Mass General Brigham
Health Plan

Commercial Formulary Updates

July 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
ENOBY	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Added to the pharmacy formulary.
XTRENBO	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Added to the pharmacy formulary.
TYSABRI	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Moved to non-preferred specialty tier.
PALSONIFY	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
FORZINITY	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
ANDEMBRY	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
AUKELSO	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
AVTOZMA	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
BOSAYA	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
DAWNZERA	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
DAYBUE	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
EKTERLY	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
JASCAYD	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
JESDUVROQ	PB: Tier 3, PA, SP	PB: Tier 4, PA, SP	PB: Tier 6, PA, SP	Added to the pharmacy formulary.
KYGEVVI	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.

REDEMPLO	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
RIVFLOZA	PB: Tier 3, PA, SP	PB: Tier 4, PA, SP	PB: Tier 6, PA, SP	Added to the pharmacy formulary.
STARJEMZA 130/26ML, 45/0.5ML, & 90MG/ML	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
WAYRILZ	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
DOPTELET SPRINKLE CAPSULE	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Added to the pharmacy formulary.
LYNKUET	PB: Tier 3, PA, QL	PB: Tier 4, PA, QL	PB: Tier 4, PA, QL	Added to the pharmacy formulary.
BACLOFEN 5MG	PB: Tier 1	PB: Tier 2	PB: Tier 2	Added to the pharmacy formulary.
LACOSAMIDE SOLUTION	PB: Tier 1, QL	PB: Tier 2, QL	PB: Tier 2, QL	Added to the pharmacy formulary.
REVIVE SPRAY	PB: $0	PB: $0	PB: $0	Added to the pharmacy formulary.
HYRNUO	PB: Oncology Copay, PA, SP, QL	PB: Oncology Copay, PA, SP, QL	PB: Oncology Copay, PA, SP, QL	Added to the pharmacy formulary.
KOMZIFTI	PB: Oncology Copay, PA, SP, QL	PB: Oncology Copay, PA, SP, QL	PB: Oncology Copay, PA, SP, QL	Added to the pharmacy formulary.
KRAZATI	PB: Oncology Copay, PA, SP, QL	PB: Oncology Copay, PA, SP, QL	PB: Oncology Copay, PA, SP, QL	Added to the pharmacy formulary.

The following products were removed from the formulary.

ABIRATERONE TABLET 500MG	JAYTHARI TABLET	PRILOSEC POWDER FOR ORAL SUSPENSION
ACTIVNUTRIENTS CHEW TAB	JENLIVA CAPSULE	PRIMIDONE TABLET 125MG
ACUVAIL OPHTHALMIC SOLUTION	K/NA CITRATE CITRIC ACID SOLUTION	PROCORT CREAM
AJOVY AUTOINJECTOR, PREFILLED SYRINGE	KARBINAL ER SUSPENSION	PROCYSBI CAPSULE
ALAVERT D-12 TABLET	KETOPROFEN ER CAPSULE 200MG	PROCYSBI GRANULES PACKET
ALTITUSS LIQUID	KETOROLAC TROMETHAMINE INJ 30MG/ML	PROFOLA TABLET
AMOXICILLIN CAPSULE/ CLARITHROMYCIN TABLET/ LANSOPRAZOLE DR CAPSULE	KEYFOLIC TABLET	PROLATE TABLET
ANALPRAM HC LOTION	KEYLOSA TABLET	PROMETHAZINE HYDROCHLORIDE/PHENYLEPHRINE HYDROCHLORIDE ORAL SOLUTION
ANUCORT-HC SUPPOSITORY	KLARITY-A DROPS	PROMETHAZINE VC SYRUP

APOKYN INJECTION*	KLARITY-C OPTHALMIC EMULSION	PROXIVOL GEL 2%
BAXDELA TABLET	KLOR-CON/EF TABLET	PYQUVI ORAL SUSPENSION
BELLADONNA/OPIUM SUPPOSITORY	KONVOMEP SUSPENSION	QDOLO ORAL SOLUTION
BENSAL HP OINTMENT	K-PHOS NO 2 TAB	QUFLORA PED CHEWABLE TABLET
BESIFLOXACIN OPHTHALMIC SUSPENSION	KYMBEE TABLET	RABEPRAZOLE DR CAP 10MG
BIOCOTRON ORAL LIQUID	LANSOPRAZOLE ODT	RAYAVIT TABLET
BLUJEPA TABLET	LANTHANUM CHEW TAB	RECORLEV TABLET
BP (SULFACETAMIDE SODIUM W/ SULFUR) EMULSION 10-1%)	LEVOCETIRIZINE ORAL SOLUTION	RELEVIA TABLET 27-1MG
BUDESONIDE ER TABLET	LEVORPHANOL TABLET	RELISTOR TABLET
BUTALBITAL/APAP/CAFFEINE 50 MG/325 MG/40 MG CAPSULE	LIDOCAINE TOPICAL SOLUTION 4%	REZUROCK TABLET
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAP 50MG-300MG-40MG-30 MG	LIQREV SUSPENSION	RIVASTIGMINE TRANSDERMAL PATCH
BUTRANS TRANSDERMAL PATCH*	LOTEMAX OPHTHALMIC OINTMENT 0.5%	ROLVEDON INJECTION
CALCIPOTRIENE AEROSOL FOAM	LOTEPREDNOL OPHTHALMIC SUSPENSION 0.5%	ROXICODONE TABLET 15 MG, 30 MG*
CAMCEVI INJECTION	LUTRATE DEPOT INJECTION	SAFETUSSIN DM LIQUID
CAMZYOS CAPSULE	MATRONEX TABLET	SALICYLIC ACID AEROSOL FOAM
CANDESARTAN TABLET	MATZIM LA TABLET	SALICYLIC ACID ER TOPICAL SOLUTION 28.5%
CANDESARTAN/HCTZ TABLET	MAXTUSSIN DM LIQUID	SALICYLIC ACID OINTMENT
CARBAMAZEPINE CHEWABLE TABLET 200MG	MECLOFENAMATE SODIUM CAPSULE	SALICYLIC ACID SHAMPOO
CARBINOXAMINE ER SUSPENSION 4MG/5ML	MESALAMINE DR TABLET 800MG	SALSALATE TABLET
CARDURA XL TABLET	METAXALONE TABLET 800MG	SELECT-OB CHEWABLE TABLET
CARVEDILOL ER CAPSULE	METHENAMINE MANDELATE TABLET	SELECT-OB+DHA PAK
CAYSTON	METHYLENE BLUE INJECTION	SELENIUM SULFIDE SHAMPOO 2.25%
CEM-UREA SOLUTION 45%	METHYLPHENIDATE TRANSDERMAL PATCH	SEVENFACT INJECTION
CHENODAL TABLET	METHYLTESTOSTERONE CAPSULE	SILVER NITRATE TOPICAL SOLUTION
CHLORDIAZEPOXIDE/CLIDINIUM CAPSULE	METOPIRONE CAPSULE	SODIUM SULFACETAMIDE GEL 10%

CHROMAGEN CAPSULE	METRONIDAZOLE CAP 375MG	SODIUM SULFACETAMIDE LIQUID WASH 10%
CINRYZE INJECTION	MICOTRIN AC CREAM	SODIUM SULFACETAMIDE SHAMPOO
CITRANATAL 90 DHA	MICOTRIN AL LIQUID	SODIUM SULFACETAMIDE SHAMPOO 9.8%
CITRANATAL ASSURE	MONOVISC INJECTION	SODIUM SULFACETAMIDE/SULFUR LIQUID 9-4.5%
CITRANATAL B-CALM	MORPHINE SULFATE SUPPOSITORY	SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%
CITRANATAL HARMONY	MS CONTIN TABLET*	SODIUM SULFACETAMIDE/SULFUR CREAM 9.8-4.8%
CLARINEX-D 12-HOUR TABLET	MUCOLYTE-DM LIQUID	SODIUM SULFACETAMIDE/SULFUR EMULSION 10-1%
CLINDAMYCIN GEL 1% ONCE-DAILY	MULTIPRO CAPSULE	SODIUM SULFACETAMIDE/SULFUR LIQUID 10-2%
CLOBETASOL AEROSOL 0.05% FOAM	MULTITAM TABLET	SODIUM SULFACETAMIDE/SULFUR LIQUID 10-5%
CLONIDINE TRANSDERMAL PATCH	MULTITOL-M TABLET	SODIUM SULFACETAMIDE/SULFUR LIQUID 9.8-4.8%
CONZIP CAPSULE	MUPIROCIN CREAM 2%	SODIUM SULFACETAMIDE/SULFUR LOTION 10-5%
COREVIA TABLET	MYCAPSSA CAPSULE	SODIUM SULFACETAMIDE/SULFUR SUSPENSION 8-4%
CORPHENA ORAL SOLUTION	NAFTIFINE CREAM 1%	SODIUM SULFACETAMIDE/SULFUR TOPICAL LOTION 9.8-4.8%
CORTANE-B LOTION	NAFTIFINE GEL 2%	SORBUGEN NR LIQUID
COVARYX TABLET	NALOCET TABLET	SORILUX AEROSOL FOAM
COVARYX HS TABLET	NAPROXEN SUSPENSION	SSS 10-5 AEROSOL 10-5% FOAM
CYCLOBENZAPRINE TAB 7.5MG	NAPROXEN DR TAB 375MG	STROVITE ONE TABLET
CYTRA K CRYSTALS	NEEVO DHA CAPSULE	SULFACETAMIDE SODIUM W/ SULFUR LIQUID WASH 9-4%
DAPSONE GEL	NEONATAL COMPLETE TABLET	SULFACLEANSE SUSPENSION 8-4%
DAYAVITE TABLET	NEONATAL PLUS TABLET	SULFAMEZ EMULSION 10-1%
DEFERIPRONE TABLET	NESTABS TAB	SULFAMYLON CREAM
DEFLAZACORT SUSPENSION	NESTABS DHA PAK	SYNTHROID TABLET*
DEFLAZACORT TABLET	NIACIN TABLET 500MG	SYNVISC INJECTION
DERMACINRX RIBOTIN-E TABLET	NIACOR TABLET 500MG	SYNVISC ONE INJECTION

DESLORATADINE TABLET	NICADAN TABLET	TALIVA CAPSULE
DESMOPRESSIN SOLUTION 1.5MG/ML	NICARDIPINE CAPSULE	TARPEYO CAPSULE
DESOXIMETASONE CREAM 0.05%	NICAZEL TABLET	TASCENSO ODT
DESOXIMETASONE OINTMENT 0.05%	NICAZEL FORTE TABLET	TELMISARTAN/HCTZ TABLET
DEXLANSOPRAZOLE DR CAPSULE	NISOLDIPINE ER TABLET	TESTOSTERONE GEL 1.62%
DIABETIC TUSSIN LIQUID COUGH DM	NITRO-DUR TRANSDERMAL PATCH	TETRACAINE INJECTION
DIABETIC TUSSIN LIQUID DM	NITRO-TIME ER CAPSULE	TIMOLOL MALEATE OPHTHALMIC GEL SOLUTION 0.5%
DIATROL TABLET	NORGESIC TABLET	TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25%
DICLOFENAC SODIUM/ MISOPROSTOL TABLET	NUCYNTA ER TABLET	TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.5%
DILAUDID TABLET*	NUJO SOLUTION	TIMOLOL OPHTHALMIC GEL FORMING SOLUTION 0.25%
DILTIAZEM CD CAPSULE 360MG	NULEV TABLET	TIZANIDINE CAPSULE 2 MG, 4 MG, 8 MG
DILTIAZEM ER CAPSULE 120MG	NUTRALYN TABLET	TLANDO CAPSULE
DILTIAZEM ER TABLET 120 MG, 180 MG, 240MG, 300 MG, 360 MG, 420 MG	NUVESSA GEL	TOLNAFI-AL LIQUID
DILTIAZEM ER CAPSULE 360MG	NYPOZI	TOVET AEROSOL FOAM
DOJOLVI LIQUID	OB COMPLETE TABLET	TRAMADOL HCL CAPSULE ER
DONNATAL ELIXIR GRAPE	OB COMPLETE DHA CAP	TRAMADOL HCL TABLET 25MG, 75 MG
DONNATAL ELIXIR MINT	OB COMPLETE ONE CAP	TRAMADOL ORAL SOLUTION 5MG/ML
DOXERCALCIFEROL CAPSULE	OB COMPLETE PETITE CAPSULE	TRETINOIN MICROSPHERE GEL 0.04%
DOXYCYCLINE CAPSULE 40MG	OB COMPLETE PREMIER TABLET	TRETINOIN MICROSPHERE GEL 0.1%
DOXYCYCLINE MONOHYDRATE CAP 150MG	OCTREOTIDE KIT 10MG, 20 MG, 30 MG	TRETINOIN MICROSPHERE GEL 0.1% PUMP
DROXIDOPA CAPSULE	OLOPATADINE NASAL SPRAY	TRETINOIN MICROSPHERE PUMP GEL 0.04% PUMP
EC-NAPROXEN TABLET 375MG	OLPRUVA PAK	TRIAMCINOLONE ACETONIDE AEROSOL SPRAY
ECOZA AEROSOL FOAM	OMEPRAZOLE/SODIUM BICARBONATE CAPSULE	TRIAMTERENE CAPSULE
EEMT (ESTERIFIED ESTROGENS & METHYLTESTOSTERONE) TABLET	OMEPRAZOLE/SODIUM BICARBONATE POWDER FOR ORAL SUSPENSION	TRICITRATES SOLUTION

EEMT HS (ESTERIFIED ESTROGENS & METHYLTESTOSTERONE) TABLET	ONDANSETRON 16MG ODT	TRISTART DHA CAP
ENALAPRIL ORAL SOLUTION	ONEVITE TABLET	TRITONACIDE SOLUTION
EPINEPHRINE NASAL SOLUTION	OPIUM TINCTURE ORAL SOLUTION	UREA CREAM 39%
EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3MG (NOT generic EpiPen)	ORACIT SOLUTION	UREA CREAM 45%
ESGIC CAPSULE	ORPHENADRINE/ASPIRIN/CAFFEINE TAB	UREA CREAM 47%
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS TABLET	OXYCODONE AND ACETAMINOPHEN TABLET 7.5MG-300MG	UREA LOTION 40%
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE TABLET	OXYCODONE HCL TAB ABUSE DETER 15 MG	UREDEB CREAM 39%
ESTRATEST FS TABLET	OXYCODONE/APAP TABLET 10MG-300MG	VALSARTAN ORAL SOLUTION 20MG/5ML
ESTRATEST HS TABLET	OXYCODONE/APAP TABLET 2.5MG-300MG	VARDENAFIL ODT
EVERVITA TABLET	OXYCODONE/APAP TABLET 5MG-300MG	VEMLIDY TABLET
FEM PH GEL	PALYNZIQ INJECTION	VENEXA TABLET
FENOFIBRATE CAPSULE 130MG	PANTOPRAZOLE SODIUM DR SUSPENSION PACKET	VENEXA FE TABLET
FENOFIBRIC ACID TABLET 35MG, 105 MG	PAPAVERINE INJECTION	VENLAFAXINE ER TABLET 37.5MG, 75MG, 150 MG
FERRIPROX TWICE-A-DAY TABLET	PENICILLAMINE CAPSULE	VENTRIXYL TABLET
FESOTERODINE ER TABLET	PERCOCET TABLET*	VENTRIXYL FE TABLET
FINAZOL TABLET	PHENOBARBITAL/ HYOSCYAMINE SULFATE/ ATROPINE SULFATE/ SCOPOLAMINE ELIXIR	VEREGEN OINTMENT
FLUOXETINE TABLET 20MG	PHENOBARBITAL/ HYOSCYAMINE SULFATE/ ATROPINE SULFATE/ SCOPOLAMINE TABLET	VINATE DHA CAP 27-1.13MG
FOLAMAX TABLET	PHENOHYTRO ELIXIR	VITAFOL ULTRA CAP
FOLAPRIME TABLET	PHENOHYTRO TABLET	VITAFOL-NANO TAB
FOLATEN TABLET	PHENTERMINE TABLET 8MG	VITAFOL-OB TAB 65-1MG
FOLIFLEX TABLET	PHOSPHA 250 NEUTRAL TABLET	VITAFOL-OB+DHA PAK
FOLITIN-Z TABLET	PHOSPHOLINE OPHTHALMIC SOLUTION	VITAFOL-ONE CAPSULE

FOLIXIA TABLET	PLEXION NS SHAMPOO 9.8%	VITAMEDMD ONE RX/QUATREFOLIC CAP
FORTEO INJECTION	PONVORY TABLET	VITAMEZ CAPSULE
GEL-ONE INJECTION	PONVORY TABLET STARTER PACK	VITAPEARL CAPSULE
GLIPIZIDE TABLET 2.5MG	POTASSIUM CHLORIDE POWDER 40MEQ	VITATHELY TABLET
GLYCEROL PHENYLBUTYRATE LIQUID	POTASSIUM IODIDE ORAL SOLUTION	VITRAMYN TABLET
HC PRAMOXINE CREAM 2.5-1%	PRAMIPEXOLE ER TABLET	VITRANOL TABLET
HC PRAMOXINE RECTAL CREAM 2.5-1%	PRAMIPEXOLE ER TABLET	VITRANOL FE TABLET
HEMMOREX-HC SUPPOSITORY	PRAMOSONE CREAM 1-1%	VITREXATE TABLET
HETLIOZ LQ SUSPENSION	PRAMOSONE LOTION 2.5%	VITREXATE FE TABLET
HOVYN SOLUTION	PRAMOSONE OINTMENT 1%	VITREXYL TABLET
HUMATROPE	PRAMOSONE OINTMENT 2.5%	VITREXYL IRON TABLET
HYDROCORTISONE ACETATE SUPPOSITORY	PRAMOXINE-HC LOTION	VIVJOA CAPSULE
HYDROMORPHONE SUPPOSITORY	PREDNISOLONE TABLET	WELLFOLA TABLET
HYLAZINC TABLET	PREDNISONE INTENSOL CONCENTRAL ORAL SOLUTION	WESNATE DHA CAPSULE
HYOSCYAMINE SULFATE ORAL DROPS 0.125/ML	PREMESISRX TABLET	WESTGEL DHA CAPSULE
HYOSYNE DROPS 0.125MG/ML	PRENA1 CHEWABLE TABLE	XADAGO TABLET
ILEVRO OPHTHLAMIC DROPS	PRENA1 PEARL CAPSULE	XUREA CREAM 39%
IMBRUVICA TABLET 140MG, 280 MG	PRENAISSANCE CAPSULE	XYVONA TABLET
INDOMETHACIN SUSPENSION	PRENATAL PLUS TABLET	YONSA TABLET
IROSPAN 24/6	PRENATE AM TABLET	ZELAPAR ODT
ISOSORBIDE DINITRATE TABLET 40MG	PRENATE CHEWABLE TABLET 0.6-0.4MG	ZILEUTON ER TABLET
ISTURISA TABLET	PRENATE ENHANCE CAP	ZINTREXYL-C TABLET
IYUZEH OPHTHALMIC DROPS	PRENATE MINI CAPSULE	ZITHRANOL SHAMPOO
JAVYGTOR PAK*	PRENATE RESTORE CAPSULE	ZOMIG NASAL SPRAY 2.5 MG
JAVYGTOR POWDER FOR ORAL SOLUTION*	PRENATRIX TABLET	ZYCLARA PUMP CREAM 2.5%
JAVYGTOR TABLET*	PRENATRYL TABLET	
JAYTHARI SUSPENSION	PREV-RX TABLET	

*Coverage of generic not impacted

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.