

## Medicare Advantage Formulary Notice of Changes – April 2024

Mass General Brigham’s 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. Alternative drug(s) are provided below to help your prescriber to find a covered drug that might work for you. Ask your prescriber if one of the possible alternative drug(s) is right for you.

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 1-855-344-0930 (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. Holidays, you may be asked to leave a message.

Name of Affected Drug	Description of Change	Effective Date
Bijuva capsule	Added to the Formulary	4/1/2024
bromfenac 0.07% ophthalmic drop ( <i>generic Prolensa</i> )	Added to the Formulary	4/1/2024
gabapentin once-daily tablet ( <i>generic Gralise</i> )	Added to the Formulary with Prior Authorization and Quantity Limitations	4/1/2024
Iwilfin tablet	Added to the Formulary with Prior Authorization	4/1/2024
Paxlovid	Added to the Formulary with Quantity Limitations	4/1/2024
Penbraya	Added to the Formulary	4/1/2024
risperidone microsphere IM injection ( <i>generic Risperdal Consta</i> )	Added to the Formulary with Quantity Limitations	4/1/2024