

Prescription Drug Coverage- Commercial

Note: Tier 1 – lowest copay level; Tier 2 – mid copay level; Tier 3 – highest copay level

For 5-tier formulary- Tier 4-lowest specialty tier; Tier 5-highest specialty tier

Step Therapy Drug changes effective January 1, 2027:

For Health New England (HNE) to cover the Step Therapy drugs listed here, you first must try the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 365 days, then you are eligible for coverage of the Step Therapy drug.

The use of samples does not satisfy the requirements of documented usage of a First Line drug or Medical Necessity for a Step Therapy drug.

If it is Medically Necessary for you to use a Step Therapy drug before trying a First Line drug, then your provider can contact HNE to request a medical review.

All new Step Therapy requirements apply only to new prescriptions.

You must try:	First Line Drugs:	• Linzess, lubiprostone and lactulose
Before HNE will cover:	Step Therapy Drug(s):	• Trulance

Tier Changes Effective January 1, 2027

Drug Name	Tier before 1/1/27	For 3-tier formulary: Tier on or after 1/1/27	For 5-tier formulary: Tier on or after 1/1/27
RESTASIS multidose *cyclosporine ophthalmic emulsion 0.05% (generic Restasis) is covered with prior authorization.	T2	Not covered	Not covered
GILENYA 0.5mg capsules *fingolimod 0.5 mg capsules (generic Gilenya) is covered with prior authorization.	T3	Not covered	Not covered

**Effective January 1, 2027, The Following Medications Are Not Covered.
See Below for Covered Formulary Alternatives**

- Prolia/Xgeva- Formulary Alternatives: denosumab biosimilars

Effective January 1, 2027, The Following Medications will no longer be covered under medical benefit. Only covered under pharmacy benefit

- Ocrevus
- Ocrevus Zunovo