



Massachusetts Large Group 3-Tier Formulary Prescription Drug List By Tier

Last Updated: 3/25/2024

Key Terms

Formulary

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

Brand-Name Drugs

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

Generic Drugs

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

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

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 cost sharing amount
- **Tier 2:** Medications on this tier have a higher cost sharing amount
- **Tier 3:** Medications on this tier have the highest cost sharing amount

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

Copayment

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

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

Coinsurance

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

Medical Review Process

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

Quantity Limitation (QL) Program

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

New-To-Market Drug Evaluation Process (NTM)

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

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

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

Non-Covered Drugs (NC)

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

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

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

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

CM	Cancer Mandate	MM	Mandatory Mail	NC	Non Covered Drugs	2
NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program	
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WH	Women's Health	ACA	Preventive Service	LCG	Low Cost Generic	

Prior Authorization (PA) Program

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

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

Step Therapy Prior Authorization (STPA)

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

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

Designated Specialty Pharmacy Program (SP)

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

As a result, we have designated special pharmacies to supply up to a 30-day supply of a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

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

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

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

Medications included in the Specialty Pharmacy Program must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For questions on the Specialty Pharmacy Program or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

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

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

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

Over-The-Counter Drugs (OTC)

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

Cancer Mandate (CM)

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

Low Cost Generic (LCG)

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

Women's Health (WH)

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

Affordable Care Act (ACA)

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

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

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Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

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

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

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

Tufts Health Plan, Attention:

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

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

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

U.S. Department of Health and Human Services

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

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

tuftshealthplan.com | 800.462.0224

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

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

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

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

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

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

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

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

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

Khmer (Cambodian) សម្រាប់សេវាកម្មបោះពុម្ពផ្សាយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

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

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

Laotian ສໍາລັບການແປພາສາແບ້ພາສາລາວທີ່ໄດ້ສະໜອງໃຊ້ຈ້າຍ, ໃຫ້ໂທຫາເບທີຢື່ງທຽບດັບຈໍາຕົວຂອງທ່ານ.

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

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

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

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

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

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

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

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Drug Name	Tier	Pharmacy Program
abiraterone		SP
Accu-Chek test strips		OneTouch, OneTouch is the preferred, covered, test strip. Examples of non-covered test strips include, but are not limited to: Accu-Chek, Ascensia, BD, FreeStyle, Precision, TrueTrack test strips
Afinitor		SP PA everolimus tablets, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Afinitor Disperz		SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., everolimus tablets for oral susp
Aldactone		spironolactone
Alkeran		melphalan, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Altace		ramipril
Ambien		QL 10 tablets/30 days, zolpidem tartrate tablets
apalutamide		SP
Arimidex		anastrozole, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Aromasin		For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., exemestane
Ativan		lorazepam
Brineura		Covered under medical benefit with PA
Casodex		For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., bicalutamide
Celexa		citalopram
cerliponase alfa		
Cozaar		losartan
Crestor 5 mg, 10 mg		QL rosuvastatin, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., 90 tablets/90 days
dexamethasone		

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Diabetic Test Strips, Other	OneTouch is the preferred, covered, test strip. Examples of non-covered test strips include, but are not limited to: Accu-Chek, Ascensia, BD, FreeStyle, Precision, TrueTrack test strips, OneTouch Test Strips
Erleada	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Xtandi
Ezallor Sprinkle	QL 30 capsules/30 days, rosuvastatin, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater.
Fareston	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., toremifene tablets
Femara	letrozole, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Fosamax	alendronate
Gleevec	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., imatinib mesylate, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Hemady	dexamethasone tablets, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Hydrea	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., hydroxyurea
Ilumya	Covered under medical benefit with PA
Klonopin	clonazepam tablets
lapatinib	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Lescol	QL 90 capsules/90 days, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., simvastatin, atorvastatin, fluvastatin
Lescol XL	QL fluvastatin, simvastatin, atorvastatin, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., 90 tablets/90 days

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letermovir injection	
Levaquin	ciprofloxacin, levofloxacin
Lipitor 10 mg, 20 mg	QL 90 tablets/90 days, atorvastatin, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater.
Lopressor	metoprolol tartrate tablets
Mevacor	QL lovastatin tablets, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., 90 tablets/90 days
Moviprep	PEG 3350 solution, Generics may be covered at no copayment for members age 45 through 74
Naprosyn	
Nexavar	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., sorafenib, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Nilandron	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., nilutamide
Norvasc	amlodipine
Paxil	PA paroxetine, Prior Authorization applies to members through age 12.
Pepcid	cimetidine, famotidine, or ranitidine
Pravachol	QL 90 tablets/90 days, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater., pravastatin tablets
Prevymis injection	Covered under Medical Benefit with PA
Pristiq	PA STPA Step Therapy Prior Authorization required for members 13 years of age and older., Prior Authorization applies to members through age 12., Generic product covered only., desvenlafaxine succinate ext-rel
Prozac	fluoxetine
Revlimid 5, 10, 15, 25 mg	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., lenalidomide capsules, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
rosuvastatin capsules	QL
sertraline	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.

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Sutent	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., sunitinib malate, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tarceva	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., erlotinib, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Targretin capsules	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., bexarotene capsules, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Temodar	SP temozolomide, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tenormin	atenolol
test strips	
tildrakizumab-asnm	
Truvada	May be covered at no cost share, emtricitabine/tenofovir disoproxil fumarate
Tykerb	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., lapatinib
Valium	diazepam tablets
Xanax	alprazolam tablets
Xeloda	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., capecitabine
Xopenex HFA	QL 6 inhalers/90 days, levalbuterol HFA
Yonsa	SP abiraterone, For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zocor 5 mg, 10 mg, 20 mg, 40 mg	QL 90 tablets/90 days, simvastatin tablets, Low to moderate doses may be covered at no copayment for members aged 40 through 75 who are using for primary prevention of cardiovascular disease (CVD) with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater.
Zoloft	sertraline

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10

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Zytiga 250 mg	SP PA abiraterone, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Zytiga 500 mg	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., abiraterone

No copayment

Drug Name	Tier	Pharmacy Program
nicotine gum	No copayment	Only generics are covered at no copayment.
Nicotine Lozenge	No copayment	Only generics are covered at no copayment.
nicotine patch	No copayment	Only generics are covered at no copayment.

NTM

Drug Name	Tier	Pharmacy Program
Aduhelm	NTM	
Cocaine solution	NTM	
Elahere	NTM	
Ermeza	NTM	
Ferrex 150	NTM	
Furoscix kit	NTM	
Giapreza	NTM	
Hyftor gel	NTM	
Imjudo	NTM	
Krazati	NTM	
Leuprolide 22.5 mg	NTM	
Lytgobi	NTM	
Methylphenidate 45 mg extended release tablets	NTM	
Methylphenidate 63 mg extended release tablets	NTM	
oxycodone/acetaminophen 10/300 mg soln	NTM	
Pheburane	NTM	
Prenatal Plus Multivitamin + DHA	NTM	
Relyvrio	NTM	
Rezlidhia	NTM	
Rolvedon	NTM	
Sotyktu	NTM	
Spevigo	NTM	
Stimufend	NTM	
Tascenso	NTM	
Tecvayli	NTM	
Terlivaz	NTM	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Tpoxx capsule	NTM
Tpoxx injection	NTM
Tramadol Cream 5%	NTM
Tzield	NTM
Xelstrym	NTM
Xenpozyme	NTM
Zoryve cream	NTM

Tier 1

Drug Name	Tier	Pharmacy Program
abacavir/lamivudine/zidovudine	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	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
adefovir dipivoxil	Tier 1	
albuterol ext-rel	Tier 1	
albuterol sulfate CFC-free aerosol	Tier 1	QL
albuterol sulfate nebulizer solution	Tier 1	QL 360 vials/90 days or 9 dropper bottles/90 days
albuterol sulfate, CFC-free aerosol	Tier 1	QL
albuterol syrup	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
albuterol tablets	Tier 1	
alclometasone	Tier 1	PA
alendronate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
alfuzosin ext-rel	Tier 1	
allopurinol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
alogliptin	Tier 1	
alogliptin/metformin	Tier 1	
alogliptin/pioglitazone	Tier 1	
alprazolam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

alprazolam ext-rel	Tier 1	
alprazolam orally disintegrating tablets	Tier 1	
amantadine	Tier 1	
Ambitussin	Tier 1	QL 60 mL/day
amethia	Tier 1	PA
amethia lo	Tier 1	PA
amethyst	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
amiloride	Tier 1	
amiloride/hydrochlorothiazide	Tier 1	
amiodarone	Tier 1	
amitriptyline	Tier 1	PA Prior Authorization applies to members through age 12.
amitriptyline/perphenazine	Tier 1	PA Prior Authorization applies to members through age 12
amlodipine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
amlodipine/benazepril	Tier 1	
amlodipine/valsartan	Tier 1	
ammonium lactate 12%	Tier 1	
amoxapine	Tier 1	PA Prior Authorization applies to members through age 12.
amoxicillin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
amoxicillin/clavulanate	Tier 1	
amoxicillin/clavulanate ext-rel	Tier 1	
amphetamine/dextroamphetamine mixed salts	Tier 1	PA Prior Authorization applies to members 25 years of age or older.
ampicillin	Tier 1	
anagrelide	Tier 1	
anastrozole	Tier 1	
Anusol-HC 2.5%	Tier 1	
apraclonidine 0.5% eye drops	Tier 1	
apri	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
aranelle	Tier 1	PA
aripiprazole tablets	Tier 1	
asenapine	Tier 1	
atenolol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
atenolol/chlorthalidone	Tier 1	
atorvastatin 10 mg, 20 mg	Tier 1	QL

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

atorvastatin 40 mg, 80 mg	Tier 1	
atropine eye drops	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 spray	Tier 1	QL 3 nasal spray units/90 days
azithromycin	Tier 1	
b complex + c/folic acid	Tier 1	
bacitracin eye ointment	Tier 1	
bacitracin/polymyxin B eye ointment	Tier 1	
balsalazide	Tier 1	
balziva	Tier 1	PA
benazepril	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
benazepril/hydrochlorothiazide	Tier 1	
benzonatate	Tier 1	
benzonatate capsules	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
benztropine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
betamethasone dipropionate augmented cream	Tier 1	PA
betamethasone dipropionate augmented gel, ointment	Tier 1	
betamethasone dipropionate augmented lotion	Tier 1	
betamethasone dipropionate cream, lotion	Tier 1	
betamethasone valerate	Tier 1	
betaxolol	Tier 1	
bethanechol	Tier 1	
bicalutamide	Tier 1	
bisoprolol	Tier 1	
bisoprolol/hydrochlorothiazide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
brimonidine 0.2% eye drops	Tier 1	
budesonide delayed-release capsules	Tier 1	
budesonide inhalation suspension	Tier 1	QL
bumetanide	Tier 1	
buprenorphine	Tier 1	QL 2 mg: 90 sublingual tablets/30 days; 8 mg: 120 sublingual tablets/30 days
buprenorphine/naloxone SL tablets	Tier 1	
bupropion	Tier 1	PA
bupropion ext-rel	Tier 1	PA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

14

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

bupropion HCl SR	Tier 1	PA
buspirone	Tier 1	
butalbital/acetaminophen	Tier 1	
butalbital/aspirin/cafeine	Tier 1	
butorphanol nasal spray	Tier 1	QL 3 bottles (9 mL total)/30 days
cabergoline	Tier 1	
calcipotriene ointment, solution	Tier 1	
calcitonin-salmon injection	Tier 1	
calcitonin-salmon spray	Tier 1	
calcitriol	Tier 1	
calcium acetate	Tier 1	
camila	Tier 1	PA
camrese	Tier 1	PA
capecitabine	Tier 1	SP
captopril/hydrochlorothiazide	Tier 1	
carbamazepine	Tier 1	
carbamazepine ext-rel	Tier 1	
carbidopa/levodopa	Tier 1	
carbidopa/levodopa ext-rel	Tier 1	
carbidopa/levodopa orally disintegrating tablets	Tier 1	
carisoprodol 250 mg	Tier 1	
carisoprodol 350 mg	Tier 1	
carteolol eye drops	Tier 1	
carvedilol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
cefaclor	Tier 1	
cefadroxil	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
cefdinir	Tier 1	
cefprozil	Tier 1	
cefuroxime axetil	Tier 1	
CGU WC	Tier 1	QL 60 mL/day
chlordiazepoxide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
chlorhexidine gluconate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
chloroquine phosphate	Tier 1	
chlorthalidone	Tier 1	
chlorthalidone	Tier 1	
chlorthalidone	Tier 1	
chlorthalidone	Tier 1	
cholestyramine	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

chorionic gonadotropin	Tier 1	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ciclopirox	Tier 1	
ciclopirox topical solution 8%	Tier 1	
cilostazol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
ciprofloxacin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
ciprofloxacin eye drops	Tier 1	
ciprofloxacin otic	Tier 1	
citalopram	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
clarithromycin	Tier 1	
clarithromycin ext-rel	Tier 1	
clemastine 2.68 mg	Tier 1	
clindamycin	Tier 1	
clindamycin pads 1%	Tier 1	
clindamycin palmitate oral solution	Tier 1	
clindamycin vaginal cream	Tier 1	
clindamycin/benzoyl peroxide gel	Tier 1	
clindamycin/tretinoin gel	Tier 1	
clomiphene	Tier 1	
clonazepam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
clonidine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
clopidogrel	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
clotrimazole (Rx only)	Tier 1	
clotrimazole troches	Tier 1	
clozapine	Tier 1	
clozapine orally disintegrating tablets	Tier 1	
Codar GF	Tier 1	QL 60 mL/day
codeine sulfate	Tier 1	QL Solution: 60 mL/day; Tablets: 15 mg: 24 tablets/day, 30 mg: 12 tablets/day, 60 mg: 6 tablets/day
codeine/acetaminophen	Tier 1	QL
codeine/acetaminophen solution	Tier 1	QL 150 mL/day
codeine/chlorpheniramine	Tier 1	QL
codeine/chlorpheniramine/pseudoephedrine	Tier 1	
codeine/guaifenesin	Tier 1	QL

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

codeine/guaifenesin/pseudoephedrine	Tier 1	
codeine/promethazine	Tier 1	QL 30 mL/day
codeine/promethazine VC	Tier 1	QL 30 mL/day
codeine/promethazine/phenylephrine	Tier 1	QL
Coditussin AC	Tier 1	QL 60 mL/day
Coditussin DAC	Tier 1	QL 40 mL/day
colestipol	Tier 1	
constulose	Tier 1	
cortisone acetate	Tier 1	
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	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
cyclobenzaprine	Tier 1	
cyclopentolate ophthalmic solution	Tier 1	
cyclosporine	Tier 1	
cyclosporine, modified	Tier 1	
cyproheptadine	Tier 1	
danazol	Tier 1	
dapsone	Tier 1	
desmopressin	Tier 1	
desonide gel 0.05%	Tier 1	
dexamethasone	Tier 1	
dexamethasone sodium phosphate eye drops, eye ointment	Tier 1	
dexamethasone therapy pack	Tier 1	
dexmethylphenidate	Tier 1	PA Prior Authorization required for members 25 years of age and older.
dextroamphetamine	Tier 1	PA Prior Authorization required for members 25 years of age and older.
dextromethorphan/brompheniramine/pseudoephedrine syrup	Tier 1	
dextromethorphan/promethazine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
diazepam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
diclofenac potassium	Tier 1	
diclofenac sodium delayed-rel	Tier 1	
diclofenac sodium eye drops	Tier 1	
diclofenac sodium gel 1%	Tier 1	QL
dicloxacillin	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

dicyclomine	Tier 1	
Differin 0.1% Gel OTC	Tier 1	PA Prior Authorization required for members 26 years of age and older.
diflunisal	Tier 1	
digoxin	Tier 1	
dihydroergotamine injection	Tier 1	
diltiazem	Tier 1	
diltiazem ext-rel	Tier 1	
diphenhydramine 50 mg	Tier 1	
diphenoxylate/atropine	Tier 1	
dipyridamole	Tier 1	
disopyramide	Tier 1	
disulfiram	Tier 1	
divalproex sodium delayed-rel	Tier 1	
divalproex sodium ext-rel	Tier 1	
donepezil	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
dorzolamide HCl eye drops	Tier 1	
dorzolamide HCl/timolol maleate eye drops	Tier 1	
doxazosin	Tier 1	
doxepin	Tier 1	PA Prior Authorization applies to members through age 12.
doxepin oral concentrate	Tier 1	PA Prior Authorization applies to members through age 12.
doxycycline hyclate	Tier 1	
doxycycline hyclate 20 mg tablets	Tier 1	
doxycycline monohydrate	Tier 1	
drospirenone/EE/levomefolate and levomefolate	Tier 1	PA
Drysol	Tier 1	
duloxetine delayed-rel	Tier 1	QL
dutasteride	Tier 1	
dutasteride/tamsulosin	Tier 1	
econazole	Tier 1	
EE/norethindrone acetate	Tier 1	
Eluryng	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
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	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

enulose	Tier 1	
epinephrine (generic for Adrenaclick)	Tier 1	QL
ergocalciferol (D2)	Tier 1	
errin	Tier 1	PA
erythromycin eye ointment	Tier 1	
erythromycin solution	Tier 1	
escitalopram	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
esomeprazole delayed-rel capsules	Tier 1	
estazolam	Tier 1	
estradiol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
estradiol transdermal	Tier 1	
estradiol vaginal cream	Tier 1	
estradiol vaginal tablets	Tier 1	
estradiol valerate	Tier 1	
estradiol/norethindrone acetate	Tier 1	
eszopiclone	Tier 1	QL
ethambutol	Tier 1	
ethosuximide	Tier 1	
ethynodiol diacetate/EE	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
etodolac	Tier 1	
etonogestrel/EE ring	Tier 1	PA
etoposide capsules	Tier 1	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
exemestane	Tier 1	
ezetimibe	Tier 1	
famciclovir	Tier 1	
famotidine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
fayosim	Tier 1	PA
felbamate	Tier 1	
felodipine ext-rel	Tier 1	
fenofibrate 43 mg, 130 mg	Tier 1	
fenofibrate 48 mg, 145 mg	Tier 1	
fenofibrate 54 mg, 67 mg, 134 mg, 160 mg, 200 mg	Tier 1	
fenofibric acid	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

fenofibric acid delayed-rel	Tier 1	
fentanyl citrate lollipop	Tier 1	QL 120 units (lollipops)/30 days
fentanyl patch 50, 75, 100 mcg/hr	Tier 1	PA QL 10 patches/30 days
fentanyl transdermal	Tier 1	QL
finasteride 5 mg	Tier 1	
flavoxate hydrochloride	Tier 1	
flecainide	Tier 1	
fluconazole	Tier 1	
fludrocortisone	Tier 1	
fluocinolone acetone oil	Tier 1	
fluocinolone cream, ointment	Tier 1	PA
fluocinonide cream 0.05%	Tier 1	QL 60 grams/30 days
fluoride drops	Tier 1	No copayment required for children through age 6. Coverage is excluded for members age 16 and older.
fluoride tablets	Tier 1	No copayment required for children through age 6. Coverage is excluded for members age 16 and older.
fluorometholone eye drops, eye ointment	Tier 1	
fluoxetine	Tier 1	
fluoxetine capsules	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
fluoxetine solution	Tier 1	
flurazepam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
flurbiprofen	Tier 1	
flutamide	Tier 1	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
fluticasone propionate cream, ointment	Tier 1	
fluticasone/salmeterol	Tier 1	QL
fluticasone/salmeterol - Wixela Inhub	Tier 1	QL 3 diskus/90 days
fluticasone/salmeterol (AirDuo RespiClick)	Tier 1	QL
fluvastatin	Tier 1	QL
fluvoxamine	Tier 1	
folic acid	Tier 1	No copayment required for members age 12 through age 52.
fosinopril	Tier 1	
fosinopril/hydrochlorothiazide	Tier 1	
furosemide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
gabapentin	Tier 1	
galantamine	Tier 1	
galantamine ext-rel	Tier 1	
Gavilyte-C	Tier 1	May be covered at no copayment for members age 45 through 74

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

20

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Gavilyte-G	Tier 1	May be covered at no copayment for members age 45 through 74
gemfibrozil	Tier 1	
gentamicin	Tier 1	
gentamicin solution	Tier 1	
gianvi	Tier 1	PA
glimepiride	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
glipizide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
glipizide ext-rel	Tier 1	
glipizide/metformin	Tier 1	
glyburide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
glyburide, micronized	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
glyburide/metformin	Tier 1	
guaifenesin/pseudoephedrine/codeine	Tier 1	QL
guanfacine	Tier 1	
guanfacine ext-rel	Tier 1	
guanidine	Tier 1	
Guiatuss AC	Tier 1	
Guiatuss DAC	Tier 1	
haloperidol	Tier 1	
hydralazine	Tier 1	
hydrochlorothiazide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
hydrocodone polistirex/chlorpheniramine polistirex	Tier 1	QL 10 mL/day
hydrocodone/acetaminophen	Tier 1	QL 2.5/325 mg: 12 tablets/day; 2.5/500, 5/300, 5/400, and 5/500 mg: 8 tablets/day; 7.5/400, 7.5/500, 7.5/650, 10/300, 10/400, 10/500, and 10/650 mg: 6 tablets/day; 7.5/750, 10/660, and 10/750 mg: 5 tablets/day, Quantity Limitation applies to brand and generic products.
hydrocodone/acetaminophen 5/300, 7.5/300	Tier 1	QL
hydrocodone/acetaminophen solution	Tier 1	QL 90 mL/day
hydrocodone/homatropine syrup	Tier 1	QL
hydrocodone/homatropine tabs	Tier 1	QL
hydrocodone/ibuprofen	Tier 1	QL
hydrocortisone	Tier 1	
hydrocortisone (prescription only)	Tier 1	
hydrocortisone butyrate ointment	Tier 1	PA
hydrocortisone cream	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

hydrocortisone enema	Tier 1	
Hydromet	Tier 1	QL 30 mL/day
hydromorphone suppository	Tier 1	QL 4 suppositories/day
hydromorphone tablets, liquid	Tier 1	QL
hydroxychloroquine	Tier 1	
hydroxyurea	Tier 1	
hydroxyzine HCl	Tier 1	
hydroxyzine pamoate	Tier 1	
hyoscyamine sulfate	Tier 1	
hyoscyamine sulfate ext-rel	Tier 1	
ibandronate 150 mg	Tier 1	
ibuprofen (Rx Only)	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
imipramine HCl	Tier 1	
imiquimod	Tier 1	
indapamide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
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	
isoniazid	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
isosorbide mononitrate ext-rel	Tier 1	
isradipine	Tier 1	
ivermectin	Tier 1	QL
ivermectin lotion	Tier 1	
Jinteli	Tier 1	
jolessa	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
jolivette	Tier 1	PA
junel	Tier 1	PA
junel fe	Tier 1	PA
kariva	Tier 1	PA
Kelnor	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
ketoconazole	Tier 1	
ketoconazole 2%	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

ketorolac 0.4% eye drops	Tier 1	
ketorolac 0.5% eye drops	Tier 1	
ketorolac tablets	Tier 1	
Krintafel	Tier 1	QL 2 tablets/fill
labetalol	Tier 1	
lactulose	Tier 1	
lamivudine	Tier 1	
lamivudine tablets	Tier 1	
lamivudine/zidovudine	Tier 1	
lamotrigine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
lansoprazole + amoxicillin + clarithromycin	Tier 1	
latanoprost	Tier 1	
latanoprost eye drops	Tier 1	
layolis fe	Tier 1	PA
leena	Tier 1	PA
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	
leucovorin calcium	Tier 1	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
leuprolide acetate 1 mg kit	Tier 1	Lupron Depot and Lupron Depot-Ped are covered under the medical benefit
levalbuterol inhalation solution	Tier 1	
levalbuterol tartrate, CFC-free aerosol	Tier 1	QL
levetiracetam	Tier 1	
levetiracetam ext-rel	Tier 1	
levobunolol eye drops	Tier 1	
levofloxacin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
levofloxacin eye drops	Tier 1	
levora	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Levothroid	Tier 1	
levothyroxine	Tier 1	
Levoxyl	Tier 1	
lidocaine gel 2%	Tier 1	
lidocaine viscous	Tier 1	
lidocaine/prilocaine cream	Tier 1	QL 1 tube/30 days

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Lidocort Rectal kit	Tier 1	
lindane	Tier 1	
liothyronine	Tier 1	
lisinopril	Tier 1	
lisinopril/hydrochlorothiazide	Tier 1	
lithium carbonate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
lithium carbonate ext-rel tablets 300 mg	Tier 1	
lithium carbonate ext-rel tablets 450 mg	Tier 1	
Lomedia 24 Fe	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
lorazepam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Lortuss EX	Tier 1	QL 40 mL/day
losartan	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
losartan/hydrochlorothiazide	Tier 1	
lovastatin	Tier 1	QL
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 through age 6. Coverage is excluded for members age 16 and older.
Lutera	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
maprotiline	Tier 1	PA Prior Authorization applies to members through age 12.
MAR-COF CG	Tier 1	QL 45 mL/day
meclizine 12.5 mg, 25 mg	Tier 1	
medroxyprogesterone acetate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
mefloquine	Tier 1	
megestrol acetate	Tier 1	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
meloxicam	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
memantine	Tier 1	
meperidine oral solution	Tier 1	QL Solution: 90 mL/day

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

meperidine tablets	Tier 1	QL 50 mg: 18 tablets/day; 100 mg: 8 tablets/day
mercaptopurine	Tier 1	
mesalamine rectal suspension	Tier 1	
Metadate ER 20 mg	Tier 1	PA QL 30 tablets/30 days, Prior Authorization required for members 25 years of age and older.
metaproterenol syrup	Tier 1	
metformin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
metformin ext-rel	Tier 1	
methadone	Tier 1	PA QL Solution: 5 mg/5 mL: 20 mL/day; 10 mg/5 mL: 10 mL/day; Tablets: 5 mg: 4 tablets/day; 10 mg: 2 tablets/day
methadone injection	Tier 1	PA QL 2 mL/day
methadone intensol concentrate 10 mg/mL	Tier 1	PA QL 2 mL/day
methenamine hippurate	Tier 1	
methimazole	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
methocarbamol	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
methotrexate	Tier 1	
methoxsalen	Tier 1	
methyldopa	Tier 1	
methylphenidate	Tier 1	PA Prior Authorization required for members 25 years of age and older.
methylphenidate chewable tablets	Tier 1	PA Prior Authorization required for members 25 years of age and older.
methylprednisolone	Tier 1	
metoclopramide	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
metoclopramide orally disintegrating tablets 5 mg	Tier 1	QL 120 tablets/30 days
metolazone	Tier 1	
metoprolol succinate ext-rel	Tier 1	
metoprolol tartrate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
metoprolol/hydrochlorothiazide	Tier 1	
metronidazole	Tier 1	
metronidazole cream	Tier 1	
metronidazole tablets	Tier 1	
mexiletine	Tier 1	
microgestin	Tier 1	PA
microgestin fe	Tier 1	PA
midodrine	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

minocycline capsules	Tier 1	
minocycline ext-rel	Tier 1	
mirtazapine	Tier 1	PA Prior Authorization applies to members through age 12.
mirtazapine orally disintegrating tablets	Tier 1	PA
misoprostol	Tier 1	
moexipril	Tier 1	
molindone	Tier 1	
mometasone	Tier 1	
mometasone 0.1% lotion	Tier 1	PA This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
mometasone lotion 0.1%	Tier 1	PA
mononessa	Tier 1	PA
montelukast	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
montelukast chewable tablets	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
montelukast chewable tabs	Tier 1	
morphine	Tier 1	QL Solution: 100 mg/5 mL: 4.5 mL/day, 10 mg/5 mL: 45 mL/day, 20 mg/5 mL: 22.5 mL/day; Tablets: 15 mg: 6 tablets/day, 30 mg: 3 tablets/day
morphine ext-rel	Tier 1	QL
morphine ext-rel 60, 100, 200 mg	Tier 1	PA QL
morphine sulfate beads	Tier 1	QL 1 capsule/day
morphine sulfate beads 120 mg	Tier 1	PA QL 1 capsule/day
morphine sulfate ext-rel 10, 20, 30, 40 mg	Tier 1	QL 60 capsules/30 days
morphine sulfate ext-rel 50, 60, 80, 100 mg	Tier 1	PA QL 60 capsules/30 days
morphine suppositories 5 mg, 10 mg, 20 mg	Tier 1	QL 5 and 10 mg: 6 suppositories/day; 20 mg: 4 suppositories/day
moxifloxacin	Tier 1	
mycophenolate mofetil	Tier 1	
mycophenolate sodium	Tier 1	
nabumetone	Tier 1	
naltrexone	Tier 1	
naphazoline eye drops	Tier 1	
naproxen	Tier 1	
naproxen delayed-rel	Tier 1	
naratriptan	Tier 1	QL
nateglinide	Tier 1	
necon 0.5/35	Tier 1	PA
necon 1/35	Tier 1	PA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

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	PA
neomycin/polymyxin B/bacitracin/hydrocortisone eye ointment	Tier 1	
neomycin/polymyxin B/dexamethasone eye drops, eye ointment	Tier 1	
neomycin/polymyxin B/gramicidin eye drops	Tier 1	
neomycin/polymyxin B/hydrocortisone otic	Tier 1	
nevirapine	Tier 1	
nevirapine ext-rel	Tier 1	
next choice one dose	Tier 1	
nicardipine	Tier 1	
nifedipine 10 mg	Tier 1	
nifedipine ext-rel	Tier 1	
nilutamide	Tier 1	
nisoldipine ext-rel	Tier 1	
nitrofurantoin ext-rel	Tier 1	
nitrofurantoin macrocrystals	Tier 1	
nitroglycerin lingual spray	Tier 1	
nitroglycerin sublingual	Tier 1	
nitroglycerin transdermal	Tier 1	
norethindrone acetate	Tier 1	
norethindrone acetate/EE 1/20 and iron	Tier 1	PA
norethindrone acetate/EE 1/20 and iron chewable	Tier 1	PA
norethindrone/EE 0.4/35 and iron chewable	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
nortrel 0.5/35	Tier 1	PA
nortrel 1/35	Tier 1	PA
nortrel 7/7/7	Tier 1	PA
nortriptyline	Tier 1	PA
nystatin	Tier 1	
nystatin/triamcinolone	Tier 1	
ocella	Tier 1	PA
ofloxacin	Tier 1	
ofloxacin eye drops	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	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

olanzapine orally disintegrating tablets	Tier 1	Step Therapy Prior Authorization applies to both brand and generic drug.
olanzapine/fluoxetine	Tier 1	
omeprazole delayed-rel	Tier 1	PA 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	
oxazepam	Tier 1	
oxcarbazepine	Tier 1	
oxybutynin	Tier 1	
oxybutynin ext-rel	Tier 1	
oxycodone	Tier 1	QL 5 mg capsules: 12 capsules/day; Tablets: 10 mg: 6 tablets/day; 20 mg: 3 tablets/day; Solution: 100 mg/5 mL: 3 mL/day; 5 mg/5 mL: 60 mL/day
oxycodone/acetaminophen	Tier 1	QL
oxycodone/aspirin	Tier 1	QL
oxycodone/ibuprofen	Tier 1	QL 4 tablets/day
oxymorphone	Tier 1	QL
pantoprazole delayed-rel	Tier 1	PA QL
paricalcitol capsules	Tier 1	
paroxetine HCl	Tier 1	PA This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document., Prior Authorization applies to members through age 12.
peg 3350/electrolytes	Tier 1	Generics may be covered at no copayment for members age 45 through 74
peg 3350/electrolytes disposable jug	Tier 1	
Peg-prep	Tier 1	May be covered at no copayment for members age 45 through 74
penicillin VK	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
pentazocine/naloxone	Tier 1	QL 4 tablets/day
pentoxifylline ext-rel	Tier 1	
perindopril	Tier 1	
permethrin 5%	Tier 1	
perphenazine	Tier 1	
Phendimetrazine	Tier 1	
phenelzine	Tier 1	PA Prior Authorization applies to members through age 12
phenobarbital	Tier 1	
phenoxybenzamine	Tier 1	
phentermine	Tier 1	
phenytoin sodium	Tier 1	
phenytoin sodium ext-rel	Tier 1	
pilocarpine	Tier 1	
pimozide	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

pindolol	Tier 1	
pioglitazone	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
pioglitazone/glimepiride	Tier 1	
pioglitazone/metformin	Tier 1	
piroxicam	Tier 1	
podofilox	Tier 1	
polymyxin B/trimethoprim eye drops	Tier 1	
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/potassium bicarbonate/citric acid effervescent tablets 25 mE	Tier 1	
pramipexole	Tier 1	
pravastatin	Tier 1	QL
prazosin	Tier 1	
prednicarbate ointment	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	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
pregabalin	Tier 1	
pregabalin ext-rel	Tier 1	
prenatal vitamins w/folic acid	Tier 1	
previfem	Tier 1	PA
primidone	Tier 1	
probenecid	Tier 1	
prochlorperazine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
progesterone, micronized	Tier 1	
promethazine	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
propafenone	Tier 1	
propantheline 15 mg	Tier 1	
propranolol	Tier 1	
propranolol ext-rel	Tier 1	
propylthiouracil	Tier 1	
protriptyline	Tier 1	PA Prior Authorization applies to members through age 12

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

pyrazinamide	Tier 1	
pyridostigmine	Tier 1	
pyrimethamine	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	Tier 1	
quinapril	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
quinapril/hydrochlorothiazide	Tier 1	
raloxifene	Tier 1	No copayment required for women under Preventive Services
ramipril	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
Reclipsen	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
repaglinide	Tier 1	
ribavirin 200 mg capsules	Tier 1	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ribavirin 200 mg tablets	Tier 1	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
rifampin	Tier 1	
rimantadine	Tier 1	
risperidone	Tier 1	
risperidone orally disintegrating tablets	Tier 1	
rivastigmine capsules	Tier 1	
rizatriptan	Tier 1	QL
ropinirole	Tier 1	
ropinirole ext-rel	Tier 1	
selegiline capsules	Tier 1	
selegiline tablets	Tier 1	
selenium sulfide lotion, shampoo 2.5%	Tier 1	
sertraline	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
sildenafil 20 mg	Tier 1	SP PA
sildenafil oral suspension	Tier 1	SP PA
silver sulfadiazine	Tier 1	
simvastatin 5 mg, 10 mg, 20 mg, 40 mg	Tier 1	QL
simvastatin 80 mg	Tier 1	
sirolimus	Tier 1	
sotalol	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

30

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

sotalol AF	Tier 1	
spironolactone	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
spironolactone/hydrochlorothiazide	Tier 1	
sprintec	Tier 1	PA
stavudine	Tier 1	
sucralfate tablets	Tier 1	
sulfacetamide 10% eye drops	Tier 1	
sulfacetamide sodium 10%	Tier 1	
sulfacetamide/prednisolone phosphate eye drops, eye ointment	Tier 1	
sulfamethoxazole/trimethoprim	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
sulfasalazine	Tier 1	
sulfasalazine delayed-rel	Tier 1	
sulindac	Tier 1	
sumatriptan tablets	Tier 1	QL
Suttar-2	Tier 1	QL 40 mL/day
tacrolimus capsules	Tier 1	
tamoxifen	Tier 1	No copayment required for women under Preventive Services.
tamsulosin	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
telmisartan	Tier 1	
temazepam	Tier 1	
terazosin	Tier 1	
terbinafine tablets	Tier 1	
terbutaline tablets	Tier 1	
terconazole cream	Tier 1	
testosterone cypionate	Tier 1	
testosterone enanthate	Tier 1	
tetrabenazine	Tier 1	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 12.5 tablets: 90 tablets/30 days; 25 mg tablets: 120 tablets/30 days
theophylline ext-rel tablets	Tier 1	
thioridazine	Tier 1	
thiothixene	Tier 1	
tiagabine 2 mg, 4 mg	Tier 1	
tilia fe	Tier 1	PA
timolol maleate eye drops	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
timolol maleate gel forming solution	Tier 1	
tinidazole	Tier 1	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

31

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

tiopronin	Tier 1	
tobramycin eye drops, eye ointment	Tier 1	
tobramycin inhalation solution	Tier 1	
tolcapone	Tier 1	
tolterodine	Tier 1	
topiramate	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
torsemide	Tier 1	
tramadol	Tier 1	QL
tramadol ext-rel	Tier 1	QL 1 tablet or capsule/day
tramadol/acetaminophen	Tier 1	QL
trandolapril	Tier 1	
trandolapril/verapamil ext-rel	Tier 1	
tranexamic acid	Tier 1	QL
trazodone	Tier 1	PA This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document., Prior Authorization applies to members through age 12.
tretinoin	Tier 1	PA
tretinoin gel 0.01%, 0.025%	Tier 1	PA
triamcinolone acetonide	Tier 1	
triamcinolone paste	Tier 1	
triamterene/hydrochlorothiazide capsules 37.5/25	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
triamterene/hydrochlorothiazide capsules 50/25	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
triamterene/hydrochlorothiazide tablets 37.5/25	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
triamterene/hydrochlorothiazide tablets 75/50	Tier 1	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
triazolam	Tier 1	
trifluoperazine	Tier 1	
trihexyphenidyl	Tier 1	
tri-legest fe	Tier 1	PA
trimethobenzamide capsules	Tier 1	
trimethoprim	Tier 1	
trinessa	Tier 1	PA
trinessa lo	Tier 1	PA
tri-previfem	Tier 1	PA
tri-sprintec	Tier 1	PA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

32

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

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.
trospium	Tier 1	
Tussigon	Tier 1	QL 6 tablets/day
ubidecarenone	Tier 1	PA
Unithroid	Tier 1	
Uribel	Tier 1	
ursodiol	Tier 1	
valacyclovir	Tier 1	
valproic acid	Tier 1	
valsartan	Tier 1	
valsartan/hydrochlorothiazide	Tier 1	
Vandazole	Tier 1	
velivet	Tier 1	PA
venlafaxine	Tier 1	
venlafaxine ext-rel capsules	Tier 1	
verapamil	Tier 1	
verapamil ext-rel	Tier 1	
Virtussin DAC	Tier 1	QL 40 mL/day
vitamin B-12	Tier 1	
voriconazole suspension 40 mg/mL	Tier 1	
warfarin	Tier 1	
Wymzya Fe	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Xulane	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
zafirlukast	Tier 1	
zaleplon	Tier 1	QL 10 capsules/30 days
Zamicet	Tier 1	
zidovudine	Tier 1	
ziprasidone HCl	Tier 1	
zolpidem	Tier 1	QL This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document., 10 tablets/30 days
zolpidem tartrate CR	Tier 1	QL 10 tablets/30 days
zonisamide	Tier 1	
Zovia	Tier 1	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Z-tuss AC

Tier 1

QL 60 mL/day

Tier 2

Drug Name	Tier	Pharmacy Program
abacavir	Tier 2	
abacavir/lamivudine	Tier 2	
abemaciclib	Tier 2	SP PA
abiraterone 250 mg	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
abiraterone 500 mg	Tier 2	SP PA
acalabrutinib	Tier 2	PA
acamprosate calcium	Tier 2	
acetaminophen/caffeine/dihydrocodeine capsules	Tier 2	QL
acetaminophen/caffeine/dihydrocodeine tablets	Tier 2	QL 325/30/16mg; 10 tablets/day
Acthar	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Actimmune	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
acyclovir cream 5%	Tier 2	QL
acyclovir ointment 5%	Tier 2	QL
acyclovir suspension	Tier 2	
adapalene/benzoyl peroxide gel 0.1%-2.5%	Tier 2	
Adempas	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Advair HFA	Tier 2	QL 6 inhalers/90 days
afatinib	Tier 2	PA
Aimovig	Tier 2	PA QL 70 mg/mL & 140 mg/mL pen: 1 pen per 30 days; 140 mg/mL (2 x 70 mg/mL) pen pack: 1 pack (2 pens) per 30 days
Ajovy	Tier 2	PA QL 3 pens/90 days
Ajovy Auto-injector	Tier 2	PA QL 3 pens/90 days
Alecensa	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
alectinib	Tier 2	SP PA
aliskiren	Tier 2	
almotriptan	Tier 2	QL 6 tablets/30 days
alosetron	Tier 2	
alpelisib	Tier 2	SP PA
Alrex	Tier 2	
Alunbrig	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

34

Tier 1 - Lowest Copayment

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Tier 3 - Highest Copayment

ambrisentan	Tier 2	SP PA
amcinonide cream, lotion	Tier 2	PA
Amcinonide ointment	Tier 2	PA
aminocaproic acid oral solution	Tier 2	
aminocaproic acid tablets	Tier 2	
amlodipine/atorvastatin	Tier 2	
amlodipine/olmesartan	Tier 2	
amlodipine/valsartan/hydrochlorothiazide	Tier 2	
amphetamine/dextroamphetamine mixed salts ext-rel	Tier 2	PA QL Prior Authorization applies to members 25 years of age or older., 5, 10, 15 mg: 30 capsules/30 days; 20, 25, 30 mg: 60 capsules/30 days
Anoro Ellipta	Tier 2	QL 3 inhalers, 180 blister packs/90 days
apomorphine 30 mg/3mL	Tier 2	
aprepitant capsules	Tier 2	QL
Aptiom	Tier 2	
Aptivus	Tier 2	
Aranesp	Tier 2	SP QL 4 mL/30 days; Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Arcalyst	Tier 2	SP PA QL 5 vials/28 days for initial 28 days, 4 vials/28 days thereafter, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
arformoterol tartrate nebulizer solution	Tier 2	
aripiprazole oral solution	Tier 2	
aripiprazole orally disintegrating tablets	Tier 2	
Armour Thyroid	Tier 2	
Arnuity Ellipta	Tier 2	QL 3 inhalers/90 days
asciminib	Tier 2	SP PA
Asthma Supplies	Tier 2	QL 2 spacers/year; 1 peak flow meter/year
atazanavir	Tier 2	
atomoxetine	Tier 2	QL
atovaquone	Tier 2	
atovaquone/proguanil	Tier 2	
Atrovent HFA	Tier 2	QL 6 inhalers/90 days
Aubagio	Tier 2	SP QL 30 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Austedo	Tier 2	SP PA QL 6 & 9 mg: 60 tablets/30 days; 12 mg: 120 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
avapritinib	Tier 2	PA
Avonex	Tier 2	SP QL 4 syringes or vials/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Avonex Pen	Tier 2	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 4 pens/28 days
axitinib	Tier 2	SP PA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Ayvakit	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
azacitidine	Tier 2	SP PA
azelaic acid gel	Tier 2	
baclofen	Tier 2	PA
Bafiertam	Tier 2	SP QL 120 units/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Balversa	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Baqsimi	Tier 2	QL 2 devices/fill
B-D Insulin syringes	Tier 2	
B-D Pen needles	Tier 2	
belzutifan	Tier 2	PA
Benlysta Sub Q Injection	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Benznidazole	Tier 2	
benzphetamine	Tier 2	
Besremi	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
betamethasone dipropionate ointment 0.05%	Tier 2	PA
betamethasone valerate foam	Tier 2	PA
Betaseron	Tier 2	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 15 vials/30 days
Betimol	Tier 2	
bexarotene capsules	Tier 2	SP
bexarotene gel	Tier 2	SP
Biktarvy	Tier 2	
bimatoprost 0.03%	Tier 2	
binimetinib	Tier 2	PA
bosentan tablets 62.5 mg, 125 mg	Tier 2	SP PA
Bosulif	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
bosutinib	Tier 2	SP PA
Braftovi	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Breo Ellipta	Tier 2	QL 3 inhalers/90 days
brigatinib	Tier 2	PA
brimonidine 0.15% eye drops	Tier 2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

brinzolamide suspension 1%	Tier 2	
bromfenac sodium eye drops	Tier 2	
bromocriptine	Tier 2	
Brukinsa	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
budesonide ext-rel	Tier 2	
buprenorphine transdermal	Tier 2	PA QL
buprenorphine/naloxone film	Tier 2	
bupropion ext-rel	Tier 2	PA
busulfan	Tier 2	
butalbital/acetaminophen/caffeine/codeine	Tier 2	QL
Bylvay	Tier 2	PA
Cablivi	Tier 2	
Cabometyx	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
cabozantinib	Tier 2	SP PA
calcipotriene cream	Tier 2	
calcipotriene/betamethasone dipropionate ointment	Tier 2	
calcitriol ointment	Tier 2	
calcium acetate	Tier 2	
Calquence	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Camzyos	Tier 2	SP PA QL 1 unit/day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
candesartan	Tier 2	
candesartan/hydrochlorothiazide	Tier 2	
capmatinib	Tier 2	SP PA
Caprelsa	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
captopril	Tier 2	
carbidopa	Tier 2	
carbidopa/levodopa/entacapone	Tier 2	
carglumic acid	Tier 2	
carvedilol phosphate ext-rel	Tier 2	
Cayston	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cefaclor ER	Tier 2	
cefixime capsules, suspension	Tier 2	
cefpodoxime	Tier 2	
celecoxib	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

cephalexin	Tier 2	
Cerdelga	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ceritinib	Tier 2	SP PA
Cetrotide	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
cevimeline	Tier 2	
chlorambucil	Tier 2	
chlorpromazine	Tier 2	
Cholbam	Tier 2	
ciclopirox shampoo 1%	Tier 2	
Cimduo	Tier 2	
cimetidine	Tier 2	
cinacalcet	Tier 2	
ciprofloxacin-dexamethasone otic suspension	Tier 2	
clarithromycin suspension	Tier 2	
Climara Pro	Tier 2	
clindamycin gel, lotion	Tier 2	
clindamycin phosphate gel 1%	Tier 2	
clobazam	Tier 2	
clobetasol propionate	Tier 2	PA
clobetasol propionate 0.05%	Tier 2	PA
clobetasol propionate emollient cream	Tier 2	PA
clobetasol propionate foam	Tier 2	PA
clobetasol propionate spray 0.05%	Tier 2	PA
clobetasol propionate/emollient foam	Tier 2	PA
clocortolone	Tier 2	PA
clomipramine	Tier 2	
clonidine ext-rel	Tier 2	
clonidine transdermal	Tier 2	
clorazepate	Tier 2	
clotrimazole/betamethasone	Tier 2	
Coartem	Tier 2	QL 24 tablets/90 days
cobimetinib	Tier 2	SP PA
colchicine capsules	Tier 2	
colchicine tablets	Tier 2	
CombiPatch	Tier 2	
Combivent Respimat	Tier 2	QL 6 inhalers/90 days
Cometriq	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Complera	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

38

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Copaxone 20 mg/mL prefilled syringe	Tier 2	SP QL 1 kit (30 syringes)/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Copaxone 40 mg/mL prefilled syringe	Tier 2	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 1 kit (12 syringes)/30 days
Copiktra	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Corlanor	Tier 2	
Cortifoam	Tier 2	
Cortrophin	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cotellic	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Creon	Tier 2	
Crinone	Tier 2	
Crixivan	Tier 2	
crizotinib	Tier 2	SP PA
cromolyn sodium oral concentrate	Tier 2	
crotamiton	Tier 2	
cyclophosphamide	Tier 2	SP
Cyclophosphamide Capsules	Tier 2	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cycloset	Tier 2	
cyclosporine emulsion 0.05%	Tier 2	PA
Cystadrops	Tier 2	
Cystaran	Tier 2	
dabrafenib	Tier 2	SP PA
dacomitinib	Tier 2	SP PA
dalfampridine	Tier 2	SP PA QL 60 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
dalfampridine ext-rel	Tier 2	SP PA QL
Daliresp	Tier 2	
dantrolene	Tier 2	
dapsone gel 5%	Tier 2	
darifenacin	Tier 2	
dasatinib	Tier 2	SP PA
Daurismo	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

decitabine-cedazuridine	Tier 2	SP PA
deferasirox	Tier 2	
deferasirox 90, 180, 360 mg tablets	Tier 2	
deferasirox granules	Tier 2	
deferiprone	Tier 2	QL
Delstrigo	Tier 2	
Descovy	Tier 2	PA
desipramine	Tier 2	PA
desonide cream	Tier 2	PA
desonide lotion	Tier 2	PA
desonide ointment	Tier 2	
desoximetasone cream, gel, ointment	Tier 2	PA
desvenlafaxine succinate ext-rel	Tier 2	PA
dexlansoprazole delayed-rel	Tier 2	PA QL
dexmethylphenidate ext-rel	Tier 2	PA QL Prior Authorization applies to members 25 years of age or older., 30 capsules/30 days
dextroamphetamine ext-rel	Tier 2	PA QL
dextroamphetamine solution	Tier 2	PA Prior Authorization applies to members 25 years of age or older.
diazepam rectal gel	Tier 2	QL 1 kit (2 units)/fill
diazoxide suspension	Tier 2	
diclofenac sodium delayed-rel/misoprostol	Tier 2	
diethylpropion	Tier 2	
diethylpropion ER	Tier 2	
diflorasone diacetate	Tier 2	PA
dimethyl fumarate	Tier 2	SP QL
Dipentum	Tier 2	
dipyridamole ext-rel/aspirin	Tier 2	
divalproex sodium sprinkle	Tier 2	
dofetilide	Tier 2	
Dojolvi	Tier 2	PA
dorzolamide/timolol/preservative-free	Tier 2	
Dovato	Tier 2	
doxepin cream	Tier 2	
doxepin cream 5%	Tier 2	
doxercalciferol	Tier 2	
doxycycline hyclate tablets	Tier 2	
dronabinol capsule	Tier 2	
Droxia	Tier 2	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
droxidopa	Tier 2	
Duavee	Tier 2	
Duopa	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

40

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Dupixent	Tier 2	SP PA QL 2 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Dupixent pen	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 pens/28 days
duvelisib	Tier 2	PA
Edurant	Tier 2	
efavirenz	Tier 2	
efavirenz/emtricitabine/tenofovir	Tier 2	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Tier 2	
eletriptan	Tier 2	QL
Eligard	Tier 2	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Eliquis	Tier 2	
Elixophyllin	Tier 2	
Emcyt	Tier 2	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Emflaza	Tier 2	PA QL tablets: 30 tablets/30 days; suspension: 26 mL/30 days
Emgality	Tier 2	PA QL 100 mg prefilled syringe: 3 syringes per 30 days. 120 mg auto-injector/prefilled syringe: 2 auto-injectors/syringes (240 mg) as a single loading dose, followed by 1 auto-injector or syringe (120 mg)/30 days.
emtricitabine	Tier 2	
emtricitabine/tenofovir	Tier 2	May be covered at no cost share
enalapril maleate solution	Tier 2	
enasidenib	Tier 2	SP PA
Enbrel	Tier 2	SP PA QL 25 mg: 8 vials/syringes/28 days; 50 mg: 4 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Enbrel Mini	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 4 syringes/28 days
encorafenib	Tier 2	PA
Endari	Tier 2	PA
Endometrin	Tier 2	
Enspryng	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
entecavir	Tier 2	
entrectinib	Tier 2	SP PA
Entresto	Tier 2	
enzalutamide	Tier 2	SP PA
Epclusa	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Generic formulations are non-covered and are subject to non-covered cost share.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Epclusa pak	Tier 2	SP PA QL 200/50 mg: 28 tablets/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
epinephrine (generic for Epipen Jr.)	Tier 2	QL
epinephrine (generic for Epipen)	Tier 2	QL
Episil	Tier 2	QL 4 bottles/30 days
Epivir-HBV solution	Tier 2	
eplerenone	Tier 2	
Epogen	Tier 2	SP QL 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
erdafitinib	Tier 2	PA
ergotamine/cafeine tablets	Tier 2	
Erivedge	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
erlotinib	Tier 2	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Ery-Tab	Tier 2	
erythromycin delayed-rel	Tier 2	
erythromycin ethylsuccinate	Tier 2	
erythromycin ethylsuccinate susp 400 mg/5 mL	Tier 2	
erythromycin ethylsuccinate tablets	Tier 2	
erythromycin gel	Tier 2	
erythromycin stearate	Tier 2	
erythromycin tablets	Tier 2	
erythromycin/benzoyl peroxide	Tier 2	
esomeprazole delayed-rel oral suspension	Tier 2	PA QL 90 packets/90 days, Prior Authorization required for members older than 12 years of age.
estradiol	Tier 2	This drug may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.
estradiol transdermal	Tier 2	
estradiol valerate and dienogest/estradiol valerat	Tier 2	
estramustine	Tier 2	SP
Estring	Tier 2	
etodolac ext-rel	Tier 2	
etravirine	Tier 2	
everolimus	Tier 2	SP PA
everolimus 2, 3, and 5 mg	Tier 2	SP PA
evolocumab	Tier 2	PA QL
Evotaz	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Evrysdi	Tier 2	PA QL 240 mL/fill
Exjade	Tier 2	NC deferasirox
Exkivity	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
ezetimibe/simvastatin	Tier 2	
famotidine suspension	Tier 2	
Farxiga	Tier 2	
Farydak	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Fasenra Pen	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 1 pen/56 days
febuxostat	Tier 2	
fedratinib	Tier 2	SP PA
Femring	Tier 2	
fenofibrate 120 mg	Tier 2	
fenofibrate 40 mg, 120 mg	Tier 2	
fenofibrate 50 mg, 150 mg	Tier 2	
fenofibrate micronized capsule 130 mg	Tier 2	
fentanyl citrate buccal	Tier 2	QL
fentanyl patch 37.5 mcg/hr	Tier 2	QL 10 patches/30 days
fentanyl patch 62.5 mcg/hr, 87.5 mcg/hr	Tier 2	PA QL
fentanyl patch 62.5, 87.5 mcg/hr	Tier 2	PA QL 10 patches/30 days
Ferriprox oral solution	Tier 2	QL 150 mL/30 days
filgrastim-sndz	Tier 2	SP QL
Finacea Aerosol	Tier 2	
Firdapse	Tier 2	PA
First-Progesterone VGS	Tier 2	
Flovent Diskus	Tier 2	QL 6 diskus/90 days
Flovent HFA	Tier 2	QL 6 inhalers/90 days
fluocinolone oil, body or scalp 0.01%	Tier 2	PA
fluocinolone solution 0.01%	Tier 2	PA
fluocinonide	Tier 2	PA QL 60 units/30 days
fluocinonide cream 0.1%	Tier 2	PA QL
Fluoxetine 60 mg	Tier 2	PA
fluoxetine tablets 10 mg, 20 mg	Tier 2	PA
fluphenazine	Tier 2	
flurandrenolide cream, lotion, ointment	Tier 2	PA
fluticasone propionate lotion	Tier 2	PA
fluvastatin ext-rel	Tier 2	QL
fondaparinux sodium	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

fosamprenavir tablet 700 mg	Tier 2	
fosfomycin tromethamine	Tier 2	
Fotivda	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Fulphila	Tier 2	SP PA QL 0.6 mL/14 days, Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Fuzeon	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Fycompa	Tier 2	
Galafold	Tier 2	PA
Galzin	Tier 2	
gatifloxacin eye drops	Tier 2	
Gattex	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Gavreto	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
gefitinib	Tier 2	PA
Gelclair	Tier 2	
Genvoya	Tier 2	
Gilenya	Tier 2	SP QL 30 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Gilotrif	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
gilteritinib fumarate	Tier 2	PA
glasdegib maleate	Tier 2	SP PA
glatiramer acetate 20 mg/mL prefilled syringe	Tier 2	SP QL 1 kit (30 syringes)/30 days, Copaxone, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
glatiramer acetate 40 mg/mL prefilled syringe	Tier 2	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Copaxone, 1 kit (12 syringes)/30 days
Glucagen	Tier 2	
Glucagon Emergency Kit	Tier 2	
Glyxambi	Tier 2	
Golytely packets	Tier 2	May be covered at no copayment for members age 45 through 74
Gonal-F	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
granisetron	Tier 2	QL
granisetron tablets	Tier 2	QL 6 tablets/7 days
griseofulvin microsize	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

griseofulvin microsize suspension	Tier 2	
griseofulvin ultramicrosize	Tier 2	
Haegarda	Tier 2	SP PA QL 2,000 unit vials: 40 vials/30 days; 3,000 unit vials: 27 vials/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
halcinonide	Tier 2	PA
halobetasol propionate	Tier 2	PA
Harvoni 45mg/200mg	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 30 units/30 days, Generic formulations are non-covered and are subject to non-covered cost share.
Harvoni 90mg/400mg	Tier 2	SP PA Generic formulations are non-covered and are subject to non-covered cost share., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Harvoni pak	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Generic formulations are non-covered and are subject to non-covered cost share., 30 units/30 days
Hemlibra	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Humalog	Tier 2	Generic formulations are non-covered and are subject to non-covered cost share.
Humira	Tier 2	SP PA QL 2 pens or syringes/28 days; All Starter Kits: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Humulin	Tier 2	
Hycamtin oral capsules	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
hydrocortisone butyrate cream, solution	Tier 2	PA
hydrocortisone butyrate lipid cream 0.1%	Tier 2	PA
hydrocortisone butyrate lotion 0.1%	Tier 2	PA
hydrocortisone valerate	Tier 2	PA
hydromorphone ext-rel	Tier 2	QL 30 tablets/30 days
hydromorphone ext-rel 32 mg	Tier 2	PA QL 30 tablets/30 days
hydroxyurea	Tier 2	PA
Ibrance	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
ibrutinib	Tier 2	PA
ibrutinib oral suspension	Tier 2	PA
icatibant	Tier 2	SP PA QL
Iclusig	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

45

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

idelalisib	Tier 2	SP PA
Idhifa	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
imatinib mesylate	Tier 2	SP
Imbruvica	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Imbruvica oral suspension	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Imcivree	Tier 2	PA
imipramine pamoate	Tier 2	
imiquimod	Tier 2	
Impavido	Tier 2	
Increlex	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
infigratinib	Tier 2	PA
Ingrezza	Tier 2	PA QL 30 capsules/30 days; Initiation pack: 1 fill/lifetime
Inlyta	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Inqovi	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Inrebic	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
insulin lispro	Tier 2	Humalog
Intron A	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Invirase	Tier 2	
Iressa	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Isentress	Tier 2	
Isentress HD	Tier 2	
Isentress Oral Suspension	Tier 2	
isosorbide dinitrate/hydralazine HCL	Tier 2	
itraconazole capsules	Tier 2	PA
itraconazole solution	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

ivosidenib	Tier 2	PA
ixazomib	Tier 2	SP PA
Jakafi	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Janumet	Tier 2	
Janumet XR	Tier 2	
Januvia	Tier 2	
Jardiance	Tier 2	
Juluca	Tier 2	
Juxtapid	Tier 2	PA QL 30 capsules/30 days
Kalydeco	Tier 2	PA QL 60 tablets/30 days; 56 packets/28 days
Kerendia	Tier 2	PA QL 1 tablet/day
Kesimpta	Tier 2	SP QL 1 auto-injector/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Korlym	Tier 2	PA QL 120 tablets/30 days
Koselugo	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
lacosamide solution	Tier 2	
lacosamide tablets	Tier 2	
lamotrigine ext-rel	Tier 2	QL
lamotrigine orally disintegrating tablets	Tier 2	
lamotrigine starter kit	Tier 2	
lansoprazole delayed-rel	Tier 2	PA QL
lanthanum oral powder	Tier 2	
Lantus	Tier 2	
lapatinib	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
larotrectinib	Tier 2	SP PA
Latuda	Tier 2	STPA
ledipasvir-sofosbuvir pak	Tier 2	SP PA QL
leflunomide	Tier 2	
lenalidomide 5, 10, 15, 25 mg	Tier 2	SP PA
lenvatinib	Tier 2	SP PA
Lenvima	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Leukeran	Tier 2	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Leukine	Tier 2	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 6 vials/14 days; Covered under the Prescription Drug Benefit when self-administered.
leuprolide acetate	Tier 2	SP
levothyroxine capsules	Tier 2	
lidocaine ointment 5%	Tier 2	QL 50 grams/30 days
lidocaine patch 4%	Tier 2	QL
Lidocare	Tier 2	QL 30 patches/30 days
linezolid 600 mg tablets	Tier 2	
Linzess	Tier 2	
Lithium Citrate	Tier 2	
Livmarli	Tier 2	PA
Lo Loestrin Fe	Tier 2	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Lokelma	Tier 2	
Lonsurf	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
lopinavir/ritonavir solution	Tier 2	
lopinavir/ritonavir tablets	Tier 2	
Lorbrena	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
lorlatinib	Tier 2	SP PA
loteprednol ophthalmic gel 0.5%	Tier 2	
loteprednol suspension 0.5%	Tier 2	
lubiprostone	Tier 2	
luliconazole cream	Tier 2	
Lumakras	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Lupkynis	Tier 2	PA
Lupron Depot 3.75 mg, 11.25 mg	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Lupron Depot 7.5, 22.5, 30, and 45 mg	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Lupron Depot Ped	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Lynparza	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Lysodren	Tier 2	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
mafenide acetate 5%	Tier 2	
malathion	Tier 2	
maraviroc	Tier 2	
Matulane	Tier 2	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Mayzent	Tier 2	SP QL 0.25mg: 120 tablets/30 days; 2mg: 30 tablets/30 days; Starter Pack: 1 fill per lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
megestrol acetate 625 mg/5 mL	Tier 2	
Mekinist	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Mektovi	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
melphalan	Tier 2	
memantine ext-rel	Tier 2	
Menopur	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
mesalamine delayed-rel	Tier 2	
mesalamine delayed-rel 1.2 gm	Tier 2	
mesalamine delayed-rel tablets	Tier 2	
mesalamine ext-rel capsules	Tier 2	
mesalamine suppositories	Tier 2	
metaxalone	Tier 2	
metformin oral solution	Tier 2	
methazolamide	Tier 2	
methylphenidate ext-rel 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 2	PA QL Prior Authorization applies to members 25 years of age or older., 10 mg, 20 mg, 40 mg, 60 mg: 30 capsules/30 days; 30 mg: 60 capsules/30 days
methylphenidate ext-rel capsules	Tier 2	PA QL 30 capsules/30 days, Prior Authorization required for members 25 years of age and older.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

methlyphenidate ext-rel tablets	Tier 2	PA QL Prior Authorization required for members 25 years of age and older., 30 tablets/30 days
methlyphenidate HCl ER	Tier 2	PA QL 18, 27 & 54 mg: 30 tablets/30 days; 36 mg: 60 tablets/30 days, Prior Authorization applies to members 25 years of age or older.
methlyphenidate oral solution	Tier 2	PA Prior Authorization applies to members 25 years of age or older.
methlyphenidate transdermal	Tier 2	QL
metronidazole gel	Tier 2	
metronidazole lotion	Tier 2	
metronidazole vaginal gel	Tier 2	
metirosine	Tier 2	
Miacalcin injection	Tier 2	
midostaurin	Tier 2	SP PA
mifepristone 200 mg	Tier 2	
miglitol	Tier 2	
minocycline tablets	Tier 2	
Mircera	Tier 2	QL 2 syringes/28 days
mitotane	Tier 2	
mobocertinib	Tier 2	PA
modafinil	Tier 2	PA QL
Morphine suppositories 30 mg	Tier 2	QL 3 suppositories/day
Movantik	Tier 2	
moxifloxacin	Tier 2	
mupirocin	Tier 2	
mycophenolate mofetil suspension	Tier 2	
mycophenolate sodium delayed-rel tablets	Tier 2	
Myfembree	Tier 2	PA QL 30 tablets/30 days
Myleran tablets	Tier 2	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Mytesi	Tier 2	PA
nadolol	Tier 2	
naftifine cream 1%	Tier 2	
naftifine cream 2%	Tier 2	
naftifine gel 1%	Tier 2	
naproxen sodium	Tier 2	
Nascobal	Tier 2	
Natazia	Tier 2	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Natpara	Tier 2	SP QL 2 cartridges/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
neбиволol	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

50

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

nefazodone	Tier 2	PA Prior Authorization applies to members through age 12
neomycin/polymyxin B/hydrocortisone eye drops	Tier 2	
neratinib	Tier 2	SP PA
Nerlynx	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Neulasta	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 1 syringe/14 days; Covered under the Prescription Drug Benefit when self-administered.
niacin ext-rel	Tier 2	
Nifedipine 20 mg	Tier 2	
nilotinib	Tier 2	SP PA
nimodipine	Tier 2	
Ninlaro	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
niraparib	Tier 2	PA
nitazoxanide	Tier 2	
nitisinone 2, 5, 10 mg capsules	Tier 2	
Nityr	Tier 2	
nizatidine	Tier 2	
Norditropin Products	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. Applies to all Norditropin products including Norditropin Flexpro and Norditropin Nordiflex.
norethindrone acetate/EE 1/10 and EE 10	Tier 2	
Norvir Powder Packet	Tier 2	
Norvir solution	Tier 2	
Norvir Tablets	Tier 2	
Novarel	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Nucala auto-injector, prefilled syringe	Tier 2	SP PA QL 3 auto-injectors or prefilled syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Nuedexta	Tier 2	PA
Nuplazid	Tier 2	SP PA QL 60 tablets/30 days; 30 capsules/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Nurtec ODT	Tier 2	PA QL For acute migraines: 8 tablets/30 days; For prevention: 16 tablets/30 days
Ocaliva	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 30 tablets/30 days

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

octreotide	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Odefsey	Tier 2	
Odomzo	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ofloxacin otic	Tier 2	
olaparib	Tier 2	SP PA
olmesartan	Tier 2	
olmesartan/amlodipine/hydrochlorothiazide	Tier 2	
olmesartan/hydrochlorothiazide	Tier 2	
olopatadine nasal spray	Tier 2	QL
omega-3 acid ethyl esters	Tier 2	
omeprazole/sodium bicarbonate oral packets	Tier 2	PA QL
omeprazole/sodium bicarbonate OTC capsules	Tier 2	PA
Omnipod 5 Intro kit	Tier 2	PA QL 1/365 days
Omnipod 5 Pods	Tier 2	PA QL 10 pods (2 boxes)/30 days
Omnipod DASH Intro kit	Tier 2	QL 1/365 days
Omnipod DASH Pods	Tier 2	QL 2 boxes(10 pods)/30 days
OneTouch Ultra test strips	Tier 2	
OneTouch Verio test strips	Tier 2	
Onureg	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Opsumit	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Orenitram	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Orfadin 20mg capsules	Tier 2	
Orfadin suspension	Tier 2	
Orgovyx	Tier 2	PA
Oriahnn cap	Tier 2	PA QL
Orilissa	Tier 2	PA QL 150 mg: 30 tablets/30 days; 200 mg: 60 tablets/30 days
Orkambi	Tier 2	PA QL 112 tablets/28 days; 56 packets/28 days
Orladeyo	Tier 2	PA QL 1 unit/day
orphenadrine/aspirin/caffeine	Tier 2	
oseltamivir capsules	Tier 2	QL
oseltamivir suspension	Tier 2	QL
osimertinib	Tier 2	PA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Ovidrel	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
oxandrolone	Tier 2	
Oxbryta	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Oxbryta tablets for oral suspension	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 3 units/day
oxiconazole cream	Tier 2	
Oxistat lotion	Tier 2	
oxycodone ext-rel	Tier 2	QL
OxyContin	Tier 2	QL 2 tablets/day
oxymorphone ext-rel	Tier 2	QL 2 tablets/day
Ozempic	Tier 2	
pacerone	Tier 2	
pacritinib	Tier 2	PA
palbociclib	Tier 2	SP PA
paliperidone ext-rel tablets	Tier 2	
Palynziq	Tier 2	SP PA QL 20 mg/mL syringe only; 1 syringe per day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
panobinostat	Tier 2	SP PA
pantoprazole sodium suspension	Tier 2	PA QL PA for members > 12 years., 90 packets/90 days
paromomycin	Tier 2	
paroxetine HCl ext-rel	Tier 2	PA
paroxetine mesylate 7.5 mg	Tier 2	
pazopanib	Tier 2	SP PA
peg 3350/electrolytes	Tier 2	Generics may be covered at no copayment for members age 45 through 74
peg 3350/electrolytes powder packets	Tier 2	
Pegasys/Pegasys ProClick	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Pemazyre	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
pemigatinib	Tier 2	PA
penicillamine	Tier 2	
Perforomist	Tier 2	QL 180 vials/90 days
pexidartinib	Tier 2	PA
phytonadione	Tier 2	
Pifeltro	Tier 2	
Pilopine HS gel	Tier 2	
pimecrolimus 1%	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Piqray	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
pomalidomide	Tier 2	SP PA
Pomalyst	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
ponatinib	Tier 2	PA
potassium chloride liquid	Tier 2	
potassium chloride powder	Tier 2	
potassium citrate ext-rel	Tier 2	
pralsetinib	Tier 2	SP PA
pramipexole ext-rel	Tier 2	
prasugrel	Tier 2	
praziquantel	Tier 2	
Pred Mild	Tier 2	
Pred-G	Tier 2	
prednicarbate cream 0.1%	Tier 2	PA
Prednisolone Phosphate 1%	Tier 2	
prednisolone sodium phosphate orally disintegratin	Tier 2	
Prefest	Tier 2	
Pregnyl	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Premarin cream	Tier 2	
Prempro	Tier 2	
Prezcobix	Tier 2	
Prezista	Tier 2	
procarbazine	Tier 2	
Procrit	Tier 2	SP QL 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Promacta	Tier 2	SP QL Suspension: 60 units/30 days; Tablets: 60 tablets/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
promethazine suppositories	Tier 2	
propafenone ext-rel	Tier 2	
Pulmicort Flexhaler	Tier 2	QL 6 inhalers/90 days
Pulmozyme	Tier 2	
Pylera	Tier 2	
pyridostigmine ext-rel	Tier 2	
Pyrukynd	Tier 2	PA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Qinlock	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
quetiapine ext-rel	Tier 2	
quinidine gluconate ext-rel	Tier 2	
quinine sulfate	Tier 2	
rabeprazole delayed-rel	Tier 2	PA QL
Radicava ORS suspension	Tier 2	SP PA QL 50 mL/28 days; Starter kit: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ramelteon	Tier 2	QL
ranolazine	Tier 2	
rasagiline mesylate	Tier 2	
Rebif/Rebif Rebidose	Tier 2	SP QL 12 syringes or autoinjectors/28 days; Titration Packs: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
regorafenib	Tier 2	SP PA
Regranex	Tier 2	
Relenza	Tier 2	QL 20 units/365 days
Repatha	Tier 2	PA QL Preferred PCSK9 Inhibitor., 140 mg syringes or auto-injectors: 6 per 84 days; 420 mg Pushtronex system: 3 per 84 days
Restasis Multidose	Tier 2	PA
Retacrit	Tier 2	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 10 vials/14 days; Covered under the Prescription Drug Benefit when self-administered.
Retevmo	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Reyataz oral powder	Tier 2	
Reyvow	Tier 2	PA QL 50mg: 4 tablets/30 days, 100mg: 8 tablets/30 days
Rezurock	Tier 2	PA
Rheumatrex	Tier 2	
rifabutin	Tier 2	
riluzole	Tier 2	
Rinvoq	Tier 2	SP PA QL 1 tablet/day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
ripretinib	Tier 2	PA
risedronate	Tier 2	
risedronate delayed-rel	Tier 2	
ritonavir tablets	Tier 2	
rivastigmine transdermal	Tier 2	
ropegintron alfa-2b-nfjt	Tier 2	PA
rosuvastatin 20 mg, 40 mg	Tier 2	
rosuvastatin 5 mg, 10 mg	Tier 2	QL

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Rozlytrek	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Rubraca	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
rucaparib	Tier 2	SP PA
rufinamide	Tier 2	
rufinamide susp 40 mg/ml	Tier 2	
Rukobia	Tier 2	
ruxolitinib	Tier 2	SP PA
Ruzurgi	Tier 2	PA
Rybelsus	Tier 2	QL 30 tablets/30 days
Rydapt	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Sajazir	Tier 2	PA QL 2 units (6 mL)/fill
sapropterin	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Savella	Tier 2	QL STPA 180 tablets/90 days
Saxenda	Tier 2	PA
Scemblix	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
scopolamine transdermal	Tier 2	
selinexor therapy pack	Tier 2	PA
selpercatinib	Tier 2	SP PA
selumetinib	Tier 2	PA
Selzentry solution	Tier 2	
Serevent Diskus	Tier 2	QL 3 diskus/90 days
Serostim	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
sevelamer carbonate oral powder packets	Tier 2	
sevelamer carbonate tablets 800 mg	Tier 2	
sevelamer HCl	Tier 2	
Signifor	Tier 2	PA QL 60 ampules/30days
Siklos	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
sildenafil	Tier 2	QL

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

silodosin	Tier 2	
Simbrinza	Tier 2	
Simponi	Tier 2	SP PA QL 1 pre-filled syringe or SmartJect autoinjector (50 mg or 100 mg)/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Sirturo	Tier 2	PA
Skyrizi	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 syringes/84 days
sodium phenylbutyrate	Tier 2	
solifenacin succinate	Tier 2	
Soltamox	Tier 2	No copayment required for women under Preventive Services
sonidegib	Tier 2	SP PA
sorafenib	Tier 2	SP
sotorasib	Tier 2	SP PA
spinosad	Tier 2	QL
Spiriva HandiHaler	Tier 2	QL 3 HandiHalers/90 days
Spiriva Respimat	Tier 2	QL 3 Respimat inhalers/90 days
Sprycel	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Stelara	Tier 2	SP PA QL 0.45 mg: 1 injection/84 days; 90 mg: 1 injection/54 days for Crohn's disease and Ulcerative disease, and 1 injection/84 days for Plaque Psoriasis and Psoriatic Arthritis, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Stiolto Respimat	Tier 2	QL 6 inhalers/90 days
Stivarga	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Strensiq	Tier 2	PA QL 24 single dose vials/28 days
Stribild	Tier 2	
Striverdi Respimat	Tier 2	QL 3 Respimat inhalers/90 days
sumatriptan injection	Tier 2	QL
sumatriptan nasal spray	Tier 2	QL
sunitinib malate	Tier 2	SP PA
Symbicort	Tier 2	QL 6 inhalers/90 days; Generic Formulations are non-covered and are subject to non-covered cost share.
Symdeko	Tier 2	PA QL 56 tablets/28 days
Symtuza	Tier 2	
Synjardy	Tier 2	
Synjardy XR	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Tabloid	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tabrecta	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
tacrolimus ointment	Tier 2	
tadalafil	Tier 2	SP PA
tadalafil 2.5 mg, 10 mg, 20 mg	Tier 2	QL
tadalafil 5 mg	Tier 2	PA QL
Tafinlar	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tagrisso 40 mg	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tagrisso 80 mg	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Takhzyro	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 vials/28 days
Takhzyro prefilled syringe	Tier 2	SP PA QL 2 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
talazoparib	Tier 2	SP PA
Talzenna	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
tamoxifen	Tier 2	No copayment required for women under Preventive Services.
Tasigna	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
tazarotene cream 0.1% (Tazorac)	Tier 2	PA
tazemetostat	Tier 2	PA
Tazorac cream 0.05%, gel 0.05%, 0.1%	Tier 2	PA Prior Authorization required for members 26 years of age and older.
Tazverik	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tegsedi	Tier 2	PA QL 12 prefilled syringes (18 mL)/90 days
telmisartan/amlodipine	Tier 2	
telmisartan/hydrochlorothiazide	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

58

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

temozolomide	Tier 2	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
tenofovir 300 mg	Tier 2	
Tepmetko	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
tepotinib	Tier 2	PA
terconazole suppositories	Tier 2	
testosterone 50 mg/5 g gel	Tier 2	
testosterone gel	Tier 2	
testosterone gel 10 mg	Tier 2	
testosterone soln	Tier 2	
Theo-24	Tier 2	
thioguanine	Tier 2	SP
tiagabine 12 mg, 16 mg	Tier 2	
Tibsovo	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
timolol maleate 0.5% eye drops	Tier 2	
Tivicay	Tier 2	
Tivicay PD	Tier 2	
tivozanib	Tier 2	PA
tizanidine	Tier 2	
tobramycin inhalation solution	Tier 2	
tobramycin/dexamethasone 0.3%/0.1% eye suspension	Tier 2	
tolterodine ext-rel	Tier 2	
tolvaptan	Tier 2	QL
topiramate ext-rel	Tier 2	
topotecan	Tier 2	SP PA
toremifene	Tier 2	
Toujeo	Tier 2	
Tracleer 32 mg oral tablet soluble	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
trametinib	Tier 2	SP PA
tranylcypromine	Tier 2	PA
travoprost	Tier 2	
TRELEGY ELLIPTA	Tier 2	QL 3 inhalers/90 days
Tremfya	Tier 2	SP PA QL 1 syringe/54 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tresiba	Tier 2	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

tretinoin capsules	Tier 2	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
tretinoin cream 0.025%, 0.05%, 0.1%	Tier 2	PA
Trexall	Tier 2	
Trezix	Tier 2	QL 10 capsules/day
triamcinolone acetonide aerosol 0.2%	Tier 2	PA
triamterene	Tier 2	
trientine	Tier 2	
trifluridine eye drops	Tier 2	
trifluridine/tipiracil	Tier 2	SP PA
Trikafta	Tier 2	PA QL 84 tablets/28 days
Triumeq	Tier 2	
Triumeq PD	Tier 2	
tropium ext-rel	Tier 2	
Trulicity	Tier 2	
Truseltiq	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
tucatinib	Tier 2	PA
Tukysa	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document.
Turalio	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Tybost	Tier 2	
Tymlos	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Uceris rectal foam	Tier 2	
Ukoniq	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
umbralisib	Tier 2	PA
uridine triacetate oral granules	Tier 2	
ursodiol capsules	Tier 2	
Valchlor	Tier 2	PA
Valcyte Tablets	Tier 2	
valganciclovir solution	Tier 2	
valganciclovir tablets	Tier 2	
vancomycin	Tier 2	
vandetanib	Tier 2	PA
varденаfil	Tier 2	QL
Vascepa	Tier 2	PA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Veltassa	Tier 2	
Vemlidy	Tier 2	
vemurafenib	Tier 2	SP PA
Venclexta	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
venetoclax	Tier 2	PA
Verquvo	Tier 2	
Verzenio	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Vexol	Tier 2	
Viberzi	Tier 2	PA QL 2 tablets/day
Victoza	Tier 2	
vigabatrin	Tier 2	
Vijoice	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
vilazodone	Tier 2	PA
Viracept	Tier 2	
vismodegib	Tier 2	SP PA
Vistogard	Tier 2	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Vitrakvi	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Vizimpro	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Vonjo	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
voriconazole tablets 50 mg, 200 mg	Tier 2	
vorinostat	Tier 2	SP PA
Vosevi	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Votrient	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Voxzogo	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Vumerity	Tier 2	SP QL 120 units/30 days; Starter kit: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Vyndamax	Tier 2	SP PA QL 30 capsules/30 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Vyndaqel	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 120 capsules/30 days
Wegovy	Tier 2	PA
Welireg	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xalkori	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xarelto	Tier 2	
Xarelto starter pack	Tier 2	
Xarelto suspension	Tier 2	
Xcopri	Tier 2	
Xeljanz sol	Tier 2	SP PA QL 10 mL/day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Xifaxan	Tier 2	PA QL 200 mg tablets: 9 tablets/30 days; 550 mg tablets: 60 tablets/30 days
Xigduo XR	Tier 2	
Xiidra	Tier 2	PA
Xolair prefilled syringes	Tier 2	SP PA QL 8 prefilled syringes/28 days, Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Xospata	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xpovio Pak	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xtandi	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Xuriden	Tier 2	QL 120 packets/30 days
zanubrutinib	Tier 2	PA
Zarxio	Tier 2	SP QL 10 syringes/14 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., Covered under the Prescription Drug Benefit when self-administered.
Zejula	Tier 2	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Zelboraf	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zenpep	Tier 2	
Zeposia	Tier 2	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 30 capsules/30 days; Starter kits: 1 fill/lifetime
zileuton ext-rel	Tier 2	
Zokinvy	Tier 2	PA
Zolinza	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
zolmitriptan	Tier 2	QL
zolmitriptan nasal spray	Tier 2	QL
zolpidem sublingual	Tier 2	QL 10 tablets/30 days
Zorbtive	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zydelig	Tier 2	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Zykadia	Tier 2	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share up to \$50 or the cost of the drug, whichever is less. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

Tier 3

Drug Name	Tier	Pharmacy Program
Abilify Mycite	Tier 3	PA QL 1 tablet/day
Abilify tablets	Tier 3	STPA
Accolate	Tier 3	
Accupril	Tier 3	
AcipHex	Tier 3	PA QL Prior Authorization applies to brand name drug only., 90 tablets/90 days; Quantity Limitation (QL) only applies to the brand name.
Aclovate	Tier 3	PA Prior Authorization applies to brand name drug only.
Actemra prefilled syringe	Tier 3	SP PA QL 4 syringes/28 days, Covered under the pharmacy benefit. Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Activella	Tier 3	
Actoplus Met	Tier 3	
Actoplus Met XR	Tier 3	
Actos	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Acular	Tier 3	
Acular LS	Tier 3	
adapalene cream	Tier 3	PA
adapalene gel 0.1%	Tier 3	PA
adapalene gel 0.3%	Tier 3	PA
Adcirca	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Addyi	Tier 3	PA
Advicor	Tier 3	
Aemcolo	Tier 3	QL 12 tablets/fill
Agrylin	Tier 3	
Akynzeo	Tier 3	QL 1 capsule/fill; maximum QL=3 capsules/28 days
albendazole	Tier 3	
Alora	Tier 3	
Alphagan P 0.1%	Tier 3	
Alphagan P 0.15%	Tier 3	
Altabax	Tier 3	QL 1 tube/5 days
Altreno	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Amaryl	Tier 3	
Amicar oral solution	Tier 3	
Amicar tablets	Tier 3	
Angeliq	Tier 3	
Annovera	Tier 3	QL Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., 1 ring/year
Aplenzin	Tier 3	PA STPA Prior Authorization applies to members through age 12., Step Therapy Prior Authorization required for members 13 years of age and older.
apremilast	Tier 3	SP PA QL
Aricept	Tier 3	
Arikayce	Tier 3	
Arixtra	Tier 3	
armodafinil	Tier 3	PA QL
Arthrotec	Tier 3	
Atabex EC	Tier 3	
Atrovent nasal aerosol	Tier 3	QL 6 nasal spray units/90 days
Augmentin	Tier 3	
Avita	Tier 3	PA Prior Authorization required for members 26 years of age or older.
Avodart	Tier 3	
Aygestin	Tier 3	
Azasite	Tier 3	QL 1 bottle/7 days
Azilect	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Azulfidine	Tier 3	
Azulfidine EN-Tablets	Tier 3	
Bactrim/Bactrim DS	Tier 3	
Balcoltra	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Banzel	Tier 3	
Banzel 40 mg/mL suspension	Tier 3	
Baraclude tablets	Tier 3	
Baxdela	Tier 3	
Belbuca	Tier 3	PA QL 60 films/30 days
Belsomra	Tier 3	QL STPA 10 tablets/30 days
Benzamycin	Tier 3	
Besivance	Tier 3	
Betapace	Tier 3	
Betapace AF	Tier 3	
Betoptic S	Tier 3	
Beyaz	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Biaxin	Tier 3	
Bionect	Tier 3	
Bleph-10	Tier 3	
Blephamide	Tier 3	
Brevicon	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Brilinta	Tier 3	
Briviact	Tier 3	
Bronchitol	Tier 3	PA QL 20 capsules/day
Bunavail	Tier 3	PA
Buphenyl	Tier 3	
butalbital/acetaminophen/caffeine	Tier 3	
butalbital/acetaminophen/caffeine tabs	Tier 3	
Caduet	Tier 3	
Canasa	Tier 3	
Capex	Tier 3	PA
Capital w/Codeine	Tier 3	
Caplyta	Tier 3	STPA
Carafate	Tier 3	
Carbaglu	Tier 3	
Carbatrol	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Caverject	Tier 3	
Ceftin	Tier 3	
Cellcept	Tier 3	
Celontin	Tier 3	
Cequa	Tier 3	PA
Cetraxal	Tier 3	
Chemet	Tier 3	
chlordiazepoxide/clidinium	Tier 3	
chorionic gonadotropin	Tier 3	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Ciloxan	Tier 3	
Ciloxan ointment	Tier 3	
Cimzia	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 injections/28 days; Starter Kit: 1 fill/lifetime
Cipro	Tier 3	
Cipro HC Otic	Tier 3	
Citranatal Rx	Tier 3	
Claravis	Tier 3	
Clenpiq	Tier 3	May be covered at no copayment for members age 45 through 74
Cleocin	Tier 3	
Cleocin Pediatric	Tier 3	
Cleocin T	Tier 3	
Cleocin vaginal cream	Tier 3	
Cleocin vaginal suppositories	Tier 3	
clindamycin 1%/benzoyl peroxide 5%	Tier 3	
clindamycin phosphate foam 1%	Tier 3	
clindamycin/benzoyl peroxide gel	Tier 3	
Clindesse	Tier 3	
Clobex	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Cloderm	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Clozaril	Tier 3	STPA
Coenzyme Q10	Tier 3	PA
Colazal	Tier 3	
Colcrys	Tier 3	
colesevelam	Tier 3	
Combivir	Tier 3	
Comtan	Tier 3	
Concept DHA	Tier 3	
Concept OB	Tier 3	
Contrace	Tier 3	PA
Cordran	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Coreg	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Corgard	Tier 3	
Cortef	Tier 3	
Cortisporin	Tier 3	
Corvite 150	Tier 3	
Cosentyx	Tier 3	SP PA QL 75 & 150 mg: 1 syringe/28 days; 300 mg: 2 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Cosopt	Tier 3	
Cosopt PF	Tier 3	
Cresemba capsule	Tier 3	PA
cromolyn sodium nebulizer solution	Tier 3	QL 360 vials/90 days
Cutivate lotion	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Cyclella	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred
Cyclogyl	Tier 3	
Cytomel	Tier 3	
Cytotec	Tier 3	
D.H.E. 45	Tier 3	
Dantrium	Tier 3	
dapsone gel 7.5%	Tier 3	
Dayvigo	Tier 3	QL STPA 10 tablets/30 days
DDAVP	Tier 3	
Delestrogen	Tier 3	
Denavir	Tier 3	PA
Depakote	Tier 3	
Depakote ER	Tier 3	
Depakote Sprinkle	Tier 3	
Derma-N	Tier 3	
Derma-Smoothe/FS	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Dermotic	Tier 3	
Desowen cream	Tier 3	PA Prior authorization applies to brand name only
Desvenlafaxine ER	Tier 3	PA STPA Generic product covered only., Step Therapy Prior Authorization required for members 13 years of age and older., Prior Authorization applies to members through age 12.
desvenlafaxine ext-rel	Tier 3	PA STPA
Desvenlafaxine Fumarate ER	Tier 3	PA STPA Prior Authorization applies to members through age 12., Step Therapy Prior Authorization required for members 13 years of age and older., Generic product covered only.
desvenlafaxine fumarate ext-rel	Tier 3	PA STPA
Detrol	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Detrol LA	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
DiaBeta	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Diacomit	Tier 3	PA
Diamox Sequels	Tier 3	
Diastat/Diastat AcuDial	Tier 3	QL 1 kit (2 units)/fill
Dibenzyliline	Tier 3	
diclofenac sodium gel 3%	Tier 3	QL 200 grams/30 days and max 90 days per year
Dificid	Tier 3	PA
Dificid suspension	Tier 3	PA
Diffucan	Tier 3	
dihydroergotamine spray	Tier 3	QL
Dilantin	Tier 3	
Dilantin Infatabs	Tier 3	
Diovan	Tier 3	
Diovan HCT	Tier 3	
Diprolene	Tier 3	
Diprolene AF	Tier 3	PA Prior Authorization applies to brand name drug only.
Ditropan XL	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Divigel	Tier 3	
Doptelet	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
doxepin	Tier 3	Prior Authorization applies to members through age 12.
doxycycline hyclate delayed-rel tablets	Tier 3	
Drisdol	Tier 3	
Drizalma	Tier 3	QL STPA 20 mg: 60 capsules/30 days; 30 mg: 90 capsules/30 days; 40 mg: 90 capsules/30 days; 60 mg: 60 capsules/30 days
drospirenone	Tier 3	
drospirenone/estetrol	Tier 3	
Duetact	Tier 3	
Dutoprol	Tier 3	
Dyanavel XR	Tier 3	PA QL STPA Step Therapy Prior Authorization applies to members under the age of 25., Prior Authorization applies to members 25 years of age or older., 240 mL/30 days
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	
Efudex	Tier 3	
Egrifta SV	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Elestrin	Tier 3	
Eletone	Tier 3	
Elidel	Tier 3	STPA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Ella	Tier 3	QL Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., 1 tablet/fill
Elmiron	Tier 3	
Emend suspension	Tier 3	QL 3 units/7 days
Emsam	Tier 3	PA STPA Step Therapy Prior Authorization required for members 13 years of age and older., Prior Authorization applies to members through age 12.
Emtriva	Tier 3	
Emverm	Tier 3	
Enablex	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Entocort EC	Tier 3	
Epidiolex	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Epivir	Tier 3	
Epivir-HBV tablets	Tier 3	
Epzicom	Tier 3	
Equetro	Tier 3	
Ertaczo	Tier 3	
Eryped	Tier 3	
esgic capsules	Tier 3	
Estrace	Tier 3	
Estrogel	Tier 3	
Eurostep Fe	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred, Generic preferred
ethacrynic acid	Tier 3	
ethinyl estradiol-levonorgestrel	Tier 3	
Eucrisa	Tier 3	PA
Evamist	Tier 3	
Evista	Tier 3	No copayment required for women under Preventive Services
Evoxac	Tier 3	
Exelon capsules	Tier 3	
Exelon Patch	Tier 3	
Exelon solution	Tier 3	
Exforge	Tier 3	
Exforge HCT	Tier 3	
Exservan	Tier 3	
Fabior	Tier 3	PA Prior Authorization required for members 26 years of age or older.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Famvir	Tier 3	
Felbatol	Tier 3	
Feldene	Tier 3	
Femcon FE	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred
Femhrt 0.5 mg/2.5 mcg	Tier 3	
fenoprofen	Tier 3	
Feriva	Tier 3	
Ferralet 90	Tier 3	
Fintepla	Tier 3	PA
First-BXN	Tier 3	
First-Duke's Mouthwash	Tier 3	
First-Lansoprazole	Tier 3	QL 300 mL/30 days
First-Omeprazole	Tier 3	QL 300 mL/30 days
First-Vancomycin 25	Tier 3	QL 1 kit/25 days
Firvanq	Tier 3	QL 2 bottles/10 days
Flagyl	Tier 3	
Flarex	Tier 3	
Fleqsuvy	Tier 3	PA
Flomax	Tier 3	
Fluoroplex	Tier 3	
fluorouracil	Tier 3	
FML	Tier 3	
Follistim AQ	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Fortical	Tier 3	
Fragmin	Tier 3	
Freshkote	Tier 3	
frovatriptan	Tier 3	QL
Fusion Plus	Tier 3	
Fynetra	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 0.6 mL/14 days. Covered under the Prescription Drug Benefit when self-administered.
Gabitril 2 mg, 4 mg	Tier 3	
Ganirelix	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Gelnique	Tier 3	STPA
Gemtesa	Tier 3	STPA
Generess Fe	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

70

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Geodon	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Gleostine	Tier 3	SP For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Glucophage	Tier 3	
Glucophage XR	Tier 3	
Glucotrol XL	Tier 3	
Glynase	Tier 3	
Golytely	Tier 3	Generics may be covered at no copayment for members age 45 through 74
Granix prefilled syringe	Tier 3	SP PA QL 10 syringes/14 days. Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Grastek	Tier 3	PA
Grifulvin V tablets	Tier 3	
Hectorol	Tier 3	
Hepsera	Tier 3	
Hetlioz	Tier 3	PA QL 30 capsules/30days
Hetlioz oral suspension	Tier 3	PA QL 48 mL: 3 bottles/30 days; 158 mL: 1 bottle/30 days
Horizant	Tier 3	QL 60 tablets/30 days
hydrocodone bitartrate ER 24HR deterrent	Tier 3	QL
hydrocodone bitartrate ER 24HR deterrent 100 mg, 120 mg	Tier 3	PA QL 2 tablets/day
hydrocodone/chlorpheniramine	Tier 3	QL
Ilevro	Tier 3	
Imuran	Tier 3	
Inbrija	Tier 3	PA
Injection device for insulin (Humapen/Novopen)	Tier 3	
Innopran XL	Tier 3	
Inspira	Tier 3	
Integra F	Tier 3	
Integra Plus	Tier 3	
Intrarosa	Tier 3	
Intuniv	Tier 3	
Inveltys	Tier 3	
Iopidine 0.5%	Tier 3	
Iopidine 1%	Tier 3	
Irospan	Tier 3	
Isturisa	Tier 3	PA
Jatenzo	Tier 3	PA QL 158 mg, 237 mg: 2 capsules/day; 198 mg: 4 capsules/day
Jynarque	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Kaletra solution	Tier 3	
Kaletra tablets	Tier 3	
Kapvay	Tier 3	
Keflex	Tier 3	
Kenalog Spray	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Keppra	Tier 3	
ketoconazole foam 2%	Tier 3	
Keveyis	Tier 3	PA
Kevzara	Tier 3	SP PA QL 2 syringes/28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Kevzara auto-injector	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 injectors/28 days
Kineret	Tier 3	PA QL 28 syringes/28 days
Kisqali	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Kisqali Femara Co-Pack	Tier 3	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Kitabis Pak	Tier 3	
Klaron	Tier 3	
Lac-Hydrin	Tier 3	
lactic acid/citric acid/potassium bitartrate gel	Tier 3	
Lamictal	Tier 3	
Lamictal ODT	Tier 3	
Lamictal Starter Kit	Tier 3	
Lamictal XR	Tier 3	QL 25 mg: 90 tablets/90 days; 50 mg: 90 tablets/90 days; 100 mg: 90 tablets/90 days; 200 mg: 270 tablets/90 days; 250 mg: 180 tablets/90 days; 300 mg: 180 tablets/90 days
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	
Lampit	Tier 3	
Lanoxin	Tier 3	
lansoprazole soluble tablets	Tier 3	PA QL
lanthanum carbonate chew tabs	Tier 3	
Lasix	Tier 3	
Letairis	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Levatol	Tier 3	
Levbid	Tier 3	
levonorgestrel/EE 0.1/20 and iron	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Levsin	Tier 3	
Lexiva	Tier 3	
lidocaine patch 5%	Tier 3	PA QL
lidocaine/tetracaine cream	Tier 3	QL
linezolid 100 mg/5 mL oral suspension	Tier 3	
Lithobid	Tier 3	
Livtency	Tier 3	PA QL 4 tablets/day
Locoid Lipocream	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Lodosyn	Tier 3	
Loestrin	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred, Generic preferred
Loestrin Fe	Tier 3	PA Generic preferred, Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Lomotil	Tier 3	
lomustine	Tier 3	SP
Loprox	Tier 3	
LoSeasonique	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred
Lotemax	Tier 3	
Lotensin	Tier 3	
Lotronex	Tier 3	
Lucemyra	Tier 3	QL 132 tablets/fill
Lumigan	Tier 3	STPA
Luride Lozi-Tabs	Tier 3	No copayment required for children through age 6. Coverage is excluded for members age 16 and older.
Luxiq	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Lybalvi	Tier 3	STPA
Lysteda	Tier 3	QL 30 tablets/28 days
Macrobid	Tier 3	
Macrodantin	Tier 3	
Malarone	Tier 3	
Marplan	Tier 3	PA Prior Authorization applies to members through age 12
Mavenclad	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 10 tablets/30 days
Mavik	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Maxaron Forte	Tier 3	
Maxidex	Tier 3	
Maxitrol	Tier 3	
Maxzide	Tier 3	
Maxzide-25	Tier 3	
meclofenamate	Tier 3	
Medrol	Tier 3	
mefenamic acid	Tier 3	
Menest	Tier 3	
Mepron suspension	Tier 3	
mesna tablets 400 mg	Tier 3	
Mesnex	Tier 3	For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Mestinon	Tier 3	
Mestinon Timespan	Tier 3	
metformin ext-rel	Tier 3	PA
methamphetamine	Tier 3	PA QL
methenamine/hyoscyamine/methylene blue/phenyl sali	Tier 3	
methotrexate oral solution	Tier 3	PA
methylphenidate ER osmotic release 72 mg	Tier 3	PA QL
Metoclopramide orally disintegrating tablets 10 mg	Tier 3	QL 120 tablets/30 days
metoprolol tartrate 37.5 mg, 75 mg	Tier 3	
Metozolv ODT 5 mg	Tier 3	QL 120 tablets/30 days
MetroCream	Tier 3	
MetroLotion	Tier 3	
metronidazole 375 mg capsules	Tier 3	
Miacalcin nasal	Tier 3	
Migergot suppository	Tier 3	
miglustat	Tier 3	PA
Millipred	Tier 3	
Minastrin 24 Fe	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred
Minipress	Tier 3	
Minivelle	Tier 3	
minocycline SR	Tier 3	
Mirapex	Tier 3	
Mirapex ER	Tier 3	
Mircette	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Mobic	Tier 3	
Modicon	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred
Mulpleta	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Multaq	Tier 3	
MUSE	Tier 3	
Myalept	Tier 3	PA QL 30 injections/30 days
Myambutol	Tier 3	
Mycapssa	Tier 3	PA
Mycobutin	Tier 3	
Myfortic	Tier 3	
Myrbetriq	Tier 3	STPA
Myrbetriq suspension	Tier 3	STPA
Mysoline	Tier 3	
Nalfon	Tier 3	
Namenda	Tier 3	
naproxen suspension	Tier 3	
Nayzilam	Tier 3	PA QL 1 box (2 nasal spray units)/fill, Prior authorization required through age 11; Covered for age 12 and older
Necon 10/11	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Neevo DHA	Tier 3	
Neoral	Tier 3	
Nephrocaps	Tier 3	
Neupogen	Tier 3	SP PA QL 10 vials (1 mL and 1.6 mL)/14 days; Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Neupogen/Single-Ject	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 10 syringes/14 days; Covered under the Prescription Drug Benefit when self-administered.
Neupro	Tier 3	
Neurontin	Tier 3	
Nevanac	Tier 3	
Nexium 24HR OTC	Tier 3	Only OTC esomeprazole products are covered.
Nextstellis	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Niaspan	Tier 3	
Nitro-Dur	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

nitrofurantoin suspension	Tier 3	
Nitrolingual	Tier 3	
Nitrostat	Tier 3	
Nivestym	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 10 syringes/14 days; Covered under the Prescription Drug Benefit when self-administered.
norethindrone/EE	Tier 3	
norethindrone/EE 0.4/35 and iron chewable	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Norinyl 1+35	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred
Norpace	Tier 3	
Norpace CR	Tier 3	
Nor-QD	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Nourianz	Tier 3	PA QL 30 tablets/30 days
Novaferrum oral solution	Tier 3	
Noxafil oral suspension	Tier 3	PA
Nucynta ER	Tier 3	QL 60 tablets/30 days
Nulytely	Tier 3	
Numoisyn	Tier 3	
Nuvaring	Tier 3	PA Generic preferred; Prior Authorization applies to brand name drug only., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Nuvessa	Tier 3	
Nuzyra tablets	Tier 3	
Nymalize	Tier 3	
Nyvepria	Tier 3	SP PA QL 0.6 mL [1 syringe]/14 days, Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
OB Complete caplet	Tier 3	
OB Complete DHA	Tier 3	
Obtrex DHA	Tier 3	
Ocuflox	Tier 3	
Odactra	Tier 3	PA
Ofev	Tier 3	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 60 capsules/30 days
Olumiant	Tier 3	SP PA QL 1 unit/day, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Olux foam 0.05%	Tier 3	PA Prior Authorization applies to both brand and generic drug.
omeprazole/sodium bicarbonate capsules	Tier 3	PA QL
Onfi	Tier 3	
Ongentys	Tier 3	PA QL 30 capsules/30 days
Onzetra Xsail	Tier 3	QL STPA 16 units/30 days
Oralair	Tier 3	PA
Orapred ODT	Tier 3	
Orencia auto-injector / prefilled syringe	Tier 3	SP PA QL 4 auto-injectors / syringes/28 days, Orencia auto-injectors / syringes are covered under the pharmacy benefit only, prior authorization applies. Orencia vials are covered under the medical benefit only, prior authorization applies., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Ortho Micronor	Tier 3	PA Generic preferred, Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ortho Tri-Cyclen	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred, Generic preferred, Generic preferred
Ortho Tri-Cyclen Lo	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Ortho-Cyclen	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred, Generic preferred
Ortho-Novum 1/35	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Ortho-Novum 7/7/7	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred, Generic preferred
Osphena	Tier 3	
Otezla	Tier 3	SP PA QL 60 tablets/30 days; Starter Kit: 1 fill/lifetime, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 1 starter kit fill only
Ovcon 35	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
oxaprozin	Tier 3	
Oxaydo	Tier 3	QL 5 mg: 12 tablets/day, 7.5 mg: 8 tablets/day
Oxervate	Tier 3	PA
Oxistat cream	Tier 3	
Oxtellar XR	Tier 3	
Palforzia capsules	Tier 3	PA
Palforzia packets	Tier 3	PA
Pancreaze	Tier 3	
Pandel	Tier 3	PA
Panretin	Tier 3	
Parlodel	Tier 3	
PCE	Tier 3	
peg 3350/electrolytes	Tier 3	Generics may be covered at no copayment for members age 45 through 74
PegIntron	Tier 3	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Peridex	Tier 3	
Persantine	Tier 3	
Pertzye	Tier 3	
Pexeva	Tier 3	PA STPA Prior Authorization applies to members through age 12., Step Therapy Prior Authorization required for members 13 years of age and older.
phendimetrazine ext-rel	Tier 3	
Phexxi	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
pirfenidone	Tier 3	SP QL
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	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Plegridy	Tier 3	SP QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 pens or syringes/28 days; one starter pack as a one-time fill only
Plenvu	Tier 3	May be covered at no copayment for members age 45 through 74
Pletal	Tier 3	
Polytrim	Tier 3	
Ponstel	Tier 3	
posaconazole delayed-release tablets	Tier 3	PA
Precose	Tier 3	
Pred Forte	Tier 3	
Prednisone Intensol	Tier 3	
Premarin	Tier 3	
Premphase	Tier 3	
Prenatal Vitamins	Tier 3	
Preque 10	Tier 3	
Pretomanid	Tier 3	
Prevacid	Tier 3	PA QL 90 capsules/90 days; Quantity Limitation (QL) only applies to the brand name., Prior Authorization applies to brand name drug only.
Prevacid Solutab	Tier 3	PA QL Prior Authorization for the generic drug required for members older than 12 years of age. Prior Authorization for the brand name drug required for all ages, 90 tablets/90 days
Prevalite	Tier 3	
Prevpac	Tier 3	
Prevymis tablets	Tier 3	PA
Prilosec	Tier 3	PA QL Prior Authorization applies to brand name drug only., 90 capsules/90 days; Quantity Limitation (QL) only applies to the brand name.
Prilosec Oral Suspension	Tier 3	PA QL PA for members > 12 years., 90 packets/90 days
Primsol	Tier 3	
Prinivil	Tier 3	
ProctoFoam-HC	Tier 3	
Prograf	Tier 3	
Prograf granules	Tier 3	
Prolate solution	Tier 3	QL 30 mL/day
Prolensa	Tier 3	
Prometrium	Tier 3	
Protonix	Tier 3	PA QL 90 tablets/90 days; Quantity Limitation (QL) only applies to the brand name., Prior Authorization applies to brand name drug only.
Protopic ointment	Tier 3	STPA
Provera	Tier 3	
Psorcon	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Pulmicort Respules	Tier 3	QL 180 vials/90 days
Purixan	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Qbrexza	Tier 3	PA QL 30 pads/30 days
Qelbree	Tier 3	PA QL 100 mg: 1 capsule/day; 150 mg: 2 capsules/day; 200 mg: 3 capsules/day
Qsymia	Tier 3	PA
Qualaquin	Tier 3	
Quartette	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Quillivant XR	Tier 3	PA QL STPA 360 mL/30 days, Step Therapy Prior Authorization applies to members under the age of 25., Prior Authorization applies to members 25 years of age or older.
Radiogardase	Tier 3	
Ragwitek	Tier 3	PA
Rapamune	Tier 3	
Rasuvo	Tier 3	
Ravicti	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Razadyne ER	Tier 3	
Recorlev	Tier 3	PA QL 8 tablets/day
Rectiv Ointment	Tier 3	QL 1 tube/30 days
Reglan	Tier 3	
Releuko	Tier 3	SP PA QL 10 injections/14 days, Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Retrovir	Tier 3	
Revia	Tier 3	
Rexulti	Tier 3	QL STPA 1 tablet/day
Reyataz	Tier 3	
Rhopressa	Tier 3	STPA
ribociclib	Tier 3	SP PA
ribociclib and letrozole	Tier 3	SP PA
Rilutek	Tier 3	
Risperdal	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Rocaltrol	Tier 3	
Rocklatan	Tier 3	STPA
Rowasa	Tier 3	
Rythmol	Tier 3	
Rythmol SR	Tier 3	
Sabril	Tier 3	
Safyral	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

80

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Salagen	Tier 3	
Sancuso	Tier 3	QL 1 patch/7 days
Sandimmune	Tier 3	
Santyl	Tier 3	
Seasonique	Tier 3	PA Generic preferred, Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Secuado	Tier 3	STPA
segesterone acetate/ethinyl estradiol	Tier 3	QL
Select-OB + DHA	Tier 3	
Seroquel XR	Tier 3	STPA
Siliq	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 2 syringes/28 days
Silvadene	Tier 3	
Silvrstat	Tier 3	
Sinemet	Tier 3	
Singulair	Tier 3	
Sivextro tablets	Tier 3	
Slynd	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
sodium picosulfate/magnesium oxide/citric acid	Tier 3	
sodium sulfate/magnesium sulfate/potassium chlorid	Tier 3	
sodium sulfate/potassium sulfate/magnesium sulfate	Tier 3	
Solosec	Tier 3	
Soma 350 mg	Tier 3	
Somavert	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Soolantra cream 1%	Tier 3	
Soriatane	Tier 3	
Sotyлизe 5 mg/mL	Tier 3	
Stalevo	Tier 3	
Stavzor	Tier 3	
Stimate	Tier 3	SP Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Stromectol	Tier 3	QL 20 tablets/90 days
Subsys	Tier 3	QL 30 bottles/30 days
Sucraid	Tier 3	
sucrafate suspension	Tier 3	
sumatriptan/naproxen 85 mg/500 mg	Tier 3	PA QL

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

81

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Sunosi	Tier 3	PA QL 30 tablets/30 days
Suprax capsules, suspension	Tier 3	
Suprax tablets	Tier 3	
Suprep	Tier 3	May be covered at no copayment for members age 45 through 74
Sustiva	Tier 3	
Sutab	Tier 3	May be covered at no copayment for members age 45 through 74
Symbyax	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Symfi	Tier 3	
Symfi Lo	Tier 3	
SymlinPen	Tier 3	
Sympazan	Tier 3	PA
Synalar	Tier 3	PA Prior Authorization applies to brand name drug only.
Synalar solution	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Synarel	Tier 3	PA
Synthroid	Tier 3	
Taltz	Tier 3	SP PA QL One 80 mg auto-injector/syringe per 28 days, Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Tapazole	Tier 3	
Tarka	Tier 3	
Tasmar	Tier 3	
Tavalisse	Tier 3	QL 60 tablets/30 days
Tavneos	Tier 3	PA
Taytulla	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Tazorac cream 0.1%	Tier 3	PA Prior Authorization required for members 26 years of age and older.
Tegretol	Tier 3	
Tegretol-XR	Tier 3	
Tekturna	Tier 3	
Tekturna HCT	Tier 3	
Temovate	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Temovate-E	Tier 3	PA Prior Authorization applies to both brand and generic drug.
Terazol Vaginal cream	Tier 3	
teriparatide	Tier 3	SP PA
Tessalon Perles	Tier 3	
testosterone 1.62% gel	Tier 3	
tetracycline	Tier 3	
Texacort	Tier 3	PA
thalidomide	Tier 3	SP PA

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Thalomid	Tier 3	SP PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Thiola	Tier 3	
Thiola EC	Tier 3	
Thyquidity	Tier 3	
Tiglutik	Tier 3	
Tikosyn	Tier 3	
Timoptic	Tier 3	
Timoptic-XE	Tier 3	
Tirosint	Tier 3	
Tirosint-sol	Tier 3	
Tlando	Tier 3	PA QL 4 capsules/day
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	PA Prior Authorization applies to both brand and generic drug.
Toprol-XL	Tier 3	
Trandate	Tier 3	
Transderm Scop	Tier 3	
tretinoin gel 0.05%	Tier 3	PA
tretinoin gel microsphere 0.04%, 0.1%	Tier 3	PA
Tricare DHA	Tier 3	
Trileptal	Tier 3	
trimipramine	Tier 3	PA Prior Authorization applies to members through age 12
Tri-Norinyl	Tier 3	PA Generic preferred, Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Trintellix	Tier 3	PA STPA Prior Authorization applies to members through age 12., Step Therapy Prior Authorization required for members 13 years of age and older.
Trizivir	Tier 3	
Trusopt	Tier 3	
Tussicaps	Tier 3	QL 2 capsules/day

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Twirla Dis	Tier 3	Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
Tyvaso DPI powder	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Udenyca	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 0.6 mL/14 days, Covered under the Prescription Drug Benefit when self-administered.
ulipristal	Tier 3	QL
Uloric	Tier 3	STPA
Ultra CoQ10 75 mg	Tier 3	PA
Ultravate	Tier 3	PA Prior Authorization applies to brand name drug only.
Upneeq	Tier 3	PA
Uptravi	Tier 3	SP PA Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Urogesic Blue	Tier 3	
Urso	Tier 3	
Urso Forte	Tier 3	
Valcyte Solution	Tier 3	
Valtoco	Tier 3	PA QL 1 box (2 blister packs) per fill
Vancocin	Tier 3	
Vanos	Tier 3	PA QL Prior Authorization applies to both brand and generic drug., 240 grams/30 days
Varubi	Tier 3	QL 2 capsules/fill; 6 capsules/30 days
Vaseretic	Tier 3	
Vasotec	Tier 3	
Velphoro chewable	Tier 3	PA
venlafaxine ext-rel tablets 225 mg	Tier 3	
Ventolin nebulizer solution	Tier 3	QL 9 dropper bottles/90 days
Versacloz	Tier 3	STPA
Vesicare	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Vesicare LS	Tier 3	STPA
Vfend	Tier 3	
Vfend suspension	Tier 3	
Vibramycin	Tier 3	
Viokace	Tier 3	
Viramune	Tier 3	
Viramune XR	Tier 3	
Viread	Tier 3	
Viread 300 mg	Tier 3	
Vistaril	Tier 3	
Vitafol-OB + DHA	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Vitatriue	Tier 3	
Viva DHA	Tier 3	
Vivelle-Dot	Tier 3	
Voltaren gel 1%	Tier 3	QL 2 tubes/each fill
Vraylar	Tier 3	STPA
Vtama 1% cream	Tier 3	PA
Vyleesi	Tier 3	PA QL 8 pens/30 days
Vyvanse	Tier 3	PA QL STPA 30 capsules/30 days, Prior Authorization applies to members 25 years of age or older., Step Therapy Prior Authorization applies to members under the age of 25.
Vyvanse Chew	Tier 3	PA QL STPA Step Therapy Prior Authorization applies to members under the age of 25., Prior Authorization applies to members 25 years of age or older., 30 tablets/30 days
Vyzulta	Tier 3	STPA
Wakix	Tier 3	PA QL 60 tablets/30 days
Winlevi	Tier 3	PA
Xadago	Tier 3	PA
Xartemis XR	Tier 3	QL 120 tablets/30 days
Xatmep	Tier 3	PA For plans subject to the Massachusetts oral cancer therapy mandate, this drug may have a cost share of \$0 for up to a 30-day supply. Please check your benefit document.
Xeljanz	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 60 tablets/30 days
Xeljanz XR	Tier 3	SP PA QL Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767., 30 tablets/30 days
Xelpros	Tier 3	STPA
Xenical	Tier 3	PA
Xenleta	Tier 3	
Xepi	Tier 3	QL 1 tube/fill
Xermelo	Tier 3	
Xodol	Tier 3	QL 5/300: 8 tablets/day; 7.5/300: 6 tablets/day
Xofluza	Tier 3	QL 2 tablets per fill, max 2 fills per 365 days
Xopenex inhalation solution	Tier 3	
Xtampza ER	Tier 3	QL 60 capsules/30 days
Xyrem	Tier 3	PA QL 18 mL/day
Xywav	Tier 3	PA QL 18 mL/day
Yasmin	Tier 3	PA Generic preferred, Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.
YAZ	Tier 3	PA Contraceptive covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group., Generic preferred
Zanaflex	Tier 3	
Zarontin	Tier 3	

CM Cancer Mandate
NTM New-to-Market
SI Specialty Infusion
WH Women's Health

MM Mandatory Mail
PA Prior Authorization
SP Designated Specialty Pharmacy
ACA Preventive Service

NC Non Covered Drugs
QL Quantity Limitation Program
STPA Step Therapy Prior Authorization
LCG Low Cost Generic

Zebeta	Tier 3	
Zegerid capsules	Tier 3	PA QL 90 capsules/90 days, Prior Authorization applies to brand name drug only.
Zegerid oral packets	Tier 3	PA QL 90 packets/90 days
Zemplar	Tier 3	
Zestoretic	Tier 3	
Zestril	Tier 3	
Zetia	Tier 3	
Ziac	Tier 3	
Ziagen	Tier 3	
Ziextenzo	Tier 3	SP PA QL 1 syringe/14 days, Covered under the Prescription Drug Benefit when self-administered., Medication must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767.
Zioptan	Tier 3	STPA
Zirgan	Tier 3	
Zithromax	Tier 3	
Zmax	Tier 3	
Zolpimist 5 mg Spray	Tier 3	QL STPA 1 metered spray unit/30 days
Zonatuss	Tier 3	
Zontivity	Tier 3	
Zortress	Tier 3	
Ztalmy	Tier 3	PA
Zubsolv	Tier 3	PA
Zuplenz	Tier 3	QL 10 films/7 days
Zyflo	Tier 3	
Zylet	Tier 3	
Zyloprim	Tier 3	
Zyprexa	Tier 3	STPA Step Therapy Prior Authorization applies to brand name drug only.
Zyprexa Zydis	Tier 3	STPA Step Therapy Prior Authorization applies to both brand and generic drug.
Zyvox 100 mg/5 mL oral suspension	Tier 3	
Zyvox 600 mg tablets	Tier 3	

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