

Commercial Formulary Updates

January 1, 2025

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
KINSULA IV	MB: PA	MB: PA	MB: PA	Added to the medical benefit with prior authorization
IQIRVO	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
VAFSEO	PB: Tier 3, PA, SP	PB: Tier 4, PA, SP	PB: Tier 6, PA, SP	Added to the pharmacy formulary.
VTAMA	PB: Tier 3, PA, QL	PB: Tier 4, PA, QL	PB: Tier 4, PA, QL	Added to the pharmacy formulary.
CREXONT	PB: Tier 3, PA	PB: Tier 4, PA	PB: Tier 4, PA	Added to the pharmacy formulary.
AMJEVITA (NUVAILA)	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Added to the pharmacy formulary.
WEZLANA SC LW	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Added to the pharmacy formulary.
WEZLANA IV	MB: PA	MB: PA	MB: PA	Added to the medical benefit with prior authorization
DYSPORT	PB: Tier 2, PA, QL	PB: Tier 3, PA, QL	PB: Tier 3, PA, QL	Moved to preferred brand tier.
XEOMIN	PB: Tier 2, PA, QL	PB: Tier 3, PA, QL	PB: Tier 3, PA, QL	Moved to preferred brand tier.
OMVOH SC	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Moved to preferred brand specialty tier.

OMVOH IV	MB: PA	MB: PA	MB: PA	Added to the medical benefit with prior authorization
TALTZ	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Moved to preferred brand specialty tier.
HYPERRHO S/D INJ 300MCG	PB: Tier 3	PB: Tier 4	PB: Tier 4	Removed from specialty.
HYPERRHO S/D INJ 50MCG	PB: Tier 3	PB: Tier 4	PB: Tier 4	Removed from specialty.
MICRHOGAM PL INJ 50MCG	PB: Tier 3	PB: Tier 4	PB: Tier 4	Removed from specialty.
PALFORZIA	PB: Tier 3, PA, QL	PB: Tier 4, PA, QL	PB: Tier 4, PA, QL	Removed from specialty.
RHOGAM PLUS	PB: Tier 3	PB: Tier 4	PB: Tier 4	Removed from specialty.
WINRHO SDF	PB: Tier 3	PB: Tier 4	PB: Tier 4	Removed from specialty.
TREMFYA VIAL	MB: PA	MB: PA	MB: PA	Added to the medical benefit .
DAXXIFY	PB: Tier 3, PA, QL	PB: Tier 4, PA, QL	PB: Tier 4, PA, QL	Moved to non-preferred brand tier.
EPKINLY	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
PEMFEXY	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
AVONEX	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Added to the pharmacy formulary.
AXTLE	MB: PA	MB: PA	MB: PA	Added to the medical benefit with prior authorization
BORUZU	MB: PA	MB: PA	MB: PA	Added to the medical benefit with prior authorization
DALFAMPRIDINE ER	PB: Tier 2, SP, QL	PB: Tier 3, SP, QL	PB: Tier 5, SP, QL	Removed prior authorization.
REVUFORJ	PB: \$0 copay, PA, SP	PB: \$0 copay, PA, SP	PB: \$0 copay, PA, SP	Added to the pharmacy formulary.
SIMLANDI KIT	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.

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

VUMERITY	PB: Tier 2, SP, QL	PB: Tier 3, SP, QL	PB: Tier 5, SP, QL	Removed prior authorization.
VYLOY	MB: PA	MB: PA	MB: PA	Added to the medical benefit with prior authorization

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.

