

Commercial Formulary Updates

January 1, 2026

We have made the following updates to our formulary (list of covered medications) for pharmacy and/or medical specialty benefits. As part of this update, certain medications may:

- Be added to the formulary
- Have updated prior authorization (PA) and/or step therapy (ST) status
- No longer be on the formulary (non-formulary)
- No longer be covered (plan exclusion)
- Have updated quantity or day supply limits (QL)
- Switch tiers
- Switch between pharmacy or medical benefit

MEDICATION NAME	3 Tier Plan	4 Tier Plan	6 Tier Plan	Notes
REPATHA	PB: Tier 2, PA, QL	PB: Tier 3, PA, QL	PB: Tier 3, PA, QL	Moved from the nonpreferred brand tier to the preferred brand tier.
PRALUENT	Tier 2, PA, SP, QL	Tier 3, PA, SP, QL	Tier 5, PA, SP, QL	Moved from preferred brand tier to the nonpreferred brand tier.
BKEMV VIAL	MB: PA	MB: PA	MB: PA	Added to the medical benefit
EPYSQLI	MB: PA	MB: PA	MB: PA	Added to the medical benefit
LULICONAZOLE CREAM 1%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TRIAMCINOLONE ACETONIDE OINT 0.05%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
BRILINTA	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
ABILIFY MYCITE	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
ABRAXANE	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
ACETAZOLAMIDE SODIUM FOR INJ 500 MG	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.

ADALIM-AATY	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved from preferred specialty to nonpreferred specialty tier.
ADALIMU-BWWD	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved from preferred specialty to nonpreferred specialty tier.
ADALIMUMAB-ADAZ	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved to non-preferred specialty tier.
ADALIMUMAB-FKJP	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved to non-preferred specialty tier.
ADALIMU-RYVK	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved from preferred specialty to nonpreferred specialty tier.
ADCETRIS	MB: PA	MB: PA	MB: PA	Added prior authorization.
AJOVY	PB: Tier 3, PA, QL	PB: Tier 4, PA, QL	PB: Tier 4, PA, QL	Moved from preferred brand tier to the nonpreferred brand tier.
AKYNZEO IV	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
ALMOTRIPTAN MALATE TABLET	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
ALOCRI	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
AMIKACIN SULFATE INJECTION	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
AMJEVITA (NUVAILA)	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved to non-preferred specialty tier.
APHEXDA	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
ASPARLAS	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
ATGAM	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
AVTOZMA IV	PB: Tier 3, PA, SP, QL MB: PA	PB: Tier 4, PA, SP, QL MB: PA	PB: Tier 6, PA, SP, QL MB: PA	Added to the pharmacy formulary and medical benefit.

BELRAPZO	MB: PA	MB: PA	MB: PA	Added prior authorization.
BELSOMRA	PB: Tier 3, PA, QL	PB: Tier 4, PA, QL	PB: Tier 4, PA, QL	Moved from prior authorization to step therapy status.
BENDEKA	MB: PA	MB: PA	MB: PA	Added prior authorization.
BEPOTASTINE BESILATE OPHTH SOLN 1.5%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
BETOPTIC S	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
BILDYOS	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary and medical benefit.
BILPREVDA	MB: PA	MB: PA	MB: PA	Added to the pharmacy formulary and medical benefit.
	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	
BISMUTH SUBCIT- METRONIDAZOLE- TETRACYCLINE CAP 140-125-125 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
BLINCYTO	MB: PA	MB: PA	MB: PA	Added prior authorization.
BOMYNTRA VIAL, PFS	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary and medical benefit.
	MB: PA	MB: PA	MB: PA	
BONJESTA	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
BORTEZOMIB FOR INJ 3.5 MG	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
BRUKINSA CAPSULE	PB: Oncology, SP, QL	PB: Oncology, SP, QL	PB: Oncology, SP, QL	Removed prior authorization.
BUPIVACAINE HCL PRESERVATIVE FREE (PF)	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
BUPIVACAINE W/ EPINEPHRINE (PF)	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
BUPRENEX	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
CALCIPOTRIENE- BETAMETHASONE	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

DIPROPIONATE OINT 0.005-0.064%				
CAPEX	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
CEFUROXIME SODIUM FOR INJ	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
CEFUROXIME SODIUM FOR IV	MB: No PA	MB: No PA	MB: No PA	Added to the medical benefit
CEPHALEXIN CAP 750 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
CHLORPROMAZINE HCL INJ	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
CIPRO HC	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
COLESEVELAM HCL PACKET	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
COLUMVI	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
CONEXXENCE PFS	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary and medical benefit.
	MB: PA	MB: PA	MB: PA	
COPAXONE	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
CROTAN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
CYRAMZA	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
CYTOGAM	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
DANYELZA	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
DARZALEX/FASPRO	MB: PA	MB: PA	MB: PA	Added prior authorization.
DAYVIGO	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.

DEPO-TESTOSTERONE	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DESLORATADINE TAB ORALLY DISINTEGRATING 2.5 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DESLORATADINE TAB ORALLY DISINTEGRATING 5 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DIAZEPAM INJ 5 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
DIFFERIN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DIGOXIN INJ 0.25 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
DOXEPIN HCL CREAM 5%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DOXYCYCLINE HYCLATE TAB 150 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DOXYCYCLINE HYCLATE TAB 75 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 100 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 150 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 200 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 75 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DOXYCYCLINE MONOHYDRATE CAP 75 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DURYSTA	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
ELZONRIS	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
ENHERTU	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.

EQUETRO	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
ERTACZO	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
EXSERVAN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FABIOR	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FENOFIBRATE CAP 150 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FENOFIBRATE CAP 50 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FENOFIBRATE MICRONIZED CAP 90 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FENOFIBRATE TAB 40 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FENOPROFEN CALCIUM CAP 400 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FENOPROFEN CALCIUM TAB 600 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FEXMID	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FLOLIPID	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FLUVASTATIN SODIUM CAPSULE	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FLUVASTATIN SODIUM TABLET ER 24 HR	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
FOSPHENYTOIN SODIUM INJ 100 MG/2ML (PHENYTOIN EQUIV)	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
FRINDOVYX	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.

FYARRO	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
GAZYVA	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
GENTAMICIN SULFATE INJ 40 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
GIMOTI	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
GLATIRAMER ACETATE SOLN PREFILLED SYRINGE	PB: Tier 1, SP, QL	PB: Tier 2, SP, QL	PB: Tier 5, SP, QL	Added to the pharmacy formulary.
HARLIKU	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
HELIDAC THERAPY	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
HELIDAC THERAPY PACK	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
HIDEX 1.5 MG TABLET 6-DAY 21 COUNT TAPER PACK	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
HYDRALAZINE HCL INJ 20 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
HYDROXYZINE HCL IM SOLN 25 MG/ML	MB: No PA	MB: No PA	MB: No PA	Added to the medical benefit
HYDROXYZINE HCL IM SOLN 50 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
IBRANCE	PB: PA	PB: PA	PB: PA	Added prior authorization.
IDOSE TR	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
INFUGEM	MB: PA	MB: PA	MB: PA	Added prior authorization.
INJECTAFER INJ 100/2ML	MB: PA	MB: PA	MB: PA	Added prior authorization.
INJECTAFER INJ 1000/20	MB: PA	MB: PA	MB: PA	Added prior authorization.
INJECTAFER INJ 750/15ML	MB: PA	MB: PA	MB: PA	Added prior authorization.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

JATENZO	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
JELMYTO	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
JYNARQUE	PB: Tier 1, SP, QL	PB: Tier 2, SP, QL	PB: Tier 5, SP, QL	Added to the pharmacy formulary.
KADCYLA	MB: PA	MB: PA	MB: PA	Added prior authorization.
KHAPZORY	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
KYXATA	MB: PA	MB: PA	MB: PA	Added prior authorization.
KYZATREX	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
LEVOTHYROXINE SODIUM CAPSULE	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
LIDOCAINE HCL IV	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
LIDOCAINE HCL LOCAL INJ 0.5%	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
LIDOCAINE HCL LOCAL INJ 1%	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
LIDOCAINE HCL LOCAL INJ 2%	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
LIDOCAINE INJ 0.5% W/ EPINEPHRINE-1:200000	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
LIDOCAINE W/ EPINEPHRINE	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
LIDOCAINE INJ 2% W/ EPINEPHRINE-1:100000	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
LINCOMYCIN HCL INJ 300 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
LIRAGLUTIDE (SAXENDA)	PB: Excluded	PB: Excluded	PB: Excluded	Removed from the pharmacy formulary.
LYMPHIR IV	MB: PA	MB: PA	MB: PA	Added prior authorization.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

LYNOZYFIC IV	MB: PA	MB: PA	MB: PA	Added prior authorization.
MAGNESIUM SULFATE INJ 50%	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
MECLIZINE HCL TAB 50 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MEFENAMIC ACID CAP 250 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MELOXICAM SUSP 7.5 MG/5ML	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
METAXALONE TAB 400 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
METAXALONE TAB 800 MG	PB: Tier 1	PB: Tier 2	PB: Tier 2	Removed step therapy status.
METHYLPREDNISOLONE INJECTION	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MIGERGOT	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MINOCYCLINE HCL TAB 100 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MINOCYCLINE HCL TAB 50 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MINOCYCLINE HCL TAB 75 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MINOCYCLINE HCL TAB ER 24HR 135 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MINOCYCLINE HCL TAB ER 24HR 45 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MINOCYCLINE HCL TAB ER 24HR 90 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
MONOFERRIC	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
MOTOFEN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
NAFTIFINE HCL CREAM 2%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

NAFTIN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
NAGLAZYME	MB: PA	MB: PA	MB: PA	Added prior authorization.
NALBUPHINE HCL INJ 10 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
NALBUPHINE HCL INJ 20 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
NAPROXEN TAB EC 500 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
NEVANAC	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
NEXVIAZYME	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
NGENLA	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
NORITATE	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
OMECLAMOX-PAK	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
ONIVYDE	MB: PA	MB: PA	MB: PA	Added prior authorization.
ONTRUZANT	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
ORBACTIV	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
ORLYNVAH	PB: Tier 3, PA, QL	PB: Tier 4, PA, QL	PB: Tier 4, PA, QL	Added to the pharmacy formulary.
ORPHENADRINE CITRATE INJ 30 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
OSPOMYV	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary and medical benefit.
OXACILLIN SODIUM FOR INJ	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.

OXACILLIN SODIUM FOR IV	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
OXICONAZOLE NITRATE CREAM 1%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
OXISTAT	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
PACLITAXEL ALBUMIN-BOUND	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
PADCEV	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
PEMETREXED	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
PEMRYDI RTU	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
PENCICLOVIR CREAM 1%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
PHESGO SOL	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
POSFREA	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
PREDNISOLONE SOD PHOSPHATE ORAL SOLN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
PROCAINAMIDE HCL INJ 500 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
PROCHLORPERAZINE EDISYLATE INJ 10 MG/2ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
PYLERA	PB: Tier 1	PB: Tier 2	PB: Tier 2	Added to the pharmacy formulary.
QUAZEPAM	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
QUVIVIQ	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
QUZYTIR	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
REMODULIN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

REZZAYO	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
ROPIVACAINE HCL INJ 10 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
RYPLAZIM	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
SARCLISA	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
SAXENDA	PB: Excluded	PB: Excluded	PB: Excluded	Removed from the pharmacy formulary.
SELARSDI	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Move to preferred specialty tier.
SENSORCAINE	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
SENSORCAINE WITH EPINEPHRINE	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
SIMLANDI	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Move to preferred specialty tier.
SITAVIG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
SIVEXTRO	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
SKYTROFA	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
SOGROYA	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
SOLIRIS	PB: Excluded MB: PA	PB: Excluded MB: PA	PB: Excluded MB: PA	Removed from the pharmacy formulary.
SOLU-MEDROL	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
SOTYLIZE	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
STELARA	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved to nonpreferred specialty tier.
STEQEYMA	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Move to preferred specialty tier.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

SULCONAZOLE NITRATE CREAM 1%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
SULCONAZOLE NITRATE SOLUTION 1%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
SUSTOL	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
TAPERDEX	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TAZAROTENE (ACNE) FOAM 0.1%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TAZAROTENE GEL 0.1%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TERBUTALINE SULFATE INJ 1 MG/ML	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
TERLIVAZ	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
TIGAN	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
TIROSINT	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TOBRAMYCIN SULFATE	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
TOLMETIN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TOLVAPTAN TAB 15 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TRETINOIN MICROSPHERE GEL 0.08%	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TRIANEX	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TRITOCIN	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
TROGARZO	MB: No PA	MB: No PA	MB: No PA	Removed prior authorization on the medical benefit.
UNLOXCYT IV	MB: PA	MB: PA	MB: PA	Added prior authorization.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

VABRINTY	PB: \$0, PA, SP, QL MB: PA	PB: \$0, PA, SP, QL MB: PA	PB: \$0, PA, SP, QL MB: PA	Added to the pharmacy formulary and medical benefit.
VARDENAFIL HCL TAB 10 MG	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
VECTIBIX	MB: PA	MB: PA	MB: PA	Added prior authorization.
VEGZELMA	MB: PA	MB: PA	MB: PA	Removed from the pharmacy formulary.
VIVIMUSTA	MB: PA	MB: PA	MB: PA	Added prior authorization.
WEGOVIY	PB: Excluded	PB: Excluded	PB: Excluded	Removed from the pharmacy formulary.
WEZLANA	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved to nonpreferred specialty tier.
XBRYK	PB: Tier 3, PA, SP, QL MB: PA	PB: Tier 4, PA, SP, QL MB: PA	PB: Tier 6, PA, SP, QL MB: PA	Added to the pharmacy formulary and medical benefit.
XYOSTED	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
YONDELIS	MB: PA	MB: PA	MB: PA	Added prior authorization.
YUFLYMA	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Move to preferred specialty tier.
ZENZEDI	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
ZEPBOUND	PB: Excluded	PB: Excluded	PB: Excluded	Removed from the pharmacy formulary.
ZEPZELCA	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
ZILRETTA	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
ZOLPIDEM ER	PB: Tier 1, QL	PB: Tier 2, QL	PB: Tier 2, QL	Removed step therapy status.
ZYNLONTA	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.

ZYNYZ	MB: PA	MB: PA	MB: PA	Added prior authorization on the medical benefit.
-------	--------	--------	--------	---

Term	Definition
PB	This medication is only available on the pharmacy benefit .
MB	This medication is only available on the medical benefit .
DLU	Drug Look Up
Dual	These medications are available on both the pharmacy benefit and medical benefit . If a member has a pharmacy carve out this drug is only available through the medical benefit.
Tier X	The copay tier this medication will fall on under your benefit design.
QL	Quantity limit
AL	This medication has an age limit/restriction .
PA	This medication requires a prior authorization .
ST	This medication is a part of a step therapy program and may require a prior authorization.
SP	This medication has been designated as a specialty drug . Specialty medications are limited to a maximum of 30 days, unless otherwise specified, and must be filled at a contracted specialty pharmacy.
NF	These medications are considered non-formulary . They are not included in Mass General Brigham's formulary.
Excluded	Mass General Brigham does not cover these medications. Members will receive a denial for all excluded medication requests.

For additional information about your pharmacy benefit please see your member handbook or pharmacy benefit brochure.