INTRODUCTION

Mass General Brigham Health Plan covers a wide variety of safe and effective medications for treating our members’ medical needs. This list of the plan's covered medications shows the tier in which medications are placed. You can use this list to find out if your drug is covered and at which tier. Check the plan documents such as the schedule of benefits, the summary of benefits and coverage, or the benefit handbook for details on coverage and cost sharing. If you are a member, you can also can view your prescription drug coverage information by logging in to Member.MassGeneralBrighamHealthPlan.org.

This list of covered medications is continually updated based on recommendations by Mass General Brigham Health Plan's Pharmacy & Therapeutics Committee.

It is always a good idea to discuss your medication options with your doctor to decide which is the most appropriate to treat your specific medical condition.

LEGEND

$0 Zero Dollar Copay
AL Age Limit
M90 Maintenance 90 drug
PA Prior Authorization
QL Quantity Limit
SP Specialty Drug
ST Step Therapy
PD Preferred Drug
MB Available on the medical benefit only
Dual Available on medical and pharmacy benefit
CAPITALIZED Indicates a brand name drug
lowercase Indicates a generic drug

NOTICE

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When viewing the document via the Internet, please be advised that the document is updated periodically, and changes may appear prior to their effective date to allow for client notification. This list is subject to change at any time.

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