

Medicare Advantage Formulary Notice of Changes – February 2026

Applicable Plans: Duals (One Care and SCO)

Mass General Brigham Medicare Advantage plans may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, depending on the type of change, there may be different options to consider. For example:

You may be able to use another drug on our Drug List to treat your medical condition.

You, your prescriber, or your authorized representative may also ask for an exception. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call Customer Care at 1-888-816-6000 (TTY: 711). Customer Care hours: October 1 - March 31, 8:00 am - 8:00 pm, seven days a week. April 1- September 30, 8:00 am - 8:00 pm, Monday through Friday.

Name of Affected Drug	Description of Change	Effective Date
Anzupgo cream	Added to the Formulary with Prior Authorization and Quantity Limitations	02/01/2026
Brinsupri tablet	Added to the Formulary with Prior Authorization and Quantity Limitations	02/01/2026
Dificid tablet (Brand)	Immediate Generic Substitution – Brand Removal Addition of generic <i>fidaxomicin tablet</i>	02/01/2026
Eohilia suspension	Added to the Formulary with Prior Authorization	02/01/2026
Exxua tablet	Added to the Formulary with Step Therapy and Quantity Limitations	02/01/2026
Gleostine capsule (Brand)	Immediate Generic Substitution – Brand Removal Addition of generic <i>lomustine capsules</i>	02/01/2026
Gralise tablet (Brand)	Immediate Generic Substitution – Brand Removal Addition of generic <i>gabapentin once-daily tablet</i>	02/01/2026
Inluriyo tablet	Added to the Formulary with Prior Authorization and Quantity Limitations	02/01/2026
Orlynvah tablet	Added to the Formulary with Prior Authorization and Quantity Limitations	02/01/2026
Otezla XR tablet and Otezla XR Starter pack	Added to the Formulary with Prior Authorization and Quantity Limitations	02/01/2026
Ravicti oral liquid (Brand)	Immediate Generic Substitution – Brand Removal Addition of generic <i>glycerol phenylbutyrate oral liquid</i>	02/01/2026
Rytary CR capsule (Brand)	Immediate Generic Substitution – Brand Removal Addition of generic <i>carbidopa/levodopa er capsule</i>	02/01/2026
Tracleer tablet soluble (Brand)	Immediate Generic Substitution – Brand Removal Addition of generic <i>bosentan tablet soluble</i>	02/01/2026
Zurnai auto-injector	Added to the Formulary	02/01/2026