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 July 1, 2026:

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 180 or 365 days (depending on the first line drug), 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:**	• Sevelamer carbonate 800mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Sevelamer carbonate packet 0.8gm
You must try:	**First Line Drugs:**	• Sevelamer carbonate 800mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Sevelamer carbonate packet 2.4gm
You must try:	**First Line Drugs:**	• Sevelamer carbonate 800mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Sevelamer HCL 800mg tablet
You must try:	**First Line Drugs:**	• Sevelamer carbonate 800mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Sevelamer HCL 400mg tablet

Tier Changes Effective July 1, 2026

Drug Name	Tier before 7/1/26	Tier on or after 07/1/26
Tezspire	**Medical Tier**	**Tier 2**
Xolair	**Tier 3**	**Tier 2**
Nucala	**Tier 3**	**Tier 2**
Dupixent	**Tier 3**	**Tier 2**

Effective July 1, 2026, The Following Medication will have quantity limit change

Drug Name	Quantity limit before 7/1/26	Quantity limit after 07/1/26
Escitalopram 20mg tablet	**1.5 tablets per day**	**2 tablets per day**

Effective July 1, 2026 The Following Medications Require Prior Authorization Thru Optum

- **Methitest 10mg tablets**

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***
• **Methyltestosterone 10mg capsules**
Effective July 1, 2026 The Following Medications will be Not Covered
• **Doxercalciferol** • **Paricalcitol**
Effective July 1, 2026 The Following Medications will be Covered
• **Oxybutynin chloride solution 5mg/5ml with a quantity limit of 30ml per day**
Effective July 1, 2026, The Following Medications Are Not Covered. See Below for Covered Formulary Alternatives
• **Stelara -** Formulary Alternatives: Starjemza,Yesintek, and Wezlana