

TUFTS  Health Plan

**Massachusetts Commercial Formulary
Prescription Drug List By Tier**

Last Updated: 12/22/2014

Key Terms

Massachusetts Commercial Tier 3 Formulary

Tufts Health Plan Drug List

Formulary

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

Brand-Name Drugs

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

Generic Drugs

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

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

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

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

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

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

Copayment

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

Coinsurance

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

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

PA - Prior Authorization
QL - Quantity Limitation Program

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

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Medical Review Process

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

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

Quantity Limitation (QL) Program

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

New-To-Market Drug Evaluation Process (NTM)

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

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

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

Non-Covered Drugs (NC)

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

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

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

Prior Authorization (PA) Program

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

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.

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Step Therapy Prior Authorization (STPA)

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

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

Designated Specialty Pharmacy Program (SP)

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

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

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

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

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

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

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

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

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

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

Generic Focused Formulary

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

Managed Mail (MM) Program

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

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

Over-The-Counter Drugs (OTC)

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

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Drug Name	Tier	Pharmacy Program
Diabetic Test Strips, Other		OneTouch Test Strips, Accu-Chek Test Strips, OneTouch and Accu-Chek are the preferred, covered, test strips. Examples of non-covered test strips include, but are not limited to: Ascensia, BD, FreeStyle, Precision, TrueTrack test strips
esomeprazole delayed-rel		QL
Nexium		QL Prilosec OTC, omeprazole, lansoprazole, pantoprazole; Nexium Oral Packets are covered for members 12 years of age and younger. Quantity Limitations apply., 90 capsules/90 days; 90 oral packets/90 days, Nexium Packets for Oral Suspension are covered for members 12 years of age and younger.
pantoprazole delayed-rel		QL
Prevacid Solutab		QL 90 solutabs/90 days, Prilosec OTC, omeprazole, lansoprazole, pantoprazole. Prevacid Solutab and generic lansoprazole soluble tablets are covered for members 12 years of age and younger. Quantity Limitations apply., Prevacid Solutab and generic lansoprazole soluble tablets are covered for members 12 years of age and younger. Quantity Limitations apply.
Proscar		finasteride 5 mg, Not covered for women (no exceptions).
Protonix Oral Suspension		QL 90 packets/90 days, omeprazole, lansoprazole, pantoprazole. Protonix Oral Suspension is covered for members 12 years of age and younger. Quantity Limitations apply., Protonix Packets for Oral Suspension are covered for members 12 years of age and younger.

test strips

Medical Benefit

Drug Name	Tier	Pharmacy Program
naltrexone microspheres	Medical Benefit	
Vivitrol	Medical Benefit	Covered under the medical benefit. Available through Accredo, call 1-877-238-8387.

NTM

Drug Name	Tier	Pharmacy Program
Aciphex Sprinkle Caps	NTM	
Actemra prefilled syringe	NTM	
Adempas	NTM	SP Call Accredo at 1-866-344-4874
Aerospan	NTM	
Avar LS	NTM	
Dermasorb AF kit	NTM	
Dermasorb XM kit	NTM	
Fetzima	NTM	
Fycompa	NTM	
Gazyva	NTM	
Granix	NTM	SP Call Accredo at 1-877-238-8387

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Imbruvica	NTM	
Mirvaso	NTM	
Nicazaldoxy Kit	NTM	
Noxafil tablets	NTM	
Olysio	NTM	SP Call Caremark at 1-800-237-2767
Opsumit	NTM	SP Call Accredo at 1-866-344-4874
Otrexup	NTM	SP Call Accredo at 1-877-238-8387
Sovaldi	NTM	SP Call Caremark at 1-800-237-2767
Valchlor	NTM	
Versacloz	NTM	
Zohydro ER	NTM	

Tier 1

Drug Name	Tier	Pharmacy Program
abacavir	Tier 1	
acamprosate calcium	Tier 1	
acarbose	Tier 1	
acebutolol	Tier 1	
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	
acitretin	Tier 1	
acyclovir capsules, tablets	Tier 1	
acyclovir ointment 5%	Tier 1	QL 1 tube/30 days
adapalene cream/gel	Tier 1	PA Prior Authorization required for members 26 years of age or older.
adefovir dipivoxil	Tier 1	
albuterol ext-rel	Tier 1	
albuterol sulfate nebulizer solution	Tier 1	QL 360 vials/90 days or 9 dropper bottles/90 days
albuterol syrup/tablets	Tier 1	
alclometasone	Tier 1	
alendronate	Tier 1	
alfuzosin ext-rel	Tier 1	
allopurinol	Tier 1	
alprazolam	Tier 1	
alprazolam ext-rel	Tier 1	
alprazolam orally disintegrating tablets	Tier 1	
amantadine	Tier 1	
amcinonide cream, lotion	Tier 1	
amethia	Tier 1	
amethia lo	Tier 1	

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amethyst	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
amiloride	Tier 1	
amiloride/hydrochlorothiazide	Tier 1	
amiodarone	Tier 1	
amitriptyline	Tier 1	
amitriptyline/perphenazine	Tier 1	
amlodipine	Tier 1	
amlodipine/benazepril	Tier 1	
ammonium lactate 12%	Tier 1	
Amnesteem	Tier 1	
amoxicillin	Tier 1	
amoxicillin/clavulanate	Tier 1	
amoxicillin/clavulanate ext-rel	Tier 1	
amphetamine/dextroamphetamine mixed salts	Tier 1	
amphetamine/dextroamphetamine mixed salts ext-rel	Tier 1	
ampicillin	Tier 1	
anagrelide	Tier 1	
anastrozole	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
apraclonidine 0.5% eye drops	Tier 1	
apri	Tier 1	
aranelle	Tier 1	
atenolol	Tier 1	
atenolol/chlorthalidone	Tier 1	
atorvastatin	Tier 1	
atropine eye drops, eye ointment	Tier 1	
atropine/hyoscyamine/scopolamine/phenobarbital	Tier 1	
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.
azathioprine	Tier 1	
azelastine eye drops	Tier 1	
azelastine spray	Tier 1	QL
azithromycin	Tier 1	
b complex + c/folic acid	Tier 1	
bacitracin eye ointment	Tier 1	
bacitracin/polymyxin B eye ointment	Tier 1	
baclofen	Tier 1	
balsalazide	Tier 1	
balziva	Tier 1	

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benazepril	Tier 1	
benazepril/hydrochlorothiazide	Tier 1	
benzocaine/antipyrine otic	Tier 1	
benzonate	Tier 1	
benzoyl peroxide	Tier 1	
benztropine	Tier 1	
betamethasone dipropionate	Tier 1	
betamethasone dipropionate augmented cream	Tier 1	
betamethasone dipropionate augmented gel, lotion, ointment	Tier 1	
betamethasone valerate	Tier 1	
betamethasone valerate foam	Tier 1	
betaxolol	Tier 1	
bethanechol	Tier 1	
bicalutamide	Tier 1	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
bisoprolol	Tier 1	
bisoprolol/hydrochlorothiazide	Tier 1	
brimonidine 0.15% eye drops	Tier 1	
brimonidine 0.2% eye drops	Tier 1	
bromfenac sodium eye drops	Tier 1	
bromocriptine	Tier 1	
budesonide delayed-release capsules	Tier 1	
budesonide inhalation suspension	Tier 1	QL Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to both brand and generic drug., 180 vials/90 days
bumetanide	Tier 1	
buprenorphine (Subutex discontinued)	Tier 1	PA
buprenorphine/naloxone SL tablets	Tier 1	PA
bupropion	Tier 1	
bupropion ext-rel	Tier 1	
bupropion HCl SR	Tier 1	
bupirone	Tier 1	
butalbital/acetaminophen	Tier 1	
butalbital/acetaminophen/caffeine	Tier 1	
butalbital/aspirin/caffeine	Tier 1	
butorphanol nasal spray	Tier 1	QL 3 bottles (9 mL total)/30 days
calcipotriene	Tier 1	
calcitonin-salmon spray	Tier 1	
calcitriol	Tier 1	
calcium acetate	Tier 1	
camila	Tier 1	

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camrese	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
captopril	Tier 1	
captopril/hydrochlorothiazide	Tier 1	
carbamazepine	Tier 1	
carbamazepine ext-rel	Tier 1	
carbamazepine ext-rel 200 mg, 400 mg	Tier 1	
carbidopa/levodopa	Tier 1	
carbidopa/levodopa ext-rel	Tier 1	
carbidopa/levodopa/entacapone	Tier 1	
carisoprodol 250 mg	Tier 1	
carisoprodol 350 mg	Tier 1	
carisoprodol/aspirin	Tier 1	
carteolol eye drops	Tier 1	
carvedilol	Tier 1	
cefaclor	Tier 1	
cefadroxil	Tier 1	
cefdinir	Tier 1	
cefditoren pivoxil	Tier 1	
cefpodoxime	Tier 1	
cefprozil	Tier 1	
cefuroxime axetil	Tier 1	
cephalexin	Tier 1	
cevimeline	Tier 1	
chloral hydrate	Tier 1	
chlordiazepoxide	Tier 1	
chlordiazepoxide/clidinium	Tier 1	
chlorhexidine gluconate	Tier 1	
chloroquine phosphate	Tier 1	
chlorpromazine	Tier 1	
chlorpropamide	Tier 1	
chlorthalidone	Tier 1	
chlorzoxazone	Tier 1	
cholestyramine	Tier 1	
chorionic gonadotropin	Tier 1	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
ciclopirox	Tier 1	
ciclopirox topical solution 8%	Tier 1	QL 1 bottle/30 days
cilostazol	Tier 1	
cimetidine	Tier 1	
ciprofloxacin	Tier 1	
ciprofloxacin ext-rel	Tier 1	

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ciprofloxacin eye drops, eye ointment	Tier 1	
citalopram	Tier 1	
Claravis	Tier 1	
clarithromycin	Tier 1	
clarithromycin ext-rel	Tier 1	
clemastine 2.68 mg	Tier 1	
clindamycin	Tier 1	
clindamycin 1%/benzoyl peroxide 5%	Tier 1	
clindamycin palmitate oral solution	Tier 1	
clindamycin phosphate foam 1%	Tier 1	
clindamycin vaginal cream	Tier 1	
clindamycin/benzoyl peroxide gel	Tier 1	
clobetasol propionate	Tier 1	
clobetasol propionate 0.05%	Tier 1	
clobetasol propionate foam	Tier 1	
clobetasol propionate/emollient foam	Tier 1	
clomiphene	Tier 1	
clomipramine	Tier 1	
clonazepam	Tier 1	
clonidine	Tier 1	
clonidine ext-rel	Tier 1	
clonidine transdermal	Tier 1	
clopidogrel	Tier 1	
clorazepate	Tier 1	
clotrimazole (Rx only)	Tier 1	
clotrimazole troches	Tier 1	
clotrimazole/betamethasone	Tier 1	
clozapine	Tier 1	
codeine sulfate	Tier 1	
codeine/acetaminophen	Tier 1	
codeine/chlorpheniramine/pseudoephedrine	Tier 1	
codeine/guaifenesin	Tier 1	
codeine/guaifenesin/pseudoephedrine	Tier 1	
codeine/promethazine	Tier 1	
colestipol	Tier 1	
Constulose	Tier 1	
cortisone acetate	Tier 1	
cromolyn sodium eye drops	Tier 1	
cromolyn sodium nebulizer solution	Tier 1	QL 360 vials/90 days
cryselle	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
cyanocobalamin injection	Tier 1	

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cyclobenzaprine	Tier 1	
cyclopentolate eye drops	Tier 1	
cyclophosphamide tablets	Tier 1	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
cyclosporine	Tier 1	
cyclosporine, modified	Tier 1	
cyproheptadine	Tier 1	
danazol	Tier 1	
dantrolene	Tier 1	
dapsone	Tier 1	
desipramine	Tier 1	
desmopressin	Tier 1	
desonide	Tier 1	
desoximetasone	Tier 1	
dexamethasone	Tier 1	
dexamethasone sodium phosphate eye drops, eye ointment	Tier 1	
Dexferrum	Tier 1	
dexmethylphenidate	Tier 1	
dextroamphetamine	Tier 1	
dextroamphetamine ext-rel	Tier 1	
dextroamphetamine solution	Tier 1	
dextromethorphan/promethazine	Tier 1	
diazepam	Tier 1	
diazepam rectal gel	Tier 1	QL
diclofenac potassium	Tier 1	
diclofenac sodium 3% gel	Tier 1	
diclofenac sodium delayed-rel	Tier 1	
diclofenac sodium delayed-rel/misoprostol	Tier 1	
diclofenac sodium eye drops	Tier 1	
dicloxacillin	Tier 1	
dicyclomine	Tier 1	
didanosine delayed-rel	Tier 1	
diethylpropion	Tier 1	PA
diflorasone diacetate	Tier 1	
diflunisal	Tier 1	
digoxin	Tier 1	
dihydroergotamine injection	Tier 1	
dihydroergotamine spray	Tier 1	QL
diltiazem	Tier 1	
diltiazem ext-rel	Tier 1	
diphenhydramine 50 mg	Tier 1	

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diphenoxylate/atropine	Tier 1	
dipivefrin eye drops	Tier 1	
dipyridamole	Tier 1	
disopyramide	Tier 1	
disulfiram	Tier 1	
divalproex sodium delayed-rel	Tier 1	
divalproex sodium ext-rel	Tier 1	
divalproex sodium sprinkle	Tier 1	
donepezil	Tier 1	
dorzolamide HCl eye drops	Tier 1	
dorzolamide HCl/timolol maleate eye drops	Tier 1	
doxazosin	Tier 1	
doxepin	Tier 1	
doxycycline hyclate	Tier 1	
doxycycline hyclate 20 mg tablets	Tier 1	
doxycycline monohydrate	Tier 1	
econazole	Tier 1	
enalapril	Tier 1	
enalapril/hydrochlorothiazide	Tier 1	
enoxaparin	Tier 1	
enpresse	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
entacapone	Tier 1	
Enulose	Tier 1	
epinastine eye drops	Tier 1	
epinephrine	Tier 1	QL 2 injectors/each fill
eplerenone	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
eprosartan	Tier 1	
ergocalciferol (D2)	Tier 1	
errin	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
erythromycin delayed-rel	Tier 1	
erythromycin ethylsuccinate tablets	Tier 1	
erythromycin eye ointment	Tier 1	
erythromycin gel	Tier 1	
erythromycin solution	Tier 1	
erythromycin stearate	Tier 1	
erythromycin/benzoyl peroxide	Tier 1	
erythromycin/sulfisoxazole	Tier 1	
escitalopram	Tier 1	

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estazolam	Tier 1	
estradiol	Tier 1	
estradiol transdermal	Tier 1	
estradiol valerate	Tier 1	
estradiol/norethindrone acetate	Tier 1	
estropipate	Tier 1	
ethambutol	Tier 1	
ethosuximide	Tier 1	
etidronate	Tier 1	
etodolac	Tier 1	
etodolac ext-rel	Tier 1	
etoposide capsules	Tier 1	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
exemestane	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
famciclovir	Tier 1	
famotidine	Tier 1	
famotidine suspension	Tier 1	
felbamate	Tier 1	
felodipine ext-rel	Tier 1	
fenofibrate 43 mg, 130 mg	Tier 1	
fenofibrate 54 mg, 67 mg, 134 mg, 160 mg, 200 mg	Tier 1	
fenofibric acid	Tier 1	
fenofibric acid delayed-rel	Tier 1	
fentanyl citrate lollipop	Tier 1	QL 120 units (lollipops)/30 days
fentanyl transdermal	Tier 1	QL 10 patches/30 days
finasteride 5 mg	Tier 1	Covered for men only, all ages. Not covered for women (no exceptions).
flavoxate hydrochloride	Tier 1	
flecainide	Tier 1	
fluconazole	Tier 1	
fludrocortisone	Tier 1	
flunisolide nasal spray	Tier 1	QL 3 nasal spray units/90 days
fluocinolone acetonide	Tier 1	
fluocinolone acetonide oil	Tier 1	
fluocinonide	Tier 1	
fluoride drops	Tier 1	
fluoride tablets	Tier 1	
fluorometholone eye drops, eye ointment	Tier 1	
flurouracil	Tier 1	
fluoxetine	Tier 1	

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fluoxetine delayed-rel	Tier 1	
fluphenazine	Tier 1	
flurazepam	Tier 1	
flurbiprofen	Tier 1	
flutamide	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
fluticasone nasal spray	Tier 1	QL 3 nasal spray units/90 days
fluticasone propionate cream, lotion, ointment	Tier 1	
fluvastatin	Tier 1	
fluvoxamine	Tier 1	
folic acid	Tier 1	No copayment required for women age 13 through age 44.
fondaparinux sodium	Tier 1	
fosinopril	Tier 1	
fosinopril/hydrochlorothiazide	Tier 1	
furosemide	Tier 1	
gabapentin	Tier 1	
galantamine	Tier 1	
galantamine ext-rel	Tier 1	
ganciclovir	Tier 1	
gemfibrozil	Tier 1	
gentamicin	Tier 1	
gentamicin eye drops, eye ointment	Tier 1	
gianvi	Tier 1	
glimepiride	Tier 1	
glipizide	Tier 1	
glipizide ext-rel	Tier 1	
glipizide/metformin	Tier 1	
glyburide	Tier 1	
glyburide, micronized	Tier 1	
glyburide/metformin	Tier 1	
granisetron tablets	Tier 1	QL 6 tablets/7 days
griseofulvin microsize	Tier 1	
griseofulvin microsize suspension	Tier 1	
griseofulvin ultramicrosize	Tier 1	
guanfacine	Tier 1	
Guiatuss AC	Tier 1	
Guiatuss DAC	Tier 1	
halobetasol propionate	Tier 1	
haloperidol	Tier 1	
hydralazine	Tier 1	
hydrochlorothiazide	Tier 1	
hydrocodone polistirex/chlorpheniramine polistirex	Tier 1	

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hydrocodone/acetaminophen	Tier 1	
hydrocodone/acetaminophen 10/650	Tier 1	
hydrocodone/acetaminophen 2.5/500	Tier 1	
hydrocodone/acetaminophen 7.5/300	Tier 1	
hydrocodone/acetaminophen 7.5/500	Tier 1	
hydrocodone/acetaminophen 7.5/650	Tier 1	
hydrocodone/acetaminophen tablets	Tier 1	
hydrocodone/homatropine	Tier 1	
hydrocodone/ibuprofen	Tier 1	
hydrocortisone	Tier 1	
hydrocortisone (prescription only)	Tier 1	
hydrocortisone butyrate	Tier 1	
hydrocortisone butyrate lipid cream 0.1%	Tier 1	
hydrocortisone cream	Tier 1	
hydrocortisone enema	Tier 1	
hydrocortisone valerate	Tier 1	
hydrocortisone/aloe polysaccharide/iodoquinol	Tier 1	
hydromorphone	Tier 1	
hydroxychloroquine	Tier 1	
hydroxyurea	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
hydroxyzine HCl	Tier 1	
hydroxyzine pamoate	Tier 1	
hyoscyamine sulfate	Tier 1	
hyoscyamine sulfate ext-rel	Tier 1	
ibandronate 150 mg	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
ibuprofen (Rx Only)	Tier 1	
imipramine HCl	Tier 1	
imiquimod	Tier 1	
indapamide	Tier 1	
indomethacin	Tier 1	
indomethacin ext-rel	Tier 1	
indomethacin suppositories	Tier 1	
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	
iron dextran	Tier 1	
isoniazid	Tier 1	
isosorbide dinitrate ext-rel tablets	Tier 1	

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isosorbide mononitrate ext-rel	Tier 1	
isradipine	Tier 1	
itraconazole capsules	Tier 1	PA
Jinteli	Tier 1	
jolessa	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
jolivet	Tier 1	
junel	Tier 1	
junel fe	Tier 1	
kariva	Tier 1	
ketoconazole	Tier 1	
ketoconazole 2%	Tier 1	
ketoconazole foam 2%	Tier 1	
ketorolac 0.4% eye drops	Tier 1	
ketorolac 0.5% eye drops	Tier 1	
ketorolac tablets	Tier 1	
labetalol	Tier 1	
lactulose	Tier 1	
lamivudine	Tier 1	
lamivudine/zidovudine	Tier 1	
lamotrigine	Tier 1	
lansoprazole + amoxicillin + clarithromycin	Tier 1	
latanoprost	Tier 1	
latanoprost eye drops	Tier 1	
leena	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
leflunomide	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
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.
letrozole	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
leucovorin calcium	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
leuprolide acetate 1 mg kit	Tier 1	
levalbuterol inhalation solution	Tier 1	QL 270 vials/90 days, Step Therapy Prior Authorization applies to both brand and generic drug.
levetiracetam	Tier 1	

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levetiracetam ext-rel	Tier 1	
levobunolol eye drops	Tier 1	
levofloxacin	Tier 1	
levofloxacin eye drops	Tier 1	
levora	Tier 1	
Levothroid	Tier 1	
levothyroxine	Tier 1	
Levoxyl	Tier 1	
lidocaine viscous	Tier 1	
lidocaine/prilocaine cream	Tier 1	QL 1 tube/30 days
Lidocort Rectal kit	Tier 1	
lindane	Tier 1	
liothyronine	Tier 1	
lisinopril	Tier 1	
lisinopril/hydrochlorothiazide	Tier 1	
lithium carbonate	Tier 1	
lithium carbonate ext-rel tablets 300 mg	Tier 1	
lithium carbonate ext-rel tablets 450 mg	Tier 1	
lomustine	Tier 1	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
loperamide	Tier 1	
lorazepam	Tier 1	
losartan	Tier 1	
losartan/hydrochlorothiazide	Tier 1	
lovastatin	Tier 1	
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	
Luride drops	Tier 1	No copayment required for children age 6 months through age 6.
Lutera	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
malathion	Tier 1	
maprotiline	Tier 1	
meclizine	Tier 1	
meclofenamate	Tier 1	
medroxyprogesterone acetate	Tier 1	
mefenamic acid	Tier 1	
mefloquine	Tier 1	

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megestrol acetate	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
meloxicam	Tier 1	
meperidine	Tier 1	
mercaptopurine	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
mesalamine rectal suspension	Tier 1	
metaproterenol syrup/tablets	Tier 1	
metformin	Tier 1	
metformin ext-rel	Tier 1	
methadone	Tier 1	
methamphetamine	Tier 1	
methazolamide	Tier 1	
methimazole	Tier 1	
methocarbamol	Tier 1	
methotrexate	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
methyl dopa	Tier 1	
methylergonovine tablets	Tier 1	
methylphenidate	Tier 1	
methylphenidate ext-rel	Tier 1	
methylphenidate ext-rel 10 mg tablets	Tier 1	
methylphenidate ext-rel 20 mg, 30 mg, 40 mg	Tier 1	
methylphenidate ext-rel capsules	Tier 1	
methylphenidate oral solution	Tier 1	
methylprednisolone	Tier 1	
metoclopramide	Tier 1	
metolazone	Tier 1	
metoprolol	Tier 1	
metoprolol ext-rel	Tier 1	
metoprolol/hydrochlorothiazide	Tier 1	
metronidazole	Tier 1	
metronidazole 375 mg capsules	Tier 1	
metronidazole cream	Tier 1	
metronidazole lotion	Tier 1	
metronidazole tablets	Tier 1	
metronidazole vaginal gel	Tier 1	
mexiletine	Tier 1	

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microgestin	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
microgestin fe	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
midodrine	Tier 1	
minocycline capsules	Tier 1	
minocycline tablets	Tier 1	
mirtazapine	Tier 1	
misoprostol	Tier 1	
moexipril	Tier 1	
moexipril/hydrochlorothiazide	Tier 1	
mometasone	Tier 1	
mononessa	Tier 1	
montelukast	Tier 1	
morphine	Tier 1	
morphine ext-rel	Tier 1	QL 90 tablets/30 days
morphine sulfate ext-rel 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	Tier 1	QL
morphine suppositories 5 mg, 10 mg, 20 mg	Tier 1	
mupirocin	Tier 1	
mycophenolate mofetil	Tier 1	
nabumetone	Tier 1	
nadolol	Tier 1	
naltrexone	Tier 1	
naphazoline eye drops	Tier 1	
naproxen	Tier 1	
naproxen delayed-rel	Tier 1	
naproxen sodium	Tier 1	
naratriptan	Tier 1	QL 9 tablets/30 days
nateglinide	Tier 1	
necon 0.5/35	Tier 1	
necon 1/35	Tier 1	
necon 1/50	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
necon 7/7/7	Tier 1	
nefazodone	Tier 1	
neomycin/polymyxin B/bacitracin/hydrocortisone eye ointment	Tier 1	
neomycin/polymyxin B/dexamethasone eye drops, eye ointment	Tier 1	
neomycin/polymyxin B/gramicidin eye drops	Tier 1	

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neomycin/polymyxin B/hydrocortisone eye drops	Tier 1	
neomycin/polymyxin B/hydrocortisone otic	Tier 1	
nevirapine	Tier 1	
Next Choice	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
next choice one dose	Tier 1	
nicardipine	Tier 1	
nifedipine 10 mg	Tier 1	
nifedipine ext-rel	Tier 1	
nimodipine	Tier 1	
nisoldipine ext-rel	Tier 1	
nitrofurantoin ext-rel	Tier 1	
nitrofurantoin macrocrystals	Tier 1	
nitrofurantoin suspension	Tier 1	
nitroglycerin oral spray	Tier 1	
nitroglycerin transdermal	Tier 1	
nizatidine capsules	Tier 1	
nizatidine oral solution	Tier 1	
norethindrone acetate	Tier 1	
nortrel 0.5/35	Tier 1	
nortrel 1/35	Tier 1	
nortrel 7/7/7	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
nortriptyline	Tier 1	
Novarel	Tier 1	SP PA SP Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
nystatin	Tier 1	
nystatin/triamcinolone	Tier 1	
ocella	Tier 1	
ofloxacin	Tier 1	
ofloxacin eye drops	Tier 1	
ofloxacin otic	Tier 1	
Ogestrel	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
olanzapine	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
olanzapine orally disintegrating tablets	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
olanzapine/fluoxetine	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.

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omeprazole delayed-rel	Tier 1	QL
omeprazole/sodium bicarbonate capsules	Tier 1	QL
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
orphenadrine ext-rel	Tier 1	
orphenadrine/aspirin/caffeine	Tier 1	
oxaprozin	Tier 1	
oxazepam	Tier 1	
oxcarbazepine	Tier 1	
oxybutynin	Tier 1	
oxybutynin ext-rel	Tier 1	
oxycodone	Tier 1	
oxycodone/acetaminophen	Tier 1	
oxycodone/aspirin	Tier 1	
oxycodone/ibuprofen	Tier 1	
oxymorphone	Tier 1	
pantoprazole delayed-rel	Tier 1	QL
paricalcitol capsules	Tier 1	
paromomycin	Tier 1	
paroxetine HCl	Tier 1	
paroxetine HCl ext-rel	Tier 1	
peg 3350/electrolytes	Tier 1	
peg 3350/electrolytes disposable jug	Tier 1	
penicillin VK	Tier 1	
pentazocine/naloxone	Tier 1	
pentoxifylline ext-rel	Tier 1	
perindopril	Tier 1	
permethrin 5%	Tier 1	
perphenazine	Tier 1	
phenazopyridine	Tier 1	
phendimetrazine	Tier 1	PA
phendimetrazine ext-rel	Tier 1	PA
phenobarbital	Tier 1	
phentermine	Tier 1	PA
phenytoin sodium	Tier 1	
phenytoin sodium ext-rel	Tier 1	
pilocarpine	Tier 1	
pindolol	Tier 1	
pioglitazone	Tier 1	
pioglitazone/glimepiride	Tier 1	
pioglitazone/metformin	Tier 1	
piroxicam	Tier 1	
podofilox	Tier 1	
polymyxin B/trimethoprim eye drops	Tier 1	

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portia	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
potassium chloride ext-rel	Tier 1	
potassium chloride liquid	Tier 1	
potassium chloride/potassium bicarbonate/citric acid effervescent tablets 25 mE	Tier 1	
pramipexole	Tier 1	
pravastatin	Tier 1	
prazosin	Tier 1	
prednisolone acetate 1% eye drops	Tier 1	
prednisolone sodium phosphate	Tier 1	
prednisolone sodium phosphate 5 mg/5 mL	Tier 1	
prednisolone syrup	Tier 1	
prednisone	Tier 1	
Pregnyl	Tier 1	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
prenatal vitamins w/folic acid	Tier 1	
previfem	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
primidone	Tier 1	
probenecid	Tier 1	
prochlorperazine	Tier 1	
Proctocream-HC 2.5%	Tier 1	
progesterone, micronized	Tier 1	
promethazine	Tier 1	
propafenone	Tier 1	
propafenone ext-rel	Tier 1	
proprantheline 15 mg	Tier 1	
propranolol	Tier 1	
propranolol ext-rel	Tier 1	
propylthiouracil	Tier 1	
Prudoxin	Tier 1	
pyrazinamide	Tier 1	
pyridostigmine	Tier 1	
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.
quetiapine 100 mg, 200 mg, 300 mg, 400 mg	Tier 1	
quetiapine 25 mg, 50 mg	Tier 1	PA
quinapril	Tier 1	
quinapril/hydrochlorothiazide	Tier 1	

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quinine sulfate	Tier 1	
ramipril	Tier 1	
ranitidine	Tier 1	
reclipsen	Tier 1	
Refissa	Tier 1	PA Prior Authorization required for members 26 years of age and older.
repaglinide	Tier 1	
ribasphere	Tier 1	SP Call Caremark at 1-800-237-2767
ribavirin	Tier 1	SP Call Caremark at 1-800-237-2767
rifampin	Tier 1	
riluzole	Tier 1	
rimantadine	Tier 1	
risperidone	Tier 1	
risperidone orally disintegrating tablets	Tier 1	
rivastigmine capsules	Tier 1	
rizatriptan	Tier 1	QL orally disintegrating tablets: 9 tablets/30 days; tablets: 9 tablets/30 days
ropinirole	Tier 1	
ropinirole ext-rel	Tier 1	QL 90 tablets/90 days
salicylic acid	Tier 1	
salicylic acid liquid 27.5%	Tier 1	
salsalate	Tier 1	
selegiline capsules	Tier 1	
selegiline tablets	Tier 1	
selenium sulfide shampoo 2.25%	Tier 1	
selenium sulfide shampoo 2.5%	Tier 1	
sertraline	Tier 1	
sildenafil 20 mg	Tier 1	SP PA Call Accredo at 1-866-344-4874
silver sulfadiazine	Tier 1	
simvastatin	Tier 1	
sotalol	Tier 1	
sotalol AF	Tier 1	
spinosad	Tier 1	QL 1 bottle/fill
spironolactone	Tier 1	
spironolactone/hydrochlorothiazide	Tier 1	
sprintec	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
stavudine	Tier 1	
sucrafate	Tier 1	
sulfacetamide 10% eye drops	Tier 1	
sulfacetamide sodium 10%	Tier 1	
sulfacetamide/prednisolone phosphate eye drops, eye ointment	Tier 1	

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sulfacetamide/sulfur	Tier 1	
sulfamethoxazole/trimethoprim	Tier 1	
sulfasalazine	Tier 1	
sulfasalazine delayed-rel	Tier 1	
sulindac	Tier 1	
sumatriptan	Tier 1	QL tablets: 9 tablets/30 days; injection: 4 injections (2 kits)/30 days or 4 injections (4 vials)/30 days; nasal spray: 5 mg: 2 boxes (12 spray unit devices)/30 days; 20 mg: 1 box (6 spray unit devices)/30 days
tacrolimus capsules	Tier 1	
tamoxifen	Tier 1	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
tamsulosin	Tier 1	
temazepam	Tier 1	
temozolomide	Tier 1	SP QL 5 mg & 140 mg: 15 capsules/21 days; 20 mg & 100 mg: 20 capsules/21 days; 180 mg & 250 mg: 10 capsules/21 days, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
terazosin	Tier 1	
terbinafine tablets	Tier 1	QL 30 tablets/30 days. Annual limit of 90 days applies.
terbutaline tablets	Tier 1	
terconazole cream	Tier 1	
terconazole suppositories	Tier 1	
testosterone cypionate	Tier 1	
testosterone enanthate	Tier 1	
tetracycline	Tier 1	
theophylline ext-rel tablets	Tier 1	
thioridazine	Tier 1	
thiothixene	Tier 1	
tiagabine	Tier 1	
ticlopidine	Tier 1	
tilia fe	Tier 1	
timolol maleate eye drops	Tier 1	
timolol maleate gel forming solution	Tier 1	
tinidazole	Tier 1	
tizanidine	Tier 1	
tobramycin eye drops, eye ointment	Tier 1	
tobramycin inhalation solution	Tier 1	
tobramycin/dexamethasone 0.3%/0.1% eye suspension	Tier 1	
tolterodine	Tier 1	
topiramate	Tier 1	
torseamide	Tier 1	

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tramadol	Tier 1	
tramadol ext-rel	Tier 1	
tramadol/acetaminophen	Tier 1	
trandolapril	Tier 1	
tranexamic acid	Tier 1	QL 30 tablets/28 days
tranlycypromine	Tier 1	
travoprost eye drops	Tier 1	
trazodone	Tier 1	
tretinoin	Tier 1	PA
tretinoin capsules	Tier 1	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
tretinoin cream/gel	Tier 1	PA Prior Authorization required for members 26 years of age and older.
tretinoin gel microsphere	Tier 1	PA Prior Authorization required for members 26 years of age and older.
triamcinolone acetonide	Tier 1	
triamcinolone paste	Tier 1	
triamterene/hydrochlorothiazide capsules 37.5/25	Tier 1	
triamterene/hydrochlorothiazide capsules 50/25	Tier 1	
triamterene/hydrochlorothiazide tablets 37.5/25	Tier 1	
triamterene/hydrochlorothiazide tablets 75/50	Tier 1	
triazolam	Tier 1	
trifluoperazine	Tier 1	
trifluridine eye drops	Tier 1	
trihexyphenidyl	Tier 1	
tri-legest fe	Tier 1	
trimethobenzamide capsules	Tier 1	
trimethoprim	Tier 1	
trimipramine	Tier 1	
trinessa	Tier 1	
tri-previfem	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
tri-sprintec	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
trivora	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
tropium	Tier 1	
tropium ext-rel	Tier 1	
ubidecarenone	Tier 1	PA

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Unithroid	Tier 1	
ursodiol	Tier 1	
valacyclovir	Tier 1	
valproic acid	Tier 1	
valsartan/hydrochlorothiazide	Tier 1	
vancomycin	Tier 1	
Vandazole	Tier 1	
velivet	Tier 1	
venlafaxine	Tier 1	
venlafaxine ext-rel capsules	Tier 1	
venlafaxine ext-rel tablets	Tier 1	
verapamil	Tier 1	
verapamil ext-rel	Tier 1	
vitamin B-12	Tier 1	
voriconazole	Tier 1	QL tablets: 50 mg: 56 tablets/14 days; 200 mg: 28 tablets/14 days; oral suspension: 150 mL/14 days
warfarin	Tier 1	
zafirlukast	Tier 1	
zaleplon	Tier 1	QL 10 capsules/30 days
zidovudine	Tier 1	
zolpidem	Tier 1	QL 10 tablets/30 days
zolpidem tartrate CR	Tier 1	QL 10 tablets/30 days
zonisamide	Tier 1	
Zovia 1/35e	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
zovia 1/50e	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

Tier 2

Drug Name	Tier	Pharmacy Program
abiraterone	Tier 2	SP PA QL
Accu-Chek test strips	Tier 2	
Actimmune	Tier 2	
Advair Diskus	Tier 2	QL 3 diskus/90 days
Advair HFA	Tier 2	QL 6 inhalers/90 days
afatinib	Tier 2	SP PA
Afinitor	Tier 2	SP PA QL 30 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.

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Afinitor Disperz	Tier 2	SP PA QL This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387, 60 tablets/30 days
Alkeran	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Alrex	Tier 2	
altretamine	Tier 2	
Amcinonide ointment	Tier 2	
amlodipine/atorvastatin	Tier 2	
Amoxapine	Tier 2	
Ampyra	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 60 tablets/30 days
Androderm	Tier 2	
AndroGel	Tier 2	
Anzemet tablets	Tier 2	QL 3 tablets/7 days
Apidra	Tier 2	
Apokyn	Tier 2	
Apriso	Tier 2	
Aptivus	Tier 2	
Aranesp	Tier 2	SP QL 4 mL/30 days; Covered under the Prescription Drug Benefit when self-administered., Call Accredo at 1-877-238-8387
Arcalyst	Tier 2	SP PA QL 5 vials/28 days for initial 28 days, 4 vials/28 days thereafter, Call Caremark at 1-800-237-2767
Armour Thyroid	Tier 2	
Asacol HD	Tier 2	
Asmanex	Tier 2	QL 6 Twisthalers/90 days
Astepro	Tier 2	QL 3 nasal spray units/90 days
Asthma Supplies	Tier 2	QL 2 spacers/year; 1 peak flow meter/year
atovaquone/proguanil	Tier 2	
Atripla	Tier 2	
Atrovent HFA	Tier 2	QL 6 inhalers/90 days
Aubagio	Tier 2	SP PA QL 28 tablets/28 day, Call Accredo at 1-877-238-8387
Avodart	Tier 2	
Avonex	Tier 2	SP QL 4 syringes/vials/28 days, Call Accredo at 1-877-238-8387
Avonex Pen	Tier 2	SP QL Call Accredo at 1-877-238-8387, 4 pens/28 days
axitinib	Tier 2	SP PA
Azilect	Tier 2	
Azopt	Tier 2	
Banzel	Tier 2	QL 200 mg tablets: 1440 tablets/90 days; 400 mg tablets: 720 tablets/90 days; 40 mg/mL suspension: 4 bottles/30 days
Baraclude	Tier 2	
Benicar	Tier 2	

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Benicar HCT	Tier 2	
Betaseron	Tier 2	SP QL 15 vials/30 days, Call Accredo at 1-877-238-8387
Betimol	Tier 2	
bexarotene	Tier 2	SP
BiDil	Tier 2	
Bosulif	Tier 2	SP PA QL 100 mg: 120 tablets/30 days; 500 mg: 30 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
bosutinib	Tier 2	SP PA QL
busulfan	Tier 2	SP
Bydureon	Tier 2	
Byetta	Tier 2	
cabozantinib	Tier 2	PA
calcitriol ointment	Tier 2	
Canasa	Tier 2	
candesartan	Tier 2	
candesartan/hydrochlorothiazide	Tier 2	
capecitabine	Tier 2	SP QL
Caprelsa	Tier 2	PA QL 100 mg: 60 tablets/30 days; 300 mg: 30 tablets/30 days, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Carbaglu	Tier 2	PA
Cayston	Tier 2	
Cefaclor ER	Tier 2	
Cetrotide	Tier 2	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
chlorambucil	Tier 2	SP
Cimzia prefilled syringe	Tier 2	SP PA QL 2 injections/28 days, Cimzia syringes are covered under the pharmacy benefit, prior authorization applies. Cimzia vials are covered under the medical benefit only, prior authorization applies., Call Accredo at 1-877-238-8387
Ciprodex	Tier 2	
Coartem	Tier 2	QL 24 tablets/180 days
Colcrys	Tier 2	QL 60 tablets/30 days
Combivent Respimat	Tier 2	QL 6 inhalers/90 days
Cometriq	Tier 2	PA This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Complera	Tier 2	
Copaxone	Tier 2	SP QL 1 kit (30 syringes)/30 days, Call Accredo at 1-877-238-8387

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Cortifoam	Tier 2	
Creon	Tier 2	
Crixivan	Tier 2	
crizotinib	Tier 2	SP PA
Cuprimine	Tier 2	
Cycloset	Tier 2	
Cystaran	Tier 2	SP Call Accredo at 1-877-238-8387
dabrafenib	Tier 2	SP PA
Daraprim	Tier 2	
dasatinib	Tier 2	SP PA QL
Delzicol	Tier 2	
dexmethylphenidate ext-rel 15 mg, 30 mg	Tier 2	
Diovan	Tier 2	
Dipentum	Tier 2	
Droxia	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
duloxetine delayed-rel	Tier 2	QL 20 mg: 60 capsules/30 days; 30 mg: 90 capsules/30 days; 60 mg: 60 capsules/30 days
Edurant	Tier 2	
Elixophyllin	Tier 2	
Emcyt	Tier 2	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Emtriva	Tier 2	
Enablex	Tier 2	
Enbrel	Tier 2	SP PA QL 25 mg: 8 vials/syringes/28 days; 50 mg: 4 syringes/28 days, Call Accredo at 1-877-238-8387
enzalutamide	Tier 2	SP PA QL
Epipen	Tier 2	QL 2 injectors/each fill
Epipen Jr.	Tier 2	QL 2 injectors/each fill
Episil	Tier 2	QL 4 bottles/30 days
Epivir-HBV	Tier 2	
Epogen	Tier 2	SP QL 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered., Call Accredo at 1-877-238-8387
Epzicom	Tier 2	
Erivedge	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
erlotinib	Tier 2	SP QL
Ery-Tab	Tier 2	
Estrace cream	Tier 2	

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estramustine	Tier 2	SP
Estring	Tier 2	
etonogestrel/EE ring	Tier 2	
Eurax	Tier 2	
everolimus	Tier 2	SP PA QL
Evista	Tier 2	
Exjade	Tier 2	
Extavia	Tier 2	SP QL Call Accredo at 1-877-238-8387, 15 vials/30 days
Fareston	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Fazaclo	Tier 2	
Femring	Tier 2	
fenofibrate 48 mg, 145 mg	Tier 2	
Ferriprox	Tier 2	PA QL 30 tablets/30 days
Finacea	Tier 2	
Firazyr	Tier 2	SP PA QL 1 unit (3 mL)/fill, Call Caremark at 1-800-237-2767
First-Progesterone VGS	Tier 2	
Flovent Diskus	Tier 2	QL 6 diskus/90 days
Flovent HFA	Tier 2	QL 6 inhalers/90 days
Fluoroplex	Tier 2	
Fluoxetine 60 mg	Tier 2	
fluvoxamine ext-rel	Tier 2	
Foradil Aerolizer	Tier 2	QL 3 inhalers/90 days
Forteo	Tier 2	SP PA Call Accredo at 1-877-238-8387
Fosrenol	Tier 2	
Fulyzaq	Tier 2	PA
Fuzeon	Tier 2	SP Call Accredo at 1-877-238-8387
Galzin	Tier 2	
gatifloxacin eye drops	Tier 2	QL 1 bottle/7 days
Gattex	Tier 2	SP PA QL 30 vials/30 days (either 1 kit of 30 vials or 30 individual 1-vial kits), Call Accredo at 1-877-238-8387
Gelclair	Tier 2	
Gelnique	Tier 2	
Gilenya	Tier 2	SP PA QL 28 tablets/28 days, Call Accredo at 1-877-238-8387
Gilotrif	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Gleevec	Tier 2	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Glucagon	Tier 2	

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Golytely packets	Tier 2	
Gonal-F	Tier 2	SP PA SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Halflytely	Tier 2	
Hectorol	Tier 2	
Hexalen	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Humalog	Tier 2	
Humira	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 2 syringes/28 days; One Crohn's Disease / Ulcerative Colitis starter pack (6 pens) as a one-time fill only; One Psoriasis starter pack (4 pens) as a one-time fill only
Humulin	Tier 2	
Hycamtin oral capsules	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., 0.25 mg: 15 capsules/21 days; 1 mg: 25 capsules/21 days
hydrocortisone/pramoxine/skin cleanser	Tier 2	
hydroxyurea	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
imatinib mesylate	Tier 2	SP
Increlex	Tier 2	SP PA Call Caremark at 1-800-237-2767
Infergen	Tier 2	SP PA SP PA Call Caremark at 1-800-237-2767
Inlyta	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Insulin Pen Needles	Tier 2	
Intelence	Tier 2	
Intron A	Tier 2	SP Call Accredo at 1-877-238-8387 or Caremark at 1-800-237-2767
Invirase	Tier 2	
Isentress	Tier 2	QL 120 tablets/30 days; Chewable tablets: 100 mg: 180 tablets/30 days; 25 mg: 720 tablets/30 days
Jakafi	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Janumet	Tier 2	
Janumet XR	Tier 2	
Januvia	Tier 2	
Juxtapid	Tier 2	PA QL 5 mg, 10 mg: 28 capsules/28 days; 20 mg: 84 capsules/28 days

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Kaletra	Tier 2	
Kalydeco	Tier 2	PA QL 60 tabs/30 days
Kineret	Tier 2	SP PA QL 28 syringes/28 days, Call Accredo at 1-877-238-8387
Kombiglyze XR	Tier 2	
Korlym	Tier 2	PA QL 120 tablets/30 days
Kuvan	Tier 2	SP PA Call Accredo at 1-877-238-8387
Kynamro	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 4 vials or prefilled syringes/28 days
lamotrigine ext-rel	Tier 2	QL 25 mg: 90 tablets/90 days; 50 mg:90 tablets/90 days; 100 mg: 90 tablets/90 days; 200 mg: 270 tablets/90 days; 250 mg: 180 tablets/90 days; 300 mg: 180 tablets/90 days
Lantus	Tier 2	
lapatinib	Tier 2	SP PA QL
lenalidomide	Tier 2	SP PA
Letairis	Tier 2	SP PA Call Accredo at 1-866-344-4874
Leukeran	Tier 2	SP This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Leukine	Tier 2	SP QL Call Accredo at 1-877-238-8387, 6 vials/14 days; Covered under the Prescription Drug Benefit when self-administered.
Levemir	Tier 2	
Lexiva	Tier 2	
Lialda	Tier 2	
lidocaine patch 5%	Tier 2	PA QL
Lithium Citrate	Tier 2	
Lodosyn	Tier 2	
Lotronex	Tier 2	
Lysodren	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Matulane	Tier 2	Drug is available through Accredo 1-866-344-4874. This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Mekinist	Tier 2	SP PA This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
melphalan	Tier 2	
Menopur	Tier 2	SP PA SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Mephyton	Tier 2	
Mepron	Tier 2	

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Mestinon Timespan	Tier 2	
methotrexate	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Methylin chewable tablets	Tier 2	
methlyphenidate HCl ER	Tier 2	
Miacalcin injection	Tier 2	
Migergot suppository	Tier 2	
minocycline SR	Tier 2	
mitotane	Tier 2	
modafinil	Tier 2	QL 180 tablets/90 days
Morphine suppositories 30 mg	Tier 2	
Myleran tablets	Tier 2	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Namenda	Tier 2	
Namenda XR	Tier 2	
Nascobal	Tier 2	
Nasonex	Tier 2	QL 6 nasal spray units/90 days
Nebusal 6%	Tier 2	
Necon 10/11	Tier 2	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Neulasta	Tier 2	SP QL Call Accredo at 1-877-238-8387, 1 syringe/14 days; Covered under the Prescription Drug Benefit when self-administered.
Neumega	Tier 2	
Neupogen	Tier 2	SP QL 10 vials (1 mL and 1.6 mL)/14 days; Covered under the Prescription Drug Benefit when self-administered., Call Accredo at 1-877-238-8387
Nexavar	Tier 2	SP PA QL 120 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
niacin ext-rel	Tier 2	
Nifedipine 20 mg	Tier 2	
Nilandron	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
nilotinib	Tier 2	SP PA
nilutamide	Tier 2	
Nitrostat	Tier 2	
Norditropin Products	Tier 2	SP PA Call Caremark at 1-800-237-2767. Applies to all Norditropin products including Norditropin Flexpro and Norditropin Nordiflex.

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norethindrone/EE	Tier 2	
Norvir	Tier 2	
Novolin	Tier 2	
Novolog	Tier 2	
Nuedexta	Tier 2	PA
Nuvaring	Tier 2	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Nuvigil	Tier 2	QL STPA 90 tablets/90 days
OneTouch test strips	Tier 2	
Onglyza	Tier 2	
Onsolis	Tier 2	SP QL 60 buccal films/30 days, Call Accredo at 1-877-238-8387
Orfadin	Tier 2	SP PA Call Accredo at 1-866-344-4874
Ovidrel	Tier 2	SP Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Oxistat	Tier 2	
Oxsoralen-Ultra	Tier 2	
OxyContin	Tier 2	QL 120 tablets/30 days
oxymorphone ext-rel 7.5 mg, 15 mg	Tier 2	
Oxytrol	Tier 2	
Pacnex	Tier 2	
pazopanib	Tier 2	SP PA QL
Pegasys/Pegasys ProClick	Tier 2	SP PA QL Call Caremark at 1-800-237-2767, 4 individual vials/28 days; 1 kit (4 vials/syringes)/28 days; 4 pens/28 days
Pentasa	Tier 2	
Perforomist	Tier 2	QL 180 vials/90 days
Phoslyra	Tier 2	
Pilopine HS gel	Tier 2	
pomalidomide	Tier 2	SP PA
Pomalyst	Tier 2	SP PA This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Pred Mild	Tier 2	
Pred-G	Tier 2	
Prednisolone Phosphate 1%	Tier 2	
Prefest	Tier 2	
Prezista	Tier 2	
Pristiq	Tier 2	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
ProAir HFA	Tier 2	QL 6 inhalers/90 days
procarbazine	Tier 2	

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Procrit	Tier 2	SP QL 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered., Call Accredo at 1-877-238-8387
Promacta	Tier 2	SP PA QL 30 tablets/30 days, Call Accredo at 1-877-238-8387
Pulmozyme	Tier 2	
Pylera	Tier 2	
QVAR	Tier 2	QL 6 inhalers/90 days
rabeprazole delayed-rel	Tier 2	QL
Ranexa	Tier 2	
Rapamune	Tier 2	
Rebif	Tier 2	SP QL Call Accredo at 1-877-238-8387, 12 syringes/28 days
regorafenib	Tier 2	SP PA QL
Regranex	Tier 2	
Relenza	Tier 2	QL 20 units/365 days
Relistor	Tier 2	
Renagel	Tier 2	
Renvela	Tier 2	
Repronex	Tier 2	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Rescriptor	Tier 2	
Revlimid	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Reyataz	Tier 2	
Rheumatrex	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Ridaura	Tier 2	
Risperdal Consta	Tier 2	
ruxolitinib	Tier 2	SP PA
Sabril	Tier 2	
Savella	Tier 2	QL STPA 180 tablets/90 days
Selzentry	Tier 2	QL 150 mg: 60 tablets/30 days; 300 mg: 120 tablets/30 days
Sensipar	Tier 2	
Serevent Diskus	Tier 2	QL 3 diskus/90 days
Serostim	Tier 2	SP PA Call Caremark at 1-800-237-2767
Signifor	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 60 ampules/30 days
Simcor	Tier 2	
Simponi	Tier 2	SP PA QL 1 pre-filled syringe or SmartJect autoinjector (50 mg or 100 mg)/28 days, Call Accredo at 1-877-238-8387
Sirturo	Tier 2	PA
Skelid	Tier 2	

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Soltamox	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
sorafenib	Tier 2	SP PA QL
Spiriva	Tier 2	QL 3 HandiHalers/90 days
Sprycel	Tier 2	SP PA QL 20 mg, 50 mg, 70 mg, 80 mg: 60 tablets/30 days; 100 mg, 140 mg: 30 tablets/30 days, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Stelara prefilled syringe	Tier 2	SP PA QL 1 injection (prefilled syringe)/84 days, Call Accredo at 1-877-238-8387
Stivarga	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., 84 tablets/28 days
Strattera	Tier 2	QL 10 mg, 18 mg, 25 mg, 40 mg, 60 mg: 60 capsules/30 days; 80 mg & 100 mg: 30 capsules/30 days
Stribild	Tier 2	
sunitinib	Tier 2	SP PA
Sustiva	Tier 2	
Sutent	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Sylatron	Tier 2	SP PA QL Call Accredo at 1-877-238-8387, 4 vials/28 days
Symbicort	Tier 2	QL 6 inhalers/90 days
Synarel	Tier 2	
Tabloid	Tier 2	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Tafinlar	Tier 2	SP PA This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Tamiflu capsules	Tier 2	QL 10 capsules/365 days
tamoxifen	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Tarceva	Tier 2	SP QL This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387, 150 mg & 100 mg: 30 tablets/30 days; 25 mg: 90 tablets/30 days

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Targretin capsules	Tier 2	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Targretin gel	Tier 2	SP Call Accredo at 1-877-238-8387
Tasigna	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Tasmar	Tier 2	
Tazorac	Tier 2	PA Prior Authorization required for members 26 years of age and older.
Tecfidera	Tier 2	SP PA QL 60 capsules/30 days, Call Accredo at 1-877-238-8387
Tegretol-XR 100 mg	Tier 2	
Theo-24	Tier 2	
thioguanine	Tier 2	SP
Tikosyn	Tier 2	
Tivicay	Tier 2	
topotecan	Tier 2	SP PA QL
toremifene	Tier 2	
Tracleer	Tier 2	SP PA Call Accredo at 1-866-344-4874
trametinib	Tier 2	SP PA
Trexall	Tier 2	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
triamcinolone nasal spray	Tier 2	QL 3 nasal spray units/90 days
Trizivir	Tier 2	
Truvada	Tier 2	
Tykerb	Tier 2	SP PA QL 180 tablets/30 days, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., Call Accredo at 1-877-238-8387
Tyzeka	Tier 2	QL 30 tablets/30 days
Vagifem	Tier 2	
Valcyte	Tier 2	
vandetanib	Tier 2	PA QL
vemurafenib	Tier 2	SP PA
Venofer	Tier 2	QL 10 vials/30 days
Vesicare	Tier 2	
Vexol	Tier 2	
Vimpat	Tier 2	PA QL oral solution: 1200 mL/30 days; tablets: 180 tablets/90 days
Viracept	Tier 2	
Viramune XR	Tier 2	

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Viread	Tier 2	
vismodegib	Tier 2	SP PA
Vivelle-Dot	Tier 2	
vorinostat	Tier 2	SP PA
Votrient	Tier 2	SP PA QL 120 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Vytorin	Tier 2	
Xalkori	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Xeljanz	Tier 2	SP PA QL 60 tablets/30 days, Call Accredo at 1-877-238-8387
Xeloda	Tier 2	SP QL Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., 150 mg: 84 capsules/14 days; 500 mg: 168 capsules/14 days
Xenazine	Tier 2	SP PA QL 12.5 tablets: 90 tablets/30 days; 25 mg tablets: 120 tablets/30 days, Call Caremark at 1-800-237-2767
Xtandi	Tier 2	SP PA QL 120 capsules/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Zavesca	Tier 2	SP PA Call Accredo at 1-877-238-8387
Zelboraf	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
ziprasidone HCl	Tier 2	Step Therapy Prior Authorization applies to both brand and generic drug.
Zolinza	Tier 2	SP PA Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
zolmitriptan	Tier 2	QL 2.5 mg: 6 tablets/30 days; 5 mg: 6 tablets/30 days
Zorbitive	Tier 2	SP PA Call Caremark at 1-800-237-2767
Zortress	Tier 2	QL 180 tablets/90 days
Zytiga	Tier 2	SP PA QL 120 tablets/30 days, Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Zyvox	Tier 2	

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Tier 3

Drug Name	Tier	Pharmacy Program
Abilify Discmelt	Tier 3	QL STPA 60 tablets/30 days
Abilify Oral Solution	Tier 3	QL STPA 2 bottles/30 days
Abilify tablets	Tier 3	QL STPA 30 tablets/30 days
Abstral	Tier 3	QL 32 tablets/30 days
Accolate	Tier 3	
Accuneb	Tier 3	QL 360 vials/90 days
Accupril	Tier 3	
Aceon	Tier 3	
Aclovate	Tier 3	
Activella	Tier 3	
Actonel	Tier 3	STPA
Actoplus Met	Tier 3	
Actoplus Met XR	Tier 3	
Actos	Tier 3	
Acular	Tier 3	
Acular LS	Tier 3	
Adalat CC	Tier 3	
Adcirca	Tier 3	SP PA Call Accredo at 1-866-344-4874
Adderall	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Adderall XR	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Adipex-P	Tier 3	PA
Advicor	Tier 3	
Aggrenox	Tier 3	
Agrylin	Tier 3	
Aldara	Tier 3	
Alinia	Tier 3	
Alocril	Tier 3	
Alomide	Tier 3	
Alora	Tier 3	
Alphagan P 0.1%	Tier 3	
Alphagan P 0.15%	Tier 3	
Alsuma	Tier 3	QL STPA 4 injections (4 vials)/30 days
Altabax	Tier 3	QL 1 tube/5 days
Alvesco	Tier 3	QL 80 mcg: 3 inhalers/90 days; 160 mcg: 6 inhalers/90 days
Amaryl	Tier 3	
Amerge	Tier 3	QL STPA 9 tablets/30 days, Step Therapy Prior Authorization applies to brand name drug only.
Amitiza	Tier 3	
Amturnide	Tier 3	

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Angeliq	Tier 3	
Antabuse	Tier 3	
Antivert	Tier 3	
Aplenzin	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Aralen	Tier 3	
Arava	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Aricept	Tier 3	
Arimidex	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Arixtra	Tier 3	
Aromasin	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Arthrotec	Tier 3	
Astelin	Tier 3	QL 3 nasal spray units/90 days
Atabex EC	Tier 3	
Atralin	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Atrovent nasal aerosol	Tier 3	QL 6 nasal spray units/90 days
Augmentin	Tier 3	
Augmentin XR	Tier 3	
Auvi-Q	Tier 3	QL 2 units/fill
Avinza	Tier 3	QL 60 capsules/30 days
Avita	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Axert	Tier 3	QL STPA 6 tablets/30 days
Axid oral solution	Tier 3	
Aygestin	Tier 3	
Azasite	Tier 3	QL 1 bottle/7 days
Azelex	Tier 3	
Azor	Tier 3	
Azulfidine	Tier 3	
Azulfidine EN-Tablets	Tier 3	
Bactrim/Bactrim DS	Tier 3	
Bactroban	Tier 3	
Bactroban nasal ointment	Tier 3	
Belviq	Tier 3	PA
Bentyl	Tier 3	
Benzac AC	Tier 3	
Benzaclin Gel	Tier 3	
Benzamycin	Tier 3	

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Besivance	Tier 3	QL 1 bottle/5 days
Betagan	Tier 3	
Betapace	Tier 3	
Betapace AF	Tier 3	
Bethkis	Tier 3	
Betoptic S	Tier 3	
Beyaz	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Biacin	Tier 3	
Biacin XL	Tier 3	
Bionect	Tier 3	
Bleph-10	Tier 3	
Blephamide	Tier 3	
Boniva 150 mg	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug
Bontril PDM	Tier 3	PA
Bravelle	Tier 3	SP PA SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Brevicon	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Brilinta	Tier 3	
Bromday	Tier 3	
Brovana	Tier 3	QL 180 vials/90 days
Butrans	Tier 3	QL 4 patches/30 days
Bystolic	Tier 3	
Caduet	Tier 3	
Cafergot	Tier 3	
Campral	Tier 3	
Capital w/Codeine	Tier 3	
Carafate	Tier 3	
Carbatrol	Tier 3	
Cardene SR	Tier 3	
Cardura	Tier 3	
Cardura XL	Tier 3	
Casodex	Tier 3	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Caverject	Tier 3	
Cedax	Tier 3	
Ceftin	Tier 3	
Celebrex	Tier 3	PA

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Cellcept	Tier 3	
Cenestin	Tier 3	
Cesamet	Tier 3	QL 18 capsules/7 days
Cetraxal	Tier 3	
Cialis	Tier 3	QL Erectile Dysfunction: 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn; Not covered for men 18 years of age or younger, or for women. (No exceptions); Symptomatic Benign Prostatic Hyperplasia: 30 tablets/30 days
Ciloxan	Tier 3	
Cipro	Tier 3	
Cipro HC Otic	Tier 3	
Citranatal Rx	Tier 3	
Clarifoam EF	Tier 3	
Cleocin	Tier 3	
Cleocin Pediatric	Tier 3	
Cleocin T	Tier 3	
Cleocin vaginal cream	Tier 3	
Cleocin vaginal suppositories	Tier 3	
Climara	Tier 3	
Climara Pro	Tier 3	
Clindesse	Tier 3	
Clinoril	Tier 3	
Clobex	Tier 3	
Clozaril	Tier 3	
Coenzyme Q10	Tier 3	PA
Colazal	Tier 3	
Colyte	Tier 3	
Combigan	Tier 3	QL 10 mL/30 days
CombiPatch	Tier 3	
Combivir	Tier 3	
Comtan	Tier 3	
Concept DHA	Tier 3	
Concept OB	Tier 3	
Concerta	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Condylox	Tier 3	
Copegus	Tier 3	SP Call Caremark at 1-800-237-2767
Cordarone	Tier 3	
Cordran	Tier 3	
Coreg	Tier 3	
Corgard	Tier 3	
Cortef	Tier 3	
Cortisporin	Tier 3	
Corvite 150	Tier 3	

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Cosopt	Tier 3	
Cosopt PF	Tier 3	
Coumadin	Tier 3	
Crinone	Tier 3	
Cutivate	Tier 3	
Cyclessa	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Cyclogyl	Tier 3	
Cymbalta	Tier 3	QL STPA Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to brand name drug only., 20 mg: 60 capsules/30 days; 30 mg: 90 capsules/30 days; 60 mg: 60 capsules/30 days
Cytomel	Tier 3	
Cytotec	Tier 3	
D.H.E. 45	Tier 3	
Daliresp	Tier 3	
Dantrium	Tier 3	
Daytrana	Tier 3	STPA
DDAVP	Tier 3	
Delestrogen	Tier 3	
Delos	Tier 3	
Demadex	Tier 3	
Demerol	Tier 3	
Depakene	Tier 3	
Depakote	Tier 3	
Depakote ER	Tier 3	
Depakote Sprinkle	Tier 3	
Deplin	Tier 3	
Deplin-Algal Oil	Tier 3	
Deprizine suspension	Tier 3	
Derma-N	Tier 3	
Dermotic	Tier 3	
Desogen	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Desowen	Tier 3	
Desvenlafaxine ER	Tier 3	STPA
Detrol	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Detrol LA	Tier 3	STPA
DiaBeta	Tier 3	
Diamox Sequels	Tier 3	

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Diastat/Diastat AcuDial	Tier 3	QL 1 kit (2 units)/30 days
Dicopanol suspension	Tier 3	
Didronel	Tier 3	
Differin cream/gel	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Differin lotion	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Difucid	Tier 3	PA
Diflucan	Tier 3	
Digex NF	Tier 3	
Dilantin	Tier 3	
Dilantin Infatabs	Tier 3	
Diovan HCT	Tier 3	
Diprolene	Tier 3	
Diprolene AF	Tier 3	
Ditropan XL	Tier 3	
Divigel	Tier 3	
Donnatal	Tier 3	
Doryx	Tier 3	
Dovonex	Tier 3	
Drisdol	Tier 3	
drosiprenone/EE/levomefolate 0.3/30 and levomefola	Tier 3	
drosiprenone/EE/levomefolate and levomefolate	Tier 3	
Duac	Tier 3	
Duetact	Tier 3	
DuoNeb	Tier 3	QL 360 vials/90 days
Dutoprol	Tier 3	
Dyazide	Tier 3	
E.E.S. 200 suspension	Tier 3	
EC-Naprosyn	Tier 3	
Edecrin	Tier 3	
Edex	Tier 3	
Effer-K 10 mEq, 20 mEq	Tier 3	
Effient	Tier 3	
Efudex	Tier 3	
Egrifta	Tier 3	SP PA Call Accredo at 1-877-238-8387
Eldepryl	Tier 3	
Elestat	Tier 3	
Elestrin	Tier 3	
Eletone	Tier 3	
Elidel	Tier 3	STPA
Eliquis	Tier 3	QL 60 tablets/30 days

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Ella	Tier 3	QL 1 tablet/fill, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Elmiron	Tier 3	
Elocon	Tier 3	
Emadine	Tier 3	
Emend	Tier 3	QL 40 mg: 1 capsule/7 days; 80 mg: 2 capsules/7 days; 125 mg: 1 capsule/7 days; 1 dosepack/7 days
Emsam	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Endometrin	Tier 3	
Enjuvia	Tier 3	
Entocort EC	Tier 3	
Epaned	Tier 3	
Epivir tablets	Tier 3	
Equetro	Tier 3	
Ertaczo	Tier 3	
Estrace	Tier 3	
estradiol valerate and dienogest/estradiol valerat	Tier 3	
Estrasorb	Tier 3	
Estrogel	Tier 3	
Estrostep Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Evamist	Tier 3	QL 1 bottle/each fill
Evoclin 1%	Tier 3	
Evoxac	Tier 3	
Exelon capsules	Tier 3	
Exelon Patch	Tier 3	
Exelon solution	Tier 3	
Exforge	Tier 3	
Exforge HCT	Tier 3	
Fabior	Tier 3	PA
Famvir	Tier 3	
Felbatol	Tier 3	
Feldene	Tier 3	
Femara	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Femhrt 0.5 mg/2.5 mcg	Tier 3	
Femtrace	Tier 3	

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Feriva	Tier 3	
Ferralet 90	Tier 3	
First-BXN	Tier 3	
First-Duke's Mouthwash	Tier 3	
First-Lansoprazole	Tier 3	QL 300 mL/30 days
First-Mary's Mouthwash	Tier 3	
First-Omeprazole	Tier 3	QL 300 mL/30 days
Flagyl	Tier 3	
Flarex	Tier 3	
Flomax	Tier 3	
Flumadine	Tier 3	
FML	Tier 3	
Focalin XR 15 mg, 30 mg	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Focalin XR 5 mg, 10 mg, 20 mg, 25 mg, 35 mg, 40 mg	Tier 3	STPA
Follistim AQ	Tier 3	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Forfivo XL	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Fortical	Tier 3	
Fragmin	Tier 3	
Freshkote	Tier 3	
Frova	Tier 3	QL STPA 9 tablets/30 days
Furadantin suspension 25 mg/5 mL	Tier 3	
Fusion Plus	Tier 3	
Gabitril	Tier 3	
Ganirelix	Tier 3	SP PA Call Village Pharmacy at 1-877-344-1610 or Freedom Drug at 1-877-585-4560 or Walgreens Specialty Pharmacy, LLC at 1-866-657-0500
Generess Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Geodon	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Gesticare DHA	Tier 3	
Glucophage	Tier 3	
Glucophage XR	Tier 3	
Glucotrol	Tier 3	
Glucotrol XL	Tier 3	
Glucovance	Tier 3	
Glynase	Tier 3	
Glyset	Tier 3	
Golytely	Tier 3	
Granisol oral solution	Tier 3	QL 45 mL/7 days

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Grifulvin V tablets	Tier 3	
Gris-Peg	Tier 3	
Helidac	Tier 3	
Hepsera	Tier 3	
Horizant	Tier 3	QL 60 tablets/30 days
Hydrea	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Ilevro	Tier 3	
Imdur	Tier 3	
Imitrex	Tier 3	QL STPA Step Therapy Prior Authorization applies to brand name drug only., Tablets: 9 tablets/30 days; Injection: 4 injections (2 kits)/30 days or 4 injections (4 vials)/30 days; Nasal Spray: 5 mg: 2 boxes (12 spray unit devices)/30 days; 20 mg: 1 box (6 spray unit devices)/30 days
Imuran	Tier 3	
Incivek	Tier 3	SP PA Call Caremark at 1-800-237-2767
Infed	Tier 3	
Innopran XL	Tier 3	
Inspra	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Integra F	Tier 3	
Integra Plus	Tier 3	
Intermezzo	Tier 3	QL STPA 10 tablets/30 days
Intuniv	Tier 3	QL 90 tablets/90 days
Invokana	Tier 3	
Iopidine 0.5%	Tier 3	
Iopidine 1%	Tier 3	
Irospan	Tier 3	
Jalyn	Tier 3	
Jentadueto	Tier 3	STPA
Kadian 10 mg, 200 mg	Tier 3	QL 60 capsules/30 days
Kadian 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	Tier 3	QL 60 capsules/30 days
Kapvay	Tier 3	
Kazano	Tier 3	STPA
Keflex	Tier 3	
Keppra	Tier 3	
Keralyt	Tier 3	
Kerlone	Tier 3	
Klaron	Tier 3	
Lac-Hydrin	Tier 3	
Lamictal	Tier 3	
Lamictal ODT	Tier 3	

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Lamictal XR	Tier 3	QL 25 mg: 90 tablets/90 days; 50 mg: 90 tablets/90 days; 100 mg: 90 tablets/90 days; 200 mg: 270 tablets/90 days; 250 mg: 180 tablets/90 days; 300 mg: 180 tablets/90 days
Lamisil oral granules packet	Tier 3	QL 125 mg packets: 56 packets/28 days; 187.5 mg packets: 28 packets/28 days. Annual limit of 12 weeks applies.
Lamisil tablets	Tier 3	QL 30 tablets/30 days. Annual limit of 90 days applies.
Lanoxin	Tier 3	
lansoprazole delayed-rel	Tier 3	QL
lansoprazole soluble tablets	Tier 3	QL
Lasix	Tier 3	
Lazanda	Tier 3	QL 1 box (4 bottles)/28 days
Levitol	Tier 3	
Levbid	Tier 3	
Levitra	Tier 3	QL 4 tablets/30 days total for any combination of Viagra, Cialis, and Levitra; Not covered for men 18 years of age or younger, or for women. (No exceptions)
levonorgestrel/EE 0.15/20, 0.15/25, 0.15/30 and EE 10	Tier 3	
Levsin	Tier 3	
Lexapro	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to brand name drug only.
Lidoderm	Tier 3	PA QL 30 patches/30 days
Lidovir	Tier 3	QL 1 kit/30 days
Linzees	Tier 3	QL 30 capsules/30 days
Lithobid	Tier 3	
Lo Loestrin Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Lo Minastrin Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Locoid	Tier 3	
Locoid Lipocream	Tier 3	
Loestrin	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Loestrin 24 Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

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Loestrin Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Lomotil	Tier 3	
Lopressor HCT	Tier 3	
Loprox	Tier 3	
Lorcet 10/650	Tier 3	
Lorcet Plus	Tier 3	
Lortab 7.5/500	Tier 3	
LoSeasonique	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Lotemax	Tier 3	
Lotensin	Tier 3	
Lovenox	Tier 3	
Lumigan	Tier 3	STPA
Lunesta	Tier 3	QL STPA 10 tablets/30 days
Luride Lozi-Tabs	Tier 3	No copayment required for children age 6 months through age 6.
Luxiq	Tier 3	
Lyrica	Tier 3	STPA
Lysteda	Tier 3	QL 30 tablets/28 days
Macrobid	Tier 3	
Macrodantin	Tier 3	
Magnacet	Tier 3	
Malarone	Tier 3	
Marnatal-F	Tier 3	
Mavik	Tier 3	
Maxair Autohaler	Tier 3	QL 3 inhalers/90 days
Maxalt/Maxalt-MLT	Tier 3	QL STPA 9 tablets/30 days
Maxaron Forte	Tier 3	
Maxitrol	Tier 3	
Maxzide	Tier 3	
Maxzide-25	Tier 3	
Medrol	Tier 3	
Megace suspension	Tier 3	
Menest	Tier 3	
Menostar	Tier 3	
Mestinon	Tier 3	
Metadate CD	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.

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Methylin Oral Solution	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Metozolv ODT	Tier 3	QL 120 tablets/30 days
MetroCream	Tier 3	
MetroGel	Tier 3	
MetroGel-Vaginal	Tier 3	
MetroLotion	Tier 3	
Miacalcin nasal	Tier 3	
Migranal	Tier 3	QL 1 box (8 vials)/30 days
Millipred	Tier 3	
Minastrin 24 Fe	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Minipress	Tier 3	
Mirapex	Tier 3	
Mirapex ER	Tier 3	
Mircette	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Mobic	Tier 3	
Modicon	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Monurol	Tier 3	
MoviPrep	Tier 3	
Moxeza	Tier 3	QL 1 bottle/10 days
Multaq	Tier 3	
MUSE	Tier 3	
Myambutol	Tier 3	
Myfortic	Tier 3	
Myrbetriq	Tier 3	STPA
Mysoline	Tier 3	
Nalfon	Tier 3	
Natazia	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Natroba	Tier 3	QL 1 bottle/fill
Neevo DHA	Tier 3	
Neoral	Tier 3	
Neosporin	Tier 3	
Nephrocaps	Tier 3	
Nesina	Tier 3	STPA

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Neupogen/Single-Ject	Tier 3	SP QL Call Accredo at 1-877-238-8387, 10 syringes/14 days; Covered under the Prescription Drug Benefit when self-administered.
Neupro	Tier 3	QL 30 patches/30 days
Neurontin	Tier 3	
Nevanac	Tier 3	
Niaspan	Tier 3	
Niron Complete	Tier 3	
Nitro-Dur	Tier 3	
Nitrolingual	Tier 3	
Nizoral shampoo	Tier 3	
Nordette	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
norelgestromin/EE transdermal	Tier 3	
norethindrone acetate/EE 1/10 and EE 10	Tier 3	
norethindrone acetate/EE 1/10 and EE 10 and iron	Tier 3	
norethindrone acetate/EE 1/20 and iron chewable	Tier 3	
norethindrone acetate/EE/iron	Tier 3	
norethindrone/EE/iron	Tier 3	
norgestimate/EE	Tier 3	
Norinyl 1+35	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Noritate	Tier 3	
Noroxin	Tier 3	
Norpace	Tier 3	
Norpace CR	Tier 3	
Nor-QD	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Novaferrum oral solution	Tier 3	
Nucort	Tier 3	
Nulytely	Tier 3	
Nulytely with Flavor Packs	Tier 3	
Numoisyn	Tier 3	
Nymalize	Tier 3	
OB Complete caplet	Tier 3	
OB Complete DHA	Tier 3	
Obtrex DHA	Tier 3	
Ocuflox	Tier 3	

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Olepto ER	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Olux foam 0.05%	Tier 3	
Onfi	Tier 3	PA
Onfi Oral Suspension	Tier 3	PA
Onmel	Tier 3	PA QL 28 tablets/28 days
Optase	Tier 3	
Optivar	Tier 3	
Orapred	Tier 3	
Orapred ODT	Tier 3	
Orbivan	Tier 3	
Orbivan CF	Tier 3	
Orencia prefilled syringe	Tier 3	SP PA QL 4 syringes/28 days, Orencia syringes are covered under the pharmacy benefit only, prior authorization applies. Orencia vials are covered under the medical benefit only, prior authorization applies., Call Accredo at 1-877-238-8387
Ortho Evra	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.
Ortho Micronor	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ortho Tri-Cyclen	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ortho Tri-Cyclen Lo	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.
Ortho-Cept	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

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Ortho-Cyclen	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ortho-Novum 1/35	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ortho-Novum 7/7/7	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Oseni	Tier 3	STPA
Osphena	Tier 3	
Otozin	Tier 3	
Ovcon 35	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ovide	Tier 3	
Oxtellar XR	Tier 3	QL 150 mg and 300 mg: 30 tablets/30 days; 600 mg: 120 tablets/30 days
Pancreaze	Tier 3	
Pandel	Tier 3	
Panretin	Tier 3	
Parafon Forte DSC	Tier 3	
Parcopa	Tier 3	
Parlodel	Tier 3	
Patanol	Tier 3	
PCE	Tier 3	
PegIntron	Tier 3	SP PA QL 4 syringes/vials/28 days, Call Caremark at 1-800-237-2767
Penlac	Tier 3	QL 1 bottle/30 days
Pennsaid	Tier 3	QL 1 bottle/30 days
Pepcid suspension	Tier 3	
Peridex	Tier 3	
Persantine	Tier 3	
Pertzye	Tier 3	
Pexeva	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
PhosLo	Tier 3	

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Picato	Tier 3	QL Picato 0.05%: 1 carton/2-day supply; Picato 0.015%: 1 carton/3-day supply
Plan B One-Step	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Plaquenil	Tier 3	
Plavix	Tier 3	
Pletal	Tier 3	
Polytrim	Tier 3	
Ponstel	Tier 3	
Potiga	Tier 3	PA
Pradaxa	Tier 3	QL 60 tablets/30 days
Pramosone E	Tier 3	
PrandiMet	Tier 3	
Prandin	Tier 3	
Precose	Tier 3	
Pred Forte	Tier 3	
Prednisone Intensol	Tier 3	
Prehone Syrup	Tier 3	
Premarin	Tier 3	
Premarin cream	Tier 3	
Premphase	Tier 3	
Prempro	Tier 3	
Prenatal Vitamins	Tier 3	
Prenexa	Tier 3	
Prepopik	Tier 3	
Preque 10	Tier 3	
Prevalite	Tier 3	
Prevpac	Tier 3	
Primsol	Tier 3	
Prinivil	Tier 3	
Prinzide	Tier 3	
Procardia	Tier 3	
Procentra	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
ProctoFoam-HC	Tier 3	
Prograf	Tier 3	
Prolensa	Tier 3	
Prometrium	Tier 3	
Prosed/DS	Tier 3	
Protopic	Tier 3	STPA
Proventil HFA	Tier 3	QL 6 inhalers/90 days
Provera	Tier 3	
Pulmicort Flexhaler	Tier 3	QL 6 inhalers/90 days

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Pulmicort Respules	Tier 3	QL STPA 180 vials/90 days, Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to both brand and generic drug.
Purinethol	Tier 3	This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Pyridium	Tier 3	
Qsymia	Tier 3	PA
Qualaquin	Tier 3	
Quartette	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Quillivant XR	Tier 3	STPA
Radiogardase	Tier 3	
Ravicti	Tier 3	PA
Razadyne	Tier 3	
Razadyne ER	Tier 3	
Rebetol	Tier 3	SP Call Caremark at 1-800-237-2767
Rectiv Ointment	Tier 3	QL 1 tube/30 days
Regimex	Tier 3	PA
Reglan	Tier 3	
Relpax	Tier 3	QL STPA 6 tablets/30 days
Remeron	Tier 3	
Remeron Soltab	Tier 3	
Requip	Tier 3	
Requip XL	Tier 3	QL 90 tablets/90 days
Restasis	Tier 3	PA
Retin-A	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Retin-A Micro	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Retrovir	Tier 3	
Revatio	Tier 3	SP PA Call Accredo at 1-866-344-4874
Revia	Tier 3	
Ribatab	Tier 3	SP Call Caremark at 1-800-237-2767
Rifadin	Tier 3	
Rilutek	Tier 3	
Risperdal	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Risperdal M-Tab	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Ritalin	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Ritalin LA	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.

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Ritalin-SR	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Robaxin	Tier 3	
Rocaltrol	Tier 3	
Rowasa	Tier 3	
Rozerem	Tier 3	QL STPA 10 tablets/30 days
Rythmol	Tier 3	
Rythmol SR	Tier 3	
Safyral	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Salagen	Tier 3	
Salex	Tier 3	
Samsca	Tier 3	QL 14 tablets/7 days
Sanctura	Tier 3	
Sanctura XR	Tier 3	
Sancuso	Tier 3	QL 1 patch/7 days
Sandimmune	Tier 3	
Sarafem tablets	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older.
Seasonique	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Select-OB + DHA	Tier 3	
Selsun	Tier 3	
Seroquel 100 mg, 200 mg, 300 mg, 400 mg	Tier 3	STPA
Seroquel 25 mg, 50 mg	Tier 3	PA
Seroquel XR	Tier 3	STPA
Silvadene	Tier 3	
Silvrstat	Tier 3	
Simbrinza	Tier 3	
Sinemet	Tier 3	
Sinemet CR	Tier 3	
Singulair	Tier 3	
Sklice	Tier 3	QL 1 bottle/fill
Solaraze	Tier 3	
Soma 350 mg	Tier 3	
Somavert	Tier 3	PA
Soriatane	Tier 3	
Spectracef	Tier 3	
Sporanox capsules	Tier 3	PA

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Stalevo	Tier 3	
Starlix	Tier 3	
Stavzor	Tier 3	
Staxyn	Tier 3	QL 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn; Not covered for men 18 years of age or younger, or for women. (No exceptions)
Striant	Tier 3	
Suboxone film	Tier 3	PA
Suboxone SL tablets	Tier 3	PA
Subsys	Tier 3	QL 30 bottles/30 days
Suclear	Tier 3	
Sumavel Dosepro	Tier 3	QL STPA 4 injections/30 days
Suprax	Tier 3	
Suprenza	Tier 3	PA
Suprep	Tier 3	
Surmontil	Tier 3	
Symbyax	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
SymlinPen	Tier 3	
Synthroid	Tier 3	
Tambocor	Tier 3	
Tamiflu suspension	Tier 3	QL 180 mL/365 days
Tandem DHA	Tier 3	
Tandem OB	Tier 3	
Tapazole	Tier 3	
Tarka	Tier 3	
Tegretol	Tier 3	
Tegretol-XR	Tier 3	
Tekamlo	Tier 3	
Tekturna	Tier 3	
Tekturna HCT	Tier 3	
Temodar	Tier 3	SP QL Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group., 5 mg & 140 mg: 15 capsules/21 days; 20 mg & 100 mg: 20 capsules/21 days; 180 mg & 250 mg: 10 capsules/21 days
Temovate	Tier 3	
Terazol 3 suppositories	Tier 3	
Terazol Vaginal cream	Tier 3	
Tessalon Perles	Tier 3	
Testim	Tier 3	
thalidomide	Tier 3	SP

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Thalomid	Tier 3	SP Call Accredo at 1-877-238-8387, This drug may be covered without copayment under the Massachusetts Act Relative to Oral Cancer Therapy. Please contact your plan sponsor/employer about applicability and effective date for your group.
Tigan capsules	Tier 3	
Timoptic	Tier 3	
Timoptic-XE	Tier 3	
Tindamax	Tier 3	
Tirosint	Tier 3	
TOBI	Tier 3	
TOBI Podhaler	Tier 3	
Tobradex	Tier 3	
Tobradex ointment	Tier 3	
Tobradex ST	Tier 3	
Tobrex	Tier 3	
Topamax	Tier 3	
Topicort	Tier 3	
Toprol-XL	Tier 3	
Tradjenta	Tier 3	STPA
Trandate	Tier 3	
Transderm Scop	Tier 3	
Travatan Z	Tier 3	STPA
Trental	Tier 3	
Tretin-X	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Tricare DHA	Tier 3	
Trileptal	Tier 3	
Tri-Norinyl	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Trusopt	Tier 3	
Tudorza Pressair	Tier 3	QL 3 inhalers/90 days
Tussionex	Tier 3	
Uceris	Tier 3	
Ulesfia	Tier 3	QL 6 bottles/7 days
ulipristal	Tier 3	QL
Uloric	Tier 3	STPA
Ultravate	Tier 3	
Ultresa	Tier 3	
Uniretic	Tier 3	
Univasc	Tier 3	
Urecholine	Tier 3	

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Uribel	Tier 3	
Uroxatral	Tier 3	
Urso	Tier 3	
Urso Forte	Tier 3	
Valtrex	Tier 3	
Vancocin	Tier 3	
Vanos	Tier 3	
Vaseretic	Tier 3	
Vasotec	Tier 3	
Venlafaxine OSM ER	Tier 3	STPA Step Therapy Prior Authorization required for members 18 years of age and older. Step Therapy Prior Authorization applies to brand name drug only.
Ventolin HFA	Tier 3	QL 6 inhalers/90 days
Ventolin nebulizer solution	Tier 3	QL 9 dropper bottles/90 days
Veripred 20	Tier 3	
Vfend	Tier 3	QL 50 mg: tablets: 50 mg: 56 tablets/14 days; 200 mg: 28 tablets/14 days; oral suspension: 150 mL/14 days
Viagra	Tier 3	SP PA QL Prior Authorization required for diagnosis of Pulmonary Hypertension., 4 tablets/30 days total for any combination of Viagra, Cialis, Levitra, Stendra, and Staxyn; Not covered for men 18 years of age or younger, or for women. (No exceptions), Call Accredo at 1-866-344-4874
Vibramycin	Tier 3	
Victoza	Tier 3	
Victrelis	Tier 3	SP PA Call Caremark at 1-800-237-2767
Videx EC	Tier 3	
Vigamox	Tier 3	QL 1 bottle/10 days
Viiibryd	Tier 3	STPA
Viokace	Tier 3	
Viramune	Tier 3	
Viroptic	Tier 3	
Vistaril	Tier 3	
Vitafol-OB + DHA	Tier 3	
Viva DHA	Tier 3	
Vol-Tab Rx	Tier 3	
Voltaren gel 1%	Tier 3	QL 2 tubes/each fill
Voltaren ophthalmic solution	Tier 3	
Vospire ER	Tier 3	
Vyvanse	Tier 3	STPA
Welchol	Tier 3	
Westcort	Tier 3	
Xarelto	Tier 3	QL 10 mg: 35 tablets/fill; 15 mg: 60 tablets/30 days; 20 mg: 30 tablets/30 days
Xclair	Tier 3	
Xenical	Tier 3	PA

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Xifaxan	Tier 3	PA QL 200 mg tablets: 9 tablets/30 days; 550 mg tablets: 60 tablets/30 days
Xodol	Tier 3	
Xopenex HFA	Tier 3	QL 6 inhalers/90 days
Xopenex inhalation solution	Tier 3	QL STPA Step Therapy Prior Authorization applies to both brand and generic drug., 270 vials/90 days
Xyrem	Tier 3	
Yasmin	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
YAZ	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Zamicet	Tier 3	
Zanaflex	Tier 3	
Zantac	Tier 3	
Zarontin	Tier 3	
Zaroxolyn	Tier 3	
Zebeta	Tier 3	
Zemplar	Tier 3	
Zenpep	Tier 3	
Zerit	Tier 3	
Zestoretic	Tier 3	
Zestril	Tier 3	
Zetia	Tier 3	
Ziac	Tier 3	
Ziagen	Tier 3	
Zioptan	Tier 3	QL STPA 90 single-use containers/90 days
Zirgan	Tier 3	
Zithromax	Tier 3	
Zmax	Tier 3	
Zolpimist 5 mg Spray	Tier 3	QL STPA 1 metered spray unit/30 days
Zolvit	Tier 3	
Zomig/Zomig-ZMT	Tier 3	QL STPA 2.5 mg: 6 tablets/30 days; 5 mg: 6 tablets/30 days; Nasal spray: 1 box (6 spray units)/30 days
Zonalon	Tier 3	
Zonegran	Tier 3	
Zovirax	Tier 3	
Zovirax cream 5%	Tier 3	QL 1 tube/30 days
Zovirax ointment 5%	Tier 3	QL 1 tube/30 days
Zubsolv	Tier 3	PA
Zuplenz	Tier 3	QL 10 films/7 days
Zyclara Cream	Tier 3	QL 1 box or 1 pump bottle/30 days
Zyflo	Tier 3	

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PA - Prior Authorization
QL - Quantity Limitation Program

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

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Zylet	Tier 3	
Zyloprim	Tier 3	
Zyprexa	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Zyprexa Zydis	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.

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