neupogen	Tier 4	SP PA QL 10 vials (1 mL and 1.6 mL)/14 days; Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Neupogen/Single-Ject	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 10 syringes/14 days; Covered under the Prescription Drug Benefit when self-administered.
Neupro	Tier 3	
Neurontin	Tier 3	
Neutrasal		NC OTC saliva substitute
Nevanac	Tier 3	
nevirapine	Tier 1	
nevirapine ext-rel	Tier 1	
Nexavar		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., sorafenib, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Nexium 24HR OTC	Tier 3	Only OTC esomeprazole products are covered.

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Nexium Oral Packets		NC QL omeprazole suspension, esomeprazole magnesium for delayed release suspension packets, 90 packets/90 days
Nexletol		NC Repatha, ezetimibe, generic statin
Nexlizet		NC Repatha, ezetimibe
next choice one dose	Tier 1	
Nextstellis	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.
Nexviazyme	Medical Benefit	SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
niacin ext-rel	Tier 2	
Niaspan	Tier 3	
nicardipine	Tier 1	
Nicotine Gum	No copayment	Only generics are covered at no copayment.
Nicotine Lozenge	No copayment	Only generics are covered at no copayment.
Nicotine Patch	No copayment	Only generics are covered at no copayment.
Nicotrol Inhaler	No copayment	
Nicotrol NS Spray	No copayment	
nifedipine 10 mg	Tier 1	
Nifedipine 20 mg	Tier 2	
nifedipine ext-rel	Tier 1	
Nilandron		NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., nilutamide
nilutamide	Tier 4	
nimodipine	Tier 2	
Ninlaro	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
nisoldipine ext-rel	Tier 1	
nitazoxanide	Tier 2	
nitisinone 2, 5, 10 mg capsules	Tier 4	
Nitro-Dur	Tier 3	
nitrofurantoin ext-rel	Tier 1	
nitrofurantoin macrocrystals	Tier 1	
nitrofurantoin suspension	Tier 3	
nitroglycerin lingual spray	Tier 1	
nitroglycerin sublingual	Tier 1	
nitroglycerin transdermal	Tier 1	
Nitrolingual	Tier 3	
Nitrostat	Tier 3	
Nityr	Tier 4	
Nivestym	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 10 syringes/14 days; Covered under the Prescription Drug Benefit when self-administered.

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nizatidine	Tier 2	
Nocduerna		NC desmopressin tablets
Norco		NC QL Norco ==hydrocodone/acetaminophen tablets, 5/325 mg: 8 tablets/day; 7.5/325 mg and 10/325 mg: 6 tablets/day
Norditropin Products	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. Applies to all Norditropin products including Norditropin Flexpro and Norditropin Nordiflex.
norethindrone acetate	Tier 1	
norethindrone acetate/EE 1/20 and iron	Tier 1	PA
norethindrone acetate/EE 1/20 and iron chewable	Tier 1	PA
norethindrone/EE 0.4/35 and iron chewable	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.
Norgesic Forte		NC orphenadrine w/aspirin and caffeine tablets
Norinyl 1+35	Tier 3	PA 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., Generic preferred
Noritrate		NC metronidazole 0.75% cream
Norliqva		NC amlodipine tablets
Norpace	Tier 3	
Norpace CR	Tier 3	
Norpramin		PA NC Prior Authorization applies to members through age 12., desipramine
Nor-QD	Tier 3	PA Generic preferred, 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.
Northera		NC droxidopa capsules
nortrel 0.5/35	Tier 1	PA
nortrel 1/35	Tier 1	PA
nortrel 7/7/7	Tier 1	PA
nortriptyline	Tier 1	PA
Norvasc		NC amlodipine
Norvir Powder Packet	Tier 2	
Norvir solution	Tier 2	
Norvir Tablets	Tier 2	
Nourianz	Tier 3	PA QL 30 tablets/30 days
Novaferrum oral solution	Tier 3	
Novarel	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Novolin		NC Humulin, Humalog
Novolog		NC Humulin, Humalog
Noxafil oral suspension	Tier 3	PA
Noxafil tablets		PA NC itraconazole capsules, voriconazole tablets
Nubeqa		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Xtandi
Nucala auto-injector, prefilled syringe	Tier 4	SP PA QL 3 auto-injectors or prefilled syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

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Nucala vials	Medical Benefit	PA Covered under the medical benefit.
Nucynta		NC QL 50 mg: 4 tablets/day, 75 mg: 3 tablets/day, 100 mg: 2 tablets/day, tramadol, oxycodone
Nucynta ER	Tier 3	QL 60 tablets/30 days
Nuedexta	Tier 2	PA
Nulibry	Medical Benefit	PA Covered under the medical benefit with PA.
Nulytely	Tier 3	
Numoisyn	Tier 3	
Nuplazid	Tier 4	SP PA QL 60 tablets/30 days; 30 capsules/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Nurtec ODT	Tier 2	PA QL For acute migraines: 8 tablets/30 days; For prevention: 16 tablets/30 days
Nutropin AQ		SP NC Norditropin FlexPro, Norditropin Nordiflex, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Nutropin AQ Nuspin		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Norditropin FlexPro, Norditropin Nordiflex
Nuvaring	Tier 3	PA Generic preferred; Prior Authorization applies to brand name drug only., 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.
Nuessa	Tier 3	
Nuvigil		PA NC QL armodafinil, 90 tablets/90 days
Nuzyra tablets	Tier 3	
Nymalize	Tier 3	
nystatin	Tier 1	
nystatin/triamcinolone	Tier 1	
Nyvepria	Tier 4	SP PA QL Covered under the Prescription Drug Benefit when self-administered., 0.6 mL [1 syringe]/14 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

Q

Drug Name	Tier	Pharmacy Program
OB Complete caplet	Tier 3	
OB Complete DHA	Tier 3	
Obtrex DHA	Tier 3	
Ocaliva	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 30 tablets/30 days
ocella	Tier 1	PA
octreotide	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Ocuflox	Tier 3	

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Odactra	Tier 3	PA
Odefsey	Tier 2	
Odomzo	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Ofev	Tier 4	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 60 capsules/30 days
ofloxacin	Tier 1	
ofloxacin eye drops	Tier 1	
ofloxacin otic	Tier 2	
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.
olanzapine	Tier 1	
olanzapine orally disintegrating tablets	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
olanzapine/fluoxetine	Tier 1	
olmesartan	Tier 2	
olmesartan/amlodipine/hydrochlorothiazide	Tier 2	
olmesartan/hydrochlorothiazide	Tier 2	
olopatadine nasal spray	Tier 2	QL
Olumiant	Tier 4	SP PA QL 1 unit/day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Olux foam 0.05%	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Olux-E		PA NC clobetasol 0.05% foam, clobetasol 0.05% foam/emollient
Omeclamox-Pak		NC omeprazole + clarithromycin + amoxicillin, lansoprazole + amoxicillin + clarithromycin
omega-3 acid ethyl esters	Tier 2	
omeprazole delayed-rel	Tier 1	PA QL
omeprazole/sodium bicarbonate capsules	Tier 3	PA QL
omeprazole/sodium bicarbonate oral packets	Tier 2	PA QL
omeprazole/sodium bicarbonate OTC capsules	Tier 2	PA
Omnipod 5 Intro kit	Tier 2	PA QL 1/365 days
Omnipod 5 Pods	Tier 2	PA QL 10 pods (2 boxes)/30 days
Omnipod DASH Intro kit	Tier 2	QL 1/365 days
Omnipod DASH Pods	Tier 2	QL 2 boxes(10 pods)/30 days
Omnitrope		SP NC Norditropin FlexPro, Norditropin Nordiflex, Medication must be obtained from CVS/specialty; call CVS/specialty 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 Ultra test strips	Tier 2	
OneTouch Verio test strips	Tier 2	
Onexton Gel 1.2/3.75%		NC clindamycin/benzoyl peroxide 1/5%
Onfi	Tier 3	
Ongentys	Tier 3	PA QL 30 capsules/30 days
Onglyza		NC Januvia, alogliptin

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Onpattro	Medical Benefit	PA Covered under medical benefit with PA
Onureg	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Onzetra Xsail	Tier 3	QL STPA 16 units/30 days
Opana		NC QL 5 mg: 6 tablets/day; 10 mg: 3 tablets/day, hydromorphone tablets, oxycodone tablets, oxymorphone
Opdualag	Medical Benefit	PA Covered under the medical benefit with PA.
Opsumit	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Opzelura		NC QL 4 tubes/30 days, betamethasone valerate 1% ointment, tacrolimus ointment
Oracea		NC doxycycline
Oralair	Tier 3	PA
Orapred ODT	Tier 3	
Oravig		NC fluconazole
Orencia auto-injector / prefilled syringe	Tier 4	SP PA QL 4 auto-injectors / syringes/28 days, Orencia auto-injectors / syringes are covered under the pharmacy benefit only, prior authorization applies. Orencia vials are covered under the medical benefit only, prior authorization applies., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Orencia vial	Medical Benefit	PA Orencia vials are covered under the medical benefit only, prior authorization applies. Medication available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Orencia syringes are covered under the pharmacy benefit only, prior authorization applies.
Orenitram	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Orfadin 2, 5, 10 mg capsules		NC nitisinone 2, 5, 10 mg capsules capsules
Orfadin 20mg capsules	Tier 4	
Orfadin suspension	Tier 4	
Orgovyx	Tier 4	PA
Oriahnn cap	Tier 2	PA QL
Orilissa	Tier 2	PA QL 150 mg: 30 tablets/30 days; 200 mg: 60 tablets/30 days
Orkambi	Tier 4	PA QL 112 tablets/28 days; 56 packets/28 days
Orladeyo	Tier 4	PA QL 1 unit/day
orphenadrine ext-rel	Tier 1	
orphenadrine/aspirin/caffeine	Tier 2	
Ortho Micronor	Tier 3	PA Generic preferred, Generic preferred, 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.

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Ortho Tri-Cyclen	Tier 3	PA 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 applicability and effective date for your group., Generic preferred, Generic preferred, Generic preferred
Ortho Tri-Cyclen Lo	Tier 3	PA Generic preferred, 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.
Ortho-Cyclen	Tier 3	PA 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 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., Generic preferred, Generic preferred
Ortho-Novum 1/35	Tier 3	PA Generic preferred, 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.
Ortho-Novum 7/7/7	Tier 3	PA 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., Generic preferred, Generic preferred
Orthovisc	Medical Benefit	PA NC Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
Ortikos ER		NC budesonide caps, budesonide ER tabs
oseltamivir capsules	Tier 2	QL
oseltamivir suspension	Tier 2	QL

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Oseni		NC Januvia
Osmolex ER		NC amantadine
Osphena	Tier 3	
Otezla	Tier 4	SP PA QL 60 tablets/30 days; Starter Kit: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 1 starter kit fill only
Otovel		NC ciprofloxacin otic sol 0.2%
Otrexup		NC methotrexate
Ovcon 35	Tier 3	PA Generic preferred, 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		NC malathion lotion 0.5%
Ovidrel	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
oxandrolone	Tier 2	
oxaprozin	Tier 3	
Oxaydo	Tier 3	QL 5 mg: 12 tablets/day, 7.5 mg: 8 tablets/day
oxazepam	Tier 1	
Oxbryta	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Oxbryta tablets for oral suspension	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 3 units/day
oxcarbazepine	Tier 1	
Oxervate	Tier 4	PA
oxiconazole cream	Tier 2	
Oxistat cream	Tier 3	
Oxistat lotion	Tier 2	
Oxlumo	Medical Benefit	PA Covered under the medical benefit with PA.
Oxtellar XR	Tier 3	
oxybutynin	Tier 1	
oxybutynin ext-rel	Tier 1	
oxycodone	Tier 1	QL 5 mg capsules: 12 capsules/day; Tablets: 10 mg: 6 tablets/day; 20 mg: 3 tablets/day; Solution: 100 mg/5 mL: 3 mL/day; 5 mg/5 mL: 60 mL/day
oxycodone ext-rel	Tier 2	QL
oxycodone/acetaminophen	Tier 1	QL
oxycodone/acetaminophen 10/300 mg soln	NTM	
oxycodone/aspirin	Tier 1	QL
oxycodone/ibuprofen	Tier 1	QL 4 tablets/day
OxyContin	Tier 2	QL 2 tablets/day
oxymorphone	Tier 1	QL
oxymorphone ext-rel	Tier 2	QL 2 tablets/day
Oxytrol		NC QL Oxytrol OTC, oxybutynin tablets
Ozempic	Tier 2	
Ozobax		NC baclofen

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Drug Name	Tier	Pharmacy Program
pacerone	Tier 2	
Palforzia capsules	Tier 3	PA
Palforzia packets	Tier 3	PA
paliperidone ext-rel tablets	Tier 2	
Palyzinq	Tier 4	SP PA QL 20 mg/mL syringe only; 1 syringe per day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Pamelor		PA NC nortriptyline, Prior Authorization applies to members through age 12.
Pancreaze	Tier 3	
Pandel	Tier 3	PA
Panretin	Tier 3	
pantoprazole delayed-rel	Tier 1	PA QL
pantoprazole sodium suspension	Tier 2	PA QL PA for members > 12 years., 90 packets/90 days
paricalcitol capsules	Tier 1	
Parlodel	Tier 3	
Parnate		PA NC Prior Authorization applies to members through age 12, tranlycypromine
paromomycin	Tier 2	
paroxetine HCl	Tier 1	PA This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document., Prior Authorization applies to members through age 12.
paroxetine HCL 10 mg/5 mL		NC paroxetine
paroxetine HCl ext-rel	Tier 2	PA
paroxetine mesylate 7.5 mg	Tier 2	
Patanase		NC QL 3 units/90 days, azelastine nasal spray, olopatadine nasal spray
Paxil		PA NC paroxetine, Prior Authorization applies to members through age 12.
Paxil CR		PA NC Prior Authorization applies to members through age 12., paroxetine, paroxetine ext-rel
PCE	Tier 3	
peg 3350/electrolytes	Tier 1	Generics may be covered at no copayment for members age 45 through 74
peg 3350/electrolytes	Tier 2	Generics may be covered at no copayment for members age 45 through 74
peg 3350/electrolytes disposable jug	Tier 1	
Pegasys/Pegasys ProClick	Tier 4	SP Preferred Product, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
PegIntron	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Peg-prep	Tier 1	May be covered at no copayment for members age 45 through 74
Pemazyre	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
penicillamine	Tier 2	

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penicillin VK	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Pennsaid		NC QL 1 bottle/30 days, diclofenac
Pentasa		NC mesalamine ER
pentazocine/naloxone	Tier 1	QL 4 tablets/day
pentoxifylline ext-rel	Tier 1	
Pepcid		NC cimetidine, famotidine, or ranitidine
Percocet		NC QL oxycodone/acetaminophen, 2.5/325, 5/300, and 5/325 mg: 12 tablets/day; 5/400 mg: 10 tablets/day; 7.5/300, 7.5/325, 7.5/400, and 7.5/500 mg: 8 tablets/day; 10/300, 10/325, 10/400, 10/500, and 10/650 mg: 6 tablets/day
Percodan		NC QL 12 tablets/day, oxycodone/aspirin
Perforomist	Tier 2	QL 180 vials/90 days
Peridex	Tier 3	
perindopril	Tier 1	
permethrin 5%	Tier 1	
perphenazine	Tier 1	
Persantine	Tier 3	
Pertzye	Tier 3	
Pexeva	Tier 3	PA STPA Prior Authorization applies to members through age 12., Step Therapy Prior Authorization required for members 13 years of age and older.
Pheburane	NTM	
Phendimetrazine	Tier 1	
phendimetrazine ext-rel	Tier 3	
phenelzine	Tier 1	PA Prior Authorization applies to members through age 12.
phenobarbital	Tier 1	
phenoxybenzamine	Tier 1	
phentermine	Tier 1	
phenytoin sodium	Tier 1	
phenytoin sodium ext-rel	Tier 1	
Phesgo	Medical Benefit	PA Covered under the medical benefit with PA.
Phexxi	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.
PhosLo		NC calcium acetate capsules
Phoslyra		NC sevelamer powder packets
phytonadione	Tier 2	
Pifeltro	Tier 2	
pilocarpine	Tier 1	
Pilopine HS gel	Tier 2	
pimecrolimus 1%	Tier 2	
pimozide	Tier 1	
pindolol		
pindolol	Tier 1	
pioglitazone	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
pioglitazone/glimepiride	Tier 1	

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pioglitazone/metformin	Tier 1	
Piqray	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
pirfenidone	Tier 4	SP QL
piroxicam	Tier 1	
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	
Plegridy	Tier 4	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 pens or syringes/28 days; one starter pack as a one-time fill only
Plenvu	Tier 3	May be covered at no copayment for members age 45 through 74
Pletal	Tier 3	
Pliaglis		NC QL lidocaine/prilocaine cream, lidocaine/prilocaine cream
Podiapn		NC B-complex + folic acid
podofilox	Tier 1	
polymyxin B/trimethoprim eye drops	Tier 1	
Polytrim	Tier 3	
Pomalyst	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Ponstel	Tier 3	
Ponvory		SP NC QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Gilenya, Mayzent, Zeposia, 30 tablets/30 days
Ponvory starter pack		SP NC QL 1 fill/lifetime, Gilenya, Mayzent, Zeposia, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
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.
posaconazole delayed-release tablets	Tier 3	PA
potassium chloride ext-rel	Tier 1	
potassium chloride liquid	Tier 2	
potassium chloride powder	Tier 2	
potassium chloride/potassium bicarbonate/citric acid effervescent tablets 25 mE	Tier 1	
potassium citrate ext-rel	Tier 2	
Pradaxa		NC Eliquis, Xarelto, Xarelto starter pack
Praluent		NC QL Repatha, 6 syringes or autoinjectors/84 days
pramipexole	Tier 1	

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pramipexole ext-rel	Tier 2	
prasugrel	Tier 2	
Pravachol		NC QL 90 tablets/90 days, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., pravastatin tablets
pravastatin	Tier 1	QL
praziquantel	Tier 2	
prazosin	Tier 1	
Precose	Tier 3	
Pred Forte	Tier 3	
Pred Mild	Tier 2	
Pred-G	Tier 2	
prednicarbate cream 0.1%	Tier 2	PA
prednicarbate ointment	Tier 1	
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 sodium phosphate orally disintegratin	Tier 2	
prednisolone syrup	Tier 1	
prednisone	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Prednisone Intensol	Tier 3	
Prefest	Tier 2	
pregabalin	Tier 1	
pregabalin ext-rel	Tier 1	
pregabalin tab ER 24hr		NC gabapentin
Pregnyl	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Premarin	Tier 3	
Premarin cream	Tier 2	
Premphase	Tier 3	
Prempro	Tier 2	
Prenatal Plus Multivitamin + DHA	NTM	
Prenatal Vitamins	Tier 3	
prenatal vitamins w/folic acid	Tier 1	
Preque 10	Tier 3	
Prestalia		NC perindopril; amlodipine
Pretomanid	Tier 3	
Prevacid	Tier 3	PA QL 90 capsules/90 days; Quantity Limitation (QL) only applies to the brand name., Prior Authorization applies to brand name drug only.
Prevacid Solutab	Tier 3	PA QL Prior Authorization required for members older than 12 years of age. Prior Authorization for the brand name drug required for all ages., 90 tablets/90 days
Prevalite	Tier 3	
previfem	Tier 1	PA
Prevpac	Tier 3	

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Prevymis injection		Covered under Medical Benefit with PA
Prevymis tablets	Tier 4	PA
Prezcobix	Tier 2	
Prezista	Tier 2	
Prilosec	Tier 3	PA QL Quantity Limitation (QL) only applies to the brand name., Prior Authorization applies to brand name drug only., 90 capsules/90 days
Prilosec Oral Suspension	Tier 3	PA QL PA for members > 12 years., 90 packets/90 days
primidone	Tier 1	
Primsol	Tier 3	
Prinivil	Tier 3	
Pristiq		PA NC STPA Prior Authorization applies to members through age 12., Step Therapy Prior Authorization required for members 13 years of age and older., Generic product covered only., desvenlafaxine succinate ext-rel
Proair digihaler		NC QL 6 inhalers/90 days, albuterol sulfate
ProAir HFA		NC QL 6 inhalers/90 days, albuterol sulfate, CFC-free aerosol
Proair Respiclick		NC QL 6 inhalers/90 days, albuterol sulfate, CFC-free aerosol
probenecid	Tier 1	
Procardia XL		NC nifedipine ext-rel
Procentra		NC dextroamphetamine solution
prochlorperazine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Procort		NC hydrocortisone/pramoxine cream
Procrit	Tier 2	SP QL 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ProctoFoam-HC	Tier 3	
Procysbi		NC Cystagon
progesterone, micronized	Tier 1	
Proglycem		NC diazoxide suspension
Prograf	Tier 3	
Prograf granules	Tier 3	
Prolate solution	Tier 3	QL 30 mL/day
Prolensa	Tier 3	
Proleukin	Medical Benefit	PA Covered under the medical benefit.
Prolia	Medical Benefit	PA Covered under the medical benefit.
Promacta	Tier 4	SP QL Suspension: 60 units/30 days; Tablets: 60 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
promethazine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
promethazine suppositories	Tier 2	
Prometrium	Tier 3	
propafenone	Tier 1	
propafenone ext-rel	Tier 2	

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proprantheline 15 mg	Tier 1	
propranolol	Tier 1	
propranolol ext-rel	Tier 1	
propylthiouracil	Tier 1	
Proscar		NC finasteride 5 mg
Protonix	Tier 3	PA QL Prior Authorization applies to brand name drug only., 90 tablets/90 days; Quantity Limitation (QL) only applies to the brand name.
Protonix Oral Suspension		NC QL 90 packets/90 days, pantoprazole granules, omeprazole suspension
Protopic ointment	Tier 3	STPA
protriptyline	Tier 1	PA Prior Authorization applies to members through age 12.
Proventil HFA		NC QL 6 inhalers/90 days, albuterol sulfate, CFC-free aerosol
Provera	Tier 3	
Provigil		PA NC QL 90 tablets/90 days, armodafinil, dextroamphetamine, methylphenidate, modafinil
Prozac		NC fluoxetine
Prozac Weekly		NC fluoxetine
Prudoxin		NC doxepin cream
Psorcon	Tier 3	PA Prior Authorization applies to both brand and generic drug
Pulmicort Flexhaler	Tier 2	QL 6 inhalers/90 days
Pulmicort Respules	Tier 3	QL 180 vials/90 days
Pulmozyme	Tier 4	
Purixan	Tier 3	
Pylera	Tier 2	
pyrazinamide	Tier 1	
pyridostigmine	Tier 1	
pyridostigmine ext-rel	Tier 2	
pyrimethamine	Tier 1	
Pyrukynd	Tier 4	PA

Q

Drug Name	Tier	Pharmacy Program
Qbreliis		NC lisinopril
Qbrezza	Tier 3	PA QL 30 pads/30 days
Qdolo		NC QL tramadol tabs, tramadol ER tabs, 80 mL/day
Qelbree	Tier 3	PA QL 100 mg: 1 capsule/day; 150 mg: 2 capsules/day; 200 mg: 3 capsules/day
Qinlock	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Qmiiz ODT		NC meloxicam
Qsymia	Tier 3	PA
Qtern		NC Jardiance
Qualaquin	Tier 3	
Quartette	Tier 3	PA Generic preferred, 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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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.
Qudexy XR		NC topiramate, topiramate ext-rel
Questran/Questran Light		NC cholestyramine
quetiapine	Tier 1	
quetiapine ext-rel	Tier 2	
quetiapine ext-rel	Tier 3	
Quillichew ER		NC QL 20 mg, 40 mg: 30 tablets/30 days; 30 mg: 60 tablets/30 days, methylphenidate
Quillivant XR	Tier 3	PA QL STPA 360 mL/30 days, Prior Authorization applies to members 25 years of age or older., Step Therapy Prior Authorization applies to members under the age of 25.
quinapril	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
quinapril/hydrochlorothiazide	Tier 1	
quinidine gluconate ext-rel	Tier 2	
quinine sulfate	Tier 2	
Qulipta		NC QL 1 tablet/day, Nurtec ODT, Aimovig, Ajovy, Emgality
Quviviq		NC QL Dayvigo, Belsomra, 10 tablets/30 days
Qvar Redihaler		NC QL 6 inhalers/90 days, Arnuity Ellipta, Flovent, Pulmicort Flexhaler

R

Drug Name	Tier	Pharmacy Program
rabeprazole delayed-rel	Tier 2	PA QL
Radicava	Medical Benefit	PA Covered under the medical benefit.
Radicava ORS suspension	Tier 4	SP PA QL 50 mL/28 days; Starter kit: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Radiogardase	Tier 3	
Ragwitek	Tier 3	PA
raloxifene	Tier 1	No copayment required for women under Preventive Services
ramelteon	Tier 2	QL
ramipril	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Ranexa		NC ranolazine
ranolazine	Tier 2	
Rapaflo		NC alfuzosin ext-rel, doxazosin, tamsulosin
Rapamune	Tier 4	
rasagiline mesylate	Tier 2	
Rasuvo	Tier 3	
Ravicti	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Royaldee		NC calcitriol, doxercalciferol, paricalcitol capsule
Rayos		NC QL prednisone, 30 tablets/30 days

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Razadyne ER	Tier 3	
Rebif/Rebif Rebidose	Tier 4	SP QL 12 syringes or autoinjectors/28 days; Titration Packs: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Reblozyl	Medical Benefit	PA Covered under the medical benefit with a prior authorization.
Reclipsen	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.
Recorlev	Tier 4	PA QL 8 tablets/day
Rectiv Ointment	Tier 3	QL 1 tube/30 days
Reditrex		NC methotrexate, Rasuvo
Reglan	Tier 3	
Regranex	Tier 2	
Relafen DS		NC nabumetone
Relenza	Tier 2	QL 20 units/365 days
Releuko	Tier 4	SP PA QL Covered under the Prescription Drug Benefit when self-administered., 10 injections/14 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Relexxii		NC methylphenidate ER osmotic release
Relistor		NC Movantik
Relpax		NC QL 6 tablets/30 days, eletriptan
Reltone		NC ursodiol tablets, capsules
Relyvrio	NTM	
Remeron		PA NC Prior Authorization applies to members through age 12., mirtazapine
Remeron Soltab		PA NC mirtazapine, Prior Authorization applies to members through age 12.
Remicade	Medical Benefit	PA Covered under the medical benefit. Medication available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767.
Remodulin	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Renagel		NC sevelamer
Renflexis	Medical Benefit	PA Covered under the medical benefit.
Renvela Pak		NC sevelamer
Renvela tablets		NC sevelamer
repaglinide	Tier 1	
Repatha	Tier 2	PA QL Preferred PCSK9 Inhibitor., 140 mg syringes or auto-injectors: 6 per 84 days; 420 mg Pushtronex system: 3 per 84 days
Restasis		PA NC cyclosporine emulsion
Restasis Multidose	Tier 2	PA
Restoril		NC temazepam
Retacrit	Tier 2	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered.

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Retevmo	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Retin-A cream		PA NC tretinoin cream 0.025%, 0.05%, 0.1%, Prior Authorization required for members 26 years of age and older.
Retin-A gel		PA NC Prior Authorization required for members 26 years of age and older., tretinoin gel 0.01%, 0.025%
Retin-A Micro		PA NC tretinoin gel microsphere 0.04%, 0.1%, Prior Authorization required for members 26 years of age and older.
Retin-A Micro Gel 0.08%		NC tretinoin microsphere
Retrovir	Tier 3	
Revatio		SP PA NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., sildenafil 20 mg
Revatio oral suspension		SP PA NC sildenafil oral suspension, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Revia	Tier 3	
Revlimid 5, 10, 15, 25 mg		SP PA NC lenalidomide capsules, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Rexulti	Tier 3	QL STPA 1 tablet/day
Reyataz	Tier 3	
Reyataz oral powder	Tier 2	
Reyvow	Tier 2	PA QL 50mg: 4 tablets/30 days, 100mg: 8 tablets/30 days
Rezlidhia	NTM	
Rezurock	Tier 4	PA
Rheumatrex	Tier 2	
Rhopressa	Tier 3	STPA
Riabni	Medical Benefit	PA Covered under the medical benefit with PA.
Ribapak		NC ribavirin 200 mg
Ribatab		SP NC ribavirin 200 mg, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ribavirin 200 mg capsules	Tier 1	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ribavirin 200 mg tablets	Tier 1	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ribavirin 400 mg, 600 mg, 200-400 mg, 400-600 mg		ribavirin 200 mg
Ridaura		NC methotrexate, diclofenac
rifabutin	Tier 2	
rifampin	Tier 1	
Rilutek	Tier 3	

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riluzole	Tier 2	
rimantadine	Tier 1	
Rinvoq	Tier 4	SP PA QL 1 tablet/day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Riomet ER suspension		NC metformin HCL oral solution 500 mg/5 mL, metformin tablets
Riomet oral solution		NC metformin HCL oral solution 500 mg/5 mL, metformin tablets
risedronate	Tier 2	
risedronate delayed-rel	Tier 2	
Risperdal	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
risperidone	Tier 1	
risperidone orally disintegrating tablets	Tier 1	
Ritalin		NC methylphenidate
Ritalin LA		NC QL methylphenidate ER 24 HR LA, 10 mg, 20 mg, 40 mg, 60 mg: 30 capsules/30 days; 30 mg: 60 capsules/30 days
Ritalin SR		NC methylphenidate ER tablets
ritonavir tablets	Tier 2	
Rituxan	Medical Benefit	PA Covered under the medical benefit.
Rituxan Hycela	Medical Benefit	PA Covered under the medical benefit with PA.
rivastigmine capsules	Tier 1	
rivastigmine transdermal	Tier 2	
rizatriptan	Tier 1	QL
Rocaltrol	Tier 3	
Rocklatan	NTM	STPA
Rolvedon	NTM	
ropinirole	Tier 1	
ropinirole ext-rel	Tier 1	
rosuvastatin 20 mg, 40 mg	Tier 2	
rosuvastatin 5 mg, 10 mg	Tier 2	QL
Roszet		NC rosuvastatin, ezetimibe
Rowasa	Tier 3	
Roxicodone		NC QL 5 mg: 12 tablets/day; 15 mg: 4 tablets/day; 30 mg: 2 tablets/day, oxycodone
Roxybond		NC QL 5 mg: 12/day;15 mg: 6/day, 30 mg tablet: 2/day, oxycodone
Rozerem		NC QL STPA 10 tablets/30 days, ramelteon
Rozlytrek	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Rubraca	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

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Ruconest	Medical Benefit	SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
rufinamide	Tier 2	
rufinamide susp 40 mg/ml	Tier 2	
Rukobia	Tier 2	
Ruxience	Medical Benefit	PA Covered under the medical benefit with PA.
Ruzurgi	Tier 4	PA
Rybelsus	Tier 2	QL 30 tablets/30 days
Rydapt	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Rytary		NC carbidopa/levodopa
Rythmol	Tier 3	
Rythmol SR	Tier 3	
Ryvent		NC clemastine fumarate 2.68 mg tablets

S

Drug Name	Tier	Pharmacy Program
Sabril	Tier 4	
Safyral	Tier 3	PA Generic preferred, 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 Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Norditropin FlexPro, Norditropin Nordiflex
Sajazir	Tier 4	PA QL 2 units (6 mL)/fill
Salagen	Tier 3	
Salvax Duo Plus Combo Pack		NC salicylic acid foam + urea lotion
Samsca		NC QL 14 tablets/7 days, tolvaptan tab
Sancuso	Tier 4	QL 1 patch/7 days
Sandimmune	Tier 3	
Santyl	Tier 3	
Saphnelo	Medical Benefit	PA Covered under the medical benefit with PA.
Saphris		NC olanzapine, quetiapine, risperidone, clozapine and ziprasidone
sapropterin	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Sarafem tablets		NC fluoxetine (PMDD)
Savaysa		NC Eliquis, Xarelto, Xarelto starter pack
Savella	Tier 2	QL STPA 180 tablets/90 days
Saxenda	Tier 2	PA
Scemblix	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

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Scenesse	Medical Benefit	PA Covered under the medical benefit with PA.
scopolamine transdermal	Tier 2	
Seasonique	Tier 3	PA Generic preferred, Generic preferred, 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
Secuado	Tier 3	STPA
Seglentis		NC QL celecoxib, tramadol, 4 tablets/day
Segluromet		NC Jardiance + Metformin, Synjardy, Synjardy XR
Select-OB + DHA	Tier 3	
selegiline capsules	Tier 1	
selegiline tablets	Tier 1	
Selenium sulfide lotion 2.25%		NC selenium sulfide
selenium sulfide lotion, shampoo 2.5%	Tier 1	
SelRx		NC selenium sulfide shampoo
Selzentry		NC maraviroc tablets
Selzentry solution	Tier 2	
Semglee		NC Lantus, Toujeo
Sensipar		NC cinacalcet tablets
Serevent Diskus	Tier 2	QL 3 diskus/90 days
Sernivo		NC betamethasone dipropionate
Seroquel		NC quetiapine
Seroquel XR	Tier 3	STPA
Serostim	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
sertraline		This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
sertraline	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Sertraline capsule		NC sertraline tablets
sevelamer carbonate oral powder packets	Tier 2	
sevelamer carbonate tablets 800 mg	Tier 2	
sevelamer HCl	Tier 2	
Seysara		NC minocycline capsules
Signifor	Tier 4	PA QL 60 ampules/30 days
Signifor LAR	Medical Benefit	PA Covered under the medical benefit.
Siklos	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
sildenafil	Tier 2	QL
sildenafil 20 mg	Tier 1	SP PA
sildenafil oral suspension	Tier 1	SP PA

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Silenor		NC STPA zolpidem, zaleplon
Siliq	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 syringes/28 days
silodosin	Tier 2	
Silvadene	Tier 3	
silver sulfadiazine	Tier 1	
Silvrstat	Tier 3	
Simbrinza	Tier 2	
Simponi	Tier 4	SP PA QL 1 pre-filled syringe or SmartJect autoinjector (50 mg or 100 mg)/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Simponi Aria	Medical Benefit	PA Covered under the medical benefit. Medication available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767.
simvastatin 5 mg, 10 mg, 20 mg, 40 mg	Tier 1	QL
simvastatin 80 mg	Tier 1	
Sinemet	Tier 3	
Singulair	Tier 3	
sirolimus	Tier 1	
Sirturo	Tier 2	PA
Sitavig		NC acyclovir
Sivextro tablets	Tier 3	
Skelaxin		NC cyclobenzaprine, dantrolene, metaxalone, tizanidine
Skyrizi	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 syringes/84 days
Skyrizi 360 mg/2.4 mL		SP PA QL 1 injection/56 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Skytrofa		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Norditropin
Slynd	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. NC torsemide tablets, bumetanide tablets
Soaanz		
sodium phenylbutyrate	Tier 2	
solifenacin succinate	Tier 2	
Soliqua		NC Victoza, Lantus
Soliris	Medical Benefit	PA Covered under the medical benefit.
Solodyn		NC minocycline ext-rel
Solosec	Tier 3	
Soltamox	Tier 2	No copayment required for women under Preventive Services. NC carisoprodol tablets
Soma 250 mg		
Soma 350 mg	Tier 3	
Somavert	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Soolantra cream 1%	Tier 3	
sorafenib	Tier 4	SP
Soriatane	Tier 3	

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Sorilux		NC calcipotriene topical solution, cream or ointment
sotalol	Tier 1	
sotalol AF	Tier 1	
Sotyktu	NTM	
Sotylize 5 mg/mL	Tier 3	
Sovaldi 200 mg		SP NC QL Epclusa, Harvoni, 30 units/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Sovaldi 400 mg		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Epclusa, Harvoni
Sovaldi pak		SP NC QL Epclusa, Harvoni, 30 units/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Spevigo	NTM	
spinosad	Tier 2	QL
Spinraza	Medical Benefit	PA Covered under the medical benefit with PA.
Spiriva HandiHaler	Tier 2	QL 3 HandiHalers/90 days
Spiriva Respimat	Tier 2	QL 3 Respimat inhalers/90 days
spironolactone	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
spironolactone/hydrochlorothiazide	Tier 1	
Sporanox capsules		PA NC itraconazole capsules
Sporanox solution		NC itraconazole solution
Spravato	Medical Benefit	PA Covered under the medical benefit with PA
sprintec	Tier 1	PA
Spritam ODT		NC levetiracetam
Sprix		NC oral ketorolac, oral etodolac, oral ibuprofen
Sprycel	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Stalevo	Tier 3	
stavudine	Tier 1	
Stavzor	Tier 3	
Staxyn		NC QL sildenafil, vardenafil and tadalafil, 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn
Steglatro		NC Jardiance, Synjardy, Synjardy XR
Steglujan		NC Januvia + Jardiance, or Glyxambi
Stelara	Tier 4	SP PA QL 0.45 mg: 1 injection/84 days; 90 mg: 1 injection/54 days for Crohn's disease and Ulcerative disease, and 1 injection/84 days for Plaque Psoriasis and Psoriatic Arthritis, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Stelara IV	Medical Benefit	PA Covered under the medical benefit.

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Stendra		NC QL 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn, sildenafil
Stimate	Tier 3	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Stimufend	NTM	
Stiolto Respimat	Tier 2	QL 6 inhalers/90 days
Stivarga	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Strattera		NC QL atomoxetine, 10 mg, 18 mg, 25 mg, 40 mg, 60 mg: 180 capsules/90 days; 80 mg & 100 mg: 90 capsules/90 days
Strensiq	Tier 2	PA QL 24 single dose vials/28 days
Stribild	Tier 2	
Striverdi Respimat	Tier 2	QL 3 Respimat inhalers/90 days
Stromectol	Tier 3	QL 20 tablets/90 days
Suboxone film		NC buprenorphine/naloxone film
Subsys	Tier 3	QL 30 bottles/30 days
Sucraid	Tier 3	
sucrafate suspension	Tier 3	
sucrafate tablets	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	
sulfamethoxazole/trimethoprim	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
sulfasalazine	Tier 1	
sulfasalazine delayed-rel	Tier 1	
sulindac	Tier 1	
Sumadan		NC sodium sulfacetamide/sulfur wash
sumatriptan injection	Tier 2	QL
sumatriptan nasal spray	Tier 2	QL
sumatriptan tablets	Tier 1	QL
sumatriptan/naproxen 85 mg/500 mg	Tier 3	PA QL
Sumaxin		NC sulfacetamide sodium 10% + sulfur 5% Med Pads
sunitinib malate	Tier 4	SP PA
Sunosi	Tier 3	PA QL 30 tablets/30 days
Supartz FX	Medical Benefit	SP PA NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.. Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis.
Suprax capsules, suspension	Tier 3	
Suprax tablets	Tier 3	
Suprep	Tier 3	May be covered at no copayment for members age 45 through 74

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Sustiva	Tier 3	
Sutab	Tier 3	May be covered at no copayment for members age 45 through 74
Sutent		SP PA NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., sunitinib malate
Suttar-2	Tier 1	QL 40 mL/day
Symbicort	Tier 2	QL 6 inhalers/90 days; Generic Formulations are non-covered and are subject to non-covered cost share.
Symbyax	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Symdeko	Tier 4	PA QL 56 tablets/28 days
Symfi	Tier 3	
Symfi Lo	Tier 3	
Symjepi		NC QL epinephrine autoinjector, 2 syringes/each fill
SymlinPen	Tier 3	
Sympazan	Tier 3	PA
Symproic		NC Movantik
Symtuza	Tier 2	
Synagis	Medical Benefit	SP PA Covered under the medical benefit., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Synalar	Tier 3	PA Prior Authorization applies to brand name drug only.
Synalar solution	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Synarel	Tier 3	PA
Syndros		NC dronabinol
Synjardy	Tier 2	
Synjardy XR	Tier 2	
Synthroid	Tier 3	
Synvisc	Medical Benefit	PA NC Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis., Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis.
Synvisc-One	Medical Benefit	PA NC Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
Syprine		NC trientine capsules

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Drug Name	Tier	Pharmacy Program
Tabloid	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tabrecta	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Taclonex		NC calcipotriene/betamethasone dipropionate ointment
Taclonex Scalp		NC betamethasone dipropionate + calcipotriene solution
tacrolimus capsules	Tier 1	
tacrolimus ointment	Tier 2	
tadalafil	Tier 2	SP PA
tadalafil 2.5 mg, 10 mg, 20 mg	Tier 2	QL
tadalafil 5 mg	Tier 2	PA QL
Tadliq		NC tadalafil (Adcirca)
Tafinlar	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tagrisso 40 mg	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tagrisso 80 mg	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Takhzyro	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 vials/28 days
Takhzyro prefilled syringe	Tier 4	SP PA QL 2 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Talicia		NC lansoprazole+amoxicillin+clarithromycin
Taltz	Tier 4	SP PA QL One 80 mg auto-injector/syringe per 28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Talzenna	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tamiflu capsules		NC QL oseltamivir capsules, 10 capsules/fill; 2 fills per 365 days

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Tamiflu suspension		NC QL 180 mL/fill; 2 fills per 365 days, oseltamivir suspension
tamoxifen	Tier 1	No copayment required for women under Preventive Services.
tamsulosin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Tapazole	Tier 3	
Tarceva		SP NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., erlotinib
Targadox		NC doxycycline hyclate capsules
Targretin capsules		SP NC bexarotene capsules, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Targretin gel		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., bexarotene gel
Tarka	Tier 3	
Tarpeyo		NC QL budesonide DR caps, ER tabs, 120 capsules/30 days
Tascenso	NTM	
Tasigna	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tasmar	Tier 3	
tavaborole		NC terbinafine tablets
Tavalisse	Tier 4	QL 60 tablets/30 days
Tavneos	Tier 4	PA
Taytulla	Tier 3	PA 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.
tazarotene cream 0.1% (Tazorac)	Tier 2	PA
Tazorac cream 0.05%, gel 0.05%, 0.1%	Tier 2	PA Prior Authorization required for members 26 years of age and older.
Tazorac cream 0.1%	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Tazverik	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tecfidera		SP NC QL dimethyl fumarate, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Starter Pack: 1 fill per lifetime; Capsules: 60 capsules/30 days

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Tecvayli	NTM	
Tegretol	Tier 3	
Tegretol-XR	Tier 3	
Tegsedi	Tier 4	PA QL 12 prefilled syringes (18 mL)/90 days
Tekturna	Tier 3	
Tekturna HCT	Tier 3	
telmisartan	Tier 1	
telmisartan/amlodipine	Tier 2	
telmisartan/hydrochlorothiazide	Tier 2	
temazepam	Tier 1	
Temodar		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., temozolomide, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Temovate	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Temovate-E	Tier 3	PA Prior Authorization applies to both brand and generic drug.
temozolomide	Tier 2	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tenex		NC guanfacine
tenofovir 300 mg	Tier 2	
Tenoretic		NC atenolol/chlorthalidone
Tenormin		NC atenolol
Tepezza	Medical Benefit	PA Covered under the medical benefit with PA.
Tepmetko	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Terazol Vaginal cream	Tier 3	
terazosin	Tier 1	
terbinafine tablets	Tier 1	
terbutaline tablets	Tier 1	
terconazole cream	Tier 1	
terconazole suppositories	Tier 2	
teriparatide	Tier 4	SP PA
Terlivaz	NTM	
Tersi Foam		NC selenium sulfide shampoo
Tessalon Perles	Tier 3	
Testim		NC testosterone gel
testosterone 1.62% gel	Tier 3	
testosterone 50 mg/5 g gel	Tier 2	
testosterone cypionate	Tier 1	
testosterone enanthate	Tier 1	
testosterone gel	Tier 2	
testosterone gel 10 mg	Tier 2	
testosterone soln	Tier 2	

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tetrabenazine	Tier 4	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 12.5 tablets: 90 tablets/30 days; 25 mg tablets: 120 tablets/30 days
tetracycline	Tier 3	
Texacort	Tier 3	PA
Tezspire	Medical Benefit	PA Covered under the medical benefit with PA.
Thalomid	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Theo-24	Tier 2	
theophylline ext-rel tablets	Tier 1	
Thiola	Tier 3	
Thiola EC	Tier 3	
thioridazine	Tier 1	
thiothixene	Tier 1	
Thyquidity	Tier 3	
tiagabine 12 mg, 16 mg	Tier 2	
tiagabine 2 mg, 4 mg	Tier 1	
Tiazac		NC diltiazem ext-rel
Tibsovo	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tiglutik	Tier 4	
Tikosyn	Tier 3	
tilia fe	Tier 1	PA
timolol maleate 0.5% eye drops	Tier 2	
timolol maleate eye drops	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
timolol maleate gel forming solution	Tier 1	
Timoptic	Tier 3	
Timoptic-XE	Tier 3	
tinidazole	Tier 1	
tiopronin	Tier 1	
Tirosint	Tier 3	
Tirosint-sol	Tier 3	
Tivicay	Tier 2	
Tivicay PD	Tier 2	
Tivorbex		NC indomethacin
tizanidine	Tier 2	
Tlando	Tier 3	PA QL 4 capsules/day
TOBI	Tier 4	
TOBI Podhaler	Tier 4	
Tobradex	Tier 3	
Tobradex ointment	Tier 3	
Tobradex ST	Tier 3	
tobramycin eye drops, eye ointment	Tier 1	
tobramycin inhalation solution	Tier 4	
tobramycin/dexamethasone 0.3%/0.1% eye suspension	Tier 2	
Tobrex	Tier 3	

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Tolak		NC fluorouracil
tolcapone	Tier 1	
Tolsura		NC itraconazole capsules
tolterodine	Tier 1	
tolterodine ext-rel	Tier 2	
tolvaptan	Tier 2	QL
Topamax	Tier 3	
Topicort	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Topicort Spray 0.25%		NC fluocinonide cream 0.05%
topiramate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
topiramate ext-rel	Tier 2	
Toprol-XL	Tier 3	
toremifene	Tier 2	
torsemide	Tier 1	
Tosymra		NC QL sumatriptan, 6 units/30 days
Toujeo	Tier 2	
Toviaz		NC oxybutynin ER, trospium, tolterodine
Tpoxx capsule	NTM	
Tpoxx injection	NTM	
Tracleer		SP PA NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., bosentan tablets
Tracleer 32 mg oral tablet soluble	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tradjenta		NC Januvia, alogliptin
tramadol	Tier 1	QL
Tramadol Cream 5%	NTM	
tramadol ext-rel	Tier 1	QL 1 tablet or capsule/day
tramadol/acetaminophen	Tier 1	QL
Trandate	Tier 3	
trandolapril	Tier 1	
trandolapril/verapamil ext-rel	Tier 1	
tranexamic acid	Tier 1	QL
Transderm Scop	Tier 3	
Tranxene T-Tab		NC clorazepate
tranlycypromine	Tier 2	PA
Travatan Z		NC STPA latanoprost, travoprost 0.004%
travoprost	Tier 2	
trazodone	Tier 1	PA This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document., Prior Authorization applies to members through age 12.
TRELEGY ELLIPTA	Tier 2	QL 3 inhalers/90 days
Tremfya	Tier 4	SP PA QL 1 syringe/54 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tresiba	Tier 2	
tretinoin	Tier 1	PA

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tretinoin capsules	Tier 4	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
tretinoin cream 0.025%, 0.05%, 0.1%	Tier 2	PA
tretinoin gel 0.01%, 0.025%	Tier 1	PA
tretinoin gel 0.05%	Tier 3	PA
tretinoin gel microsphere 0.04%, 0.1%	Tier 3	PA
Trexall	Tier 2	
Treximet 10 mg/60 mg		NC QL sumatriptan + naproxen sodium, 9 tablets/30 days
Treximet 85 mg/500 mg		PA NC QL 9 tablets/30 days, sumatriptan + naproxen sodium
Trezix	Tier 2	QL 10 capsules/day
triamcinolone acetonide	Tier 1	
triamcinolone acetonide aerosol 0.2%	Tier 2	PA
triamcinolone paste	Tier 1	
triamterene	Tier 2	
triamterene/hydrochlorothiazide capsules 37.5/25	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
triamterene/hydrochlorothiazide capsules 50/25	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
triamterene/hydrochlorothiazide tablets 37.5/25	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
triamterene/hydrochlorothiazide tablets 75/50	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
triazolam	Tier 1	
Tribenzor		NC Benicar, amlodipine, HCTZ
Tricare DHA	Tier 3	
Tricor		NC fenofibrate
trientine	Tier 2	
trifluoperazine	Tier 1	
trifluridine eye drops	Tier 2	
trihexyphenidyl	Tier 1	
Trijardy XR		NC Glyxambi + metformin or Jardiance + Januvia + metformin
Trikafta	Tier 4	PA QL 84 tablets/28 days
tri-legest fe	Tier 1	PA
Trileptal	Tier 3	
Trilipix		NC fenofibric acid delayed-rel
trimethobenzamide capsules	Tier 1	
trimethoprim	Tier 1	
trimipramine	Tier 3	PA Prior Authorization applies to members through age 12
trinessa	Tier 1	PA
trinessa lo	Tier 1	PA

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Tri-Norinyl	Tier 3	PA Generic preferred, Generic preferred, 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.
Trintellix	Tier 3	PA STPA Prior Authorization applies to members through age 12., Step Therapy Prior Authorization required for members 13 years of age and older.
tri-previfem	Tier 1	PA
tri-sprintec	Tier 1	PA
Triumeq	Tier 2	
Triumeq PD	Tier 2	
Trivisc	Medical Benefit	PA NC Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
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 3	
Trokendi XR		NC topiramate
tospium	Tier 1	
tospium ext-rel	Tier 2	
Trudhesa		NC QL dihydroergotamine nasal spray, 3 spray devices [12 vials]/28 days
Trulance		NC Linzess
Trulicity	Tier 2	
Truseltiq	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Trusopt	Tier 3	
Truvada		NC May be covered at no cost share, emtricitabine/tenofovir disoproxil fumarate
Truxima	Medical Benefit	PA Covered under the medical benefit with PA.
Tudorza		NC QL 3 inhalers/90 days, Spiriva, Atrovent
Tukysa	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Turalio	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tussicaps	Tier 3	QL 2 capsules/day
Tussionon	Tier 1	QL 6 tablets/day
Tuxarin ER		NC QL 2 tablets/day, promethazine/codeine
Tuzistra XR		NC QL promethazine/codeine, 20 mL/day

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Twirla Dis	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.
Twynéo		NC tretinoin + Benzoyl peroxide (OTC)
Twynsta		NC amlodipine + ARB, Azor, Exforge
Tybost	Tier 2	
Tykerb		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., lapatinib
Tylenol w/Codeine		NC QL 300/15 mg and 300/30 mg: 12 tablets/day; 300/60 mg: 6 tablets/day, codeine/acetaminophen tablets
Tymlos	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tyrvaya		NC QL 8.4 mL/30 days, Xiidra, Restasis
Tyvaso	Medical Benefit	PA SI Medication available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tyvaso DPI powder	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tzield	NTM	

U

Drug Name	Tier	Pharmacy Program
ubidecarenone	Tier 1	PA
Ubrelvy		NC QL 8 tablets/30 days, Nurtec, Reyvow
Uceris rectal foam	Tier 2	
Uceris tablets		NC budesonide ext-rel tablets 9 mg
Udenyca	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. 0.6 mL/14 days, Covered under the Prescription Drug Benefit when self-administered.
Ukoniq	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Uloric	Tier 3	STPA
Ultomiris	Medical Benefit	PA Covered under the medical benefit.
Ultra CoQ10 75 mg	Tier 3	PA
Ultracet		NC QL 8 tablets/day, tramadol/acetaminophen
Ultram		NC QL tramadol, 8 tablets/day
Ultram ER		NC QL 1 tablet/day, tramadol, tramadol ext-rel
Ultravate	Tier 3	PA Prior Authorization applies to brand name drug only.
Ultravate Lotion		NC halobetasol propionate
Ultravate X		NC halobetasol + lactic acid cream

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Umecta PD		NC urea lotion or cream
Unithroid	Tier 1	
Uplizna	Medical Benefit	PA Covered under the medical benefit with PA.
Upneeq	Tier 3	PA
Uptravi	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Uramaxin		NC urea cream, gel or lotion
uribel	Tier 1	
Urogesic Blue	Tier 3	
Uroxatral		NC alfuzosin ext-rel
Urso	Tier 3	
Urso Forte	Tier 3	
ursodiol	Tier 1	
ursodiol capsules	Tier 2	
Utopic		NC urea cream 40%

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Drug Name	Tier	Pharmacy Program
Vagifem		NC estradiol vaginal tablets
valacyclovir	Tier 1	
Valchlor	Tier 4	PA
Valcyte Solution	Tier 3	
Valcyte Tablets	Tier 2	
valganciclovir solution	Tier 2	
valganciclovir tablets	Tier 2	
Valium		NC diazepam tablets
valproic acid	Tier 1	
valsartan	Tier 1	
Valsartan oral solution		NC valsartan tablets
valsartan/hydrochlorothiazide	Tier 1	
Valtoco	Tier 3	PA QL 1 box (2 blister packs) per fill
Valtrex		NC valacyclovir
Vancocin	Tier 3	
vancomycin	Tier 2	
Vandazole	Tier 1	
Vanos	Tier 3	PA QL 240 grams/30 days, Prior Authorization applies to both brand and generic drug.
vardenafil	Tier 2	QL
vardenafil orally disintegrating tablets		QL 4 tablets/30 days, sildenafil or vardenafil tablets
varenicline	No copayment	
Varubi	Tier 4	QL 2 capsules/fill; 6 capsules/30 days
Vascepa	Tier 2	PA
Vaseretic	Tier 3	
Vasotec	Tier 3	
Vectical		NC calcitriol ointment
Veletri	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. Cassettes only are available through Accredo at 1-888-773-7376.
velivet	Tier 1	PA

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velpatasvir/sofosbuvir		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Epclusa
Velphoro chewable	Tier 3	PA
Veltassa	Tier 2	
Veltin Gel		NC clindamycin + tretinoin gel
Vemlidy	Tier 2	
Venclexta	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
venlafaxine	Tier 1	
venlafaxine ext-rel capsules	Tier 1	
venlafaxine ext-rel tablets		
Venlafaxine ext-rel tablets 112.5 mg		NC venlafaxine capsules
venlafaxine ext-rel tablets 225 mg	Tier 3	
Venlafaxine OSM ER		NC venlafaxine ext-rel
Ventavis	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Ventolin HFA		NC QL albuterol sulfate, CFC-free aerosol, 6 inhalers/90 days
Ventolin nebulizer solution	Tier 3	QL 9 dropper bottles/90 days
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
Verkazia		NC cyclosporine eye drops, cromolyn ophthalmic solution
Verquvo	Tier 2	
Versacloz	Tier 3	STPA
Verzenio	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Vesicare	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Vesicare LS	Tier 3	STPA
Vexol	Tier 2	
Vfend	Tier 3	
Vfend suspension	Tier 3	
Viagra		NC QL 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn, sildenafil
Viberzi	Tier 2	PA QL 2 tablets/day
Vibramycin	Tier 3	
Vicoprofen		NC QL 5 tablets/day, hydrocodone/ibuprofen tablets
Victoza	Tier 2	
Viekira Pak		NC Harvoni 90mg/400mg, Epclusa, Vosevi
vigabatrin	Tier 4	
Vigamox		NC moxifloxacin 0.5%

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Viibryd		PA NC STPA vilazodone, Step Therapy Prior Authorization required for members 13 years of age and older., Prior Authorization applies to members through age 12.
Viojoyce	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
vilazodone	Tier 2	PA
Viltepso	Medical Benefit	PA Covered under the medical benefit with PA.
Vimizim	Medical Benefit	PA SI Covered under the medical benefit., If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Vimpat solution		NC lacosamide
Vimpat tablets		NC lacosamide tablets
Viokace	Tier 3	
Viracept	Tier 2	
Viramune	Tier 3	
Viramune XR	Tier 3	
Viread	Tier 3	
Viread 300 mg	Tier 3	
Virtussin DAC	Tier 1	QL 40 mL/day
Visco-3	Medical Benefit	PA NC Medication is available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767. Please refer to Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis., Medical benefit only. Please refer to the Medical Necessity Guidelines for Viscosupplements for Osteoarthritis.
Vistaril	Tier 3	
Vistogard	Tier 4	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Vitafol-OB + DHA	Tier 3	
vitamin B-12	Tier 1	
Vitatrie	Tier 3	
Vitrakvi	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Viva DHA	Tier 3	
Vivelle-Dot	Tier 3	
Vivitrol	Medical Benefit	
Vivjoa		NC fluconazole
Vivlodex		NC meloxicam

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Vizimpro	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Vogelxo		NC testosterone gel
Voltaren gel 1%	Tier 3	QL 2 tubes/each fill
Vonjo	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Voquezna dual pak		NC Prev Pak, lansoprazole
Voquezna triple pak		NC Prev Pak, lansoprazole
voriconazole suspension 40 mg/mL	Tier 1	
voriconazole tablets 50 mg, 200 mg	Tier 2	
Vosevi	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Votrient	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Voxzogo	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Vpriv	Medical Benefit	PA SI If medication is to be infused at home, medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767 or Coram Healthcare; call Coram Healthcare at 1-800-422-7312.
Vraylar	Tier 3	STPA
Vtama 1% cream	Tier 3	PA
Vuity		NC QL Reading Glasses (OTC), 0.133 mL/day
Vumerity	Tier 4	SP QL 120 units/30 days; Starter kit: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Vusion		NC miconazole nitrate + zinc oxide (OTC)
Vyepti	Medical Benefit	PA Covered under the medical benefit with PA.
Vyleesi	Tier 3	PA QL 8 pens/30 days
Vyndamax	Tier 4	SP PA QL 30 capsules/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Vyndaqel	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 120 capsules/30 days
Vyondys	Medical Benefit	PA Covered under the medical benefit with PA.
Vytone		NC dermazene/iodoquinol
Vytorin		NC ezetimibe/simvastatin
Vyvance	Tier 3	PA QL STPA 30 capsules/30 days, Prior Authorization applies to members 25 years of age or older., Step Therapy Prior Authorization applies to members under the age of 25.

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Vyvanse Chew	Tier 3	PA QL STPA Step Therapy Prior Authorization applies to members under the age of 25., Prior Authorization applies to members 25 years of age or older., 30 tablets/30 days
Vyvgart	Medical Benefit	PA Covered under the medical benefit with PA.
Vyzulta	Tier 3	STPA

W

Drug Name	Tier	Pharmacy Program
Wakix	Tier 3	PA QL 60 tablets/30 days
warfarin	Tier 1	
Wegovy	Tier 2	PA
Welchol		NC colesevelam
Welireg	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Wellbutrin		PA NC bupropion, Prior Authorization applies to members through age 12
Wellbutrin SR		PA NC Prior Authorization applies to members through age 12, bupropion ext-rel or bupropion SR
Wellbutrin XL		PA NC bupropion XL, Prior Authorization applies to members through age 12
Winlevi	Tier 3	PA
Wymzya 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.
Wynzora		NC betamethasone dipropionate and calcipotriene cream

X

Drug Name	Tier	Pharmacy Program
Xadago	Tier 3	PA
Xalatan		NClatanoprost
Xalkori	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xanax		NC alprazolam tablets
Xanax XR		NC alprazolam extended-release tablets
Xarelto	Tier 2	
Xarelto starter pack	Tier 2	
Xarelto suspension	Tier 2	
Xartemis XR	Tier 3	QL 120 tablets/30 days
Xatmep	Tier 3	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xcopri	Tier 2	
Xeljanz	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 60 tablets/30 days

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Xeljanz sol	Tier 4	SP PA QL 10 mL/day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Xeljanz XR	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 30 tablets/30 days
Xeloda		SP NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., capecitabine, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xelpros	Tier 3	STPA
Xelstrym	NTM	
Xenazine		SP NC QL tetrabenazine, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 12.5 tablets: 90 tablets/30 days; 25 mg tablets: 120 tablets/30 days
Xenical	Tier 3	PA
Xenleta	Tier 3	
Xenpozyme	NTM	
Xepi	Tier 3	QL 1 tube/fill
Xerese Cream 5-1%		NC Denavir, Zovirax
Xermelo	Tier 4	
Xgeva	Medical Benefit	PA Covered under the medical benefit.
Xiaflex	Medical Benefit	PA Covered under the medical benefit. Available through US Bioservices, call 1-888-518-7246.
Xifaxan	Tier 2	PA QL 200 mg tablets: 9 tablets/30 days; 550 mg tablets: 60 tablets/30 days
Xigduo XR	Tier 2	
Xiidra	Tier 2	PA
Ximino		NC minocycline ER
Xodol	Tier 3	QL 5/300: 8 tablets/day; 7.5/300: 6 tablets/day
Xofluza	Tier 3	QL 2 tablets per fill, max 2 fills per 365 days
Xolair prefilled syringes	Tier 4	SP PA QL Covered under the Prescription Drug Benefit when self-administered., 8 prefilled syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Xolair vials	Medical Benefit	PA Covered under the medical benefit. Medication available through CVS/specialty for office administration; call CVS/specialty at 1-800-237-2767.
Xolegel		NC ketoconazole cream
Xopenex HFA		NC QL 6 inhalers/90 days, levalbuterol HFA
Xopenex inhalation solution	Tier 3	
Xospata	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xpovio Pak	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xtampza ER	Tier 3	QL 60 capsules/30 days

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Xtandi	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Xulane	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.
Xultophy		NC Lantus, Victoza
Xuriden	Tier 2	QL 120 packets/30 days
Xyosted		NC testosterone cypionate
Xyrem	Tier 3	PA QL 18 mL/day
Xywav	Tier 3	PA QL 18 mL/day

Y

Drug Name	Tier	Pharmacy Program
Yasmin	Tier 3	PA Generic preferred, 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	PA 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., Generic preferred
Yonsa		SP NC abiraterone, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Yosprala		NC OTC aspirin, omeprazole Rx and OTC
Yupelri		NC ipratropium nebulizer solution

Z

Drug Name	Tier	Pharmacy Program
zafirlukast	Tier 1	
zaleplon	Tier 1	QL 10 capsules/30 days
Zamicet	Tier 1	
Zanaflex	Tier 3	
Zarontin	Tier 3	
Zarxio	Tier 4	SP QL 10 syringes/14 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Covered under the Prescription Drug Benefit when self-administered.
Zavesca		PA NC miglustat capsules
Zcort 7-Day tab		NC dexamethasone tablets
Zebeta	Tier 3	
Zegalogue		NC Glucagen kit, Glucagon kit, Baqsimi
Zegerid capsules	Tier 3	PA QL 90 capsules/90 days, Prior Authorization applies to brand name drug only.
Zegerid oral packets	Tier 3	PA QL 90 packets/90 days

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Zejula	Tier 4	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Zelapar		NC selegiline tablets
Zelboraf	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zelnorm		NC Linzess
Zembrace Symtouch		NC sumatriptan injection
Zemplar	Tier 3	
Zenatane		NC Claravis
Zenpep	Tier 2	
Zenzedi		NC dextroamphetamine sulfate tablets
Zepatier		SP NC Epclusa, Harvoni 90mg/400mg, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zeposia	Tier 4	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 30 capsules/30 days; Starter kits: 1 fill/lifetime
Zestoretic	Tier 3	
Zestril	Tier 3	
Zetia	Tier 3	
Ziac	Tier 3	
Ziagen	Tier 3	
Ziana		NC clindamycin + tretinoin gel
zidovudine	Tier 1	
Ziextenzo	Tier 4	SP PA QL 1 syringe/14 days, Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
zileuton ext-rel	Tier 2	
Zilxi		NC minocycline, clindamycin topical
Zimhi		NC QL naloxone, Narcan, 2 syringes/30 days
Zioptan	Tier 3	STPA
ziprasidone HCl	Tier 1	
Zipsor		NC diclofenac tablets
Zirgan	Tier 3	
Zithranol		NC calcipotriene solution
Zithranol-RR		NC Drithocrema HP
Zithromax	Tier 3	
Zmax	Tier 3	
Zocor 5 mg, 10 mg, 20 mg, 40 mg		NC QL 90 tablets/90 days, simvastatin tablets, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater.
Zocor 80 mg		NC simvastatin tablets
Zofran		NC QL ondansetron, oral solution: 90 mL/7 days; tablets: 4 mg: 9 tablets/7 days; 8 mg: 9 tablets/7 days

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Zohydro ER		NC QL 2 tablets/day, hydrocodone/acetaminophen
Zokinvy	Tier 4	PA
Zolinza	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
zolmitriptan	Tier 2	QL
zolmitriptan nasal spray	Tier 2	QL
Zoloft		NC sertraline
zolpidem	Tier 1	QL This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document., 10 tablets/30 days
zolpidem sublingual	Tier 2	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
Zomacton		SP NC Norditropin FlexPro, Norditropin Nordiflex, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zomig Nasal Spray		NC QL STPA zolmitriptan nasal spray, 1 box (6 spray units)/30 days
Zomig/Zomig-ZMT		NC QL 2.5 mg: 6 tablets/30 days; 5 mg: 6 tablets/30 days, zolmitriptan
Zonalon		NC doxepin cream
Zonatuss	Tier 3	
Zonegran		NC zonisamide
Zonisade suspension		NC zonisamide caps
zonisamide	Tier 1	
Zontivity	Tier 3	
Zorbtive	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zortress	Tier 4	
Zorvolex		NC diclofenac potassium, diclofenac sodium
Zoryve cream	NTM	
zovia	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 cream 5%		NC QL acyclovir 5% cream, 1 tube/30 days
Zovirax ointment 5%		NC QL 1 tube/30 days, acyclovir ointment 5%
Ztalmy	Tier 3	PA
Ztlido		NC lidocaine OTC 4% patches
Z-tuss AC	Tier 1	QL 60 mL/day
Zubsolv	Tier 3	PA
Zulresso	Medical Benefit	PA Covered under the medical benefit with PA.
Zuplenz	Tier 3	QL 10 films/7 days
Zyclara 2.5%		NC imiquimod cream
Zyclara 3.75%		NC imiquimod cream
Zyclara Cream		NC imiquimod cream

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Zydelig	Tier 4	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Zyflo	Tier 3	
Zykadia	Tier 4	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zylet	Tier 3	
Zyloprim	Tier 3	
Zymaxid		NC ciprofloxacin drops, levofloxacin drops, ofloxacin drops
Zyprexa	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Zyprexa Zydis	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Zytiga 250 mg		SP PA NC Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., abiraterone, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Zytiga 500 mg		SP PA NC For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., abiraterone, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zyvox 100 mg/5 mL oral suspension	Tier 3	
Zyvox 600 mg tablets	Tier 3	

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