

Commercial Formulary Updates

October 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
Egrifta WR	Tier 3; PA, SP, QL (4 vials per 28 days)	Tier 4; PA, SP, QL (4 vials per 28 days)	Tier 6; PA, SP, QL (4 vials per 28 days)	Added to the pharmacy benefit.
Saphnelo prefilled syringe	Tier 3; PA, SP, QL (4 syringes per 28 days)	Tier 4; PA, SP, QL (4 syringes per 28 days)	Tier 6; PA, SP, QL (4 syringes per 28 days)	Added to the pharmacy benefit.
almotriptan tablet	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days
eletriptan tablet	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days
frovatriptan tablet	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days
naratriptan tablet	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days
rizatriptan tablet	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days
rizatriptan ODT	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days
sumatriptan tablet	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days
zolmitriptan tablet	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days
zolmitriptan ODT	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	QL (18 tablets per 30 days)	Quantity limit increased to 18 tablets per 30 days

Andembry 200/1.2	Tier 3; PA, SP, QL (1 autoinjector/28 days)	Tier 4; PA, SP, QL (1 autoinjector/28 days)	Tier 6; PA, SP, QL (1 autoinjector/28 days)	Added to the pharmacy benefit.
Ekterly	Tier 3; PA, SP, QL (8 tablets/30 days)	Tier 4; PA, SP, QL (8 tablets/30 days)	Tier 6; PA, SP, QL (8 tablets/30 days)	Added to the pharmacy benefit.
Dawnzera autoinjector	Tier 3; PA, SP, QL (1 autoinjector/28 days)	Tier 4; PA, SP, QL (1 autoinjector/28 days)	Tier 6; PA, SP, QL (1 autoinjector/28 days)	Added to the pharmacy benefit.
Wayrilz tablet	Tier 3; PA, SP, QL (2 tablets/day)	Tier 4; PA, SP, QL (2 tablets/day)	Tier 6; PA, SP, QL (2 tablets/day)	Added to the pharmacy benefit.
Doptelet sprinkle capsules	Tier 2; PA, SP, QL (2 capsule/days)	Tier 3; PA, SP, QL (2 capsules/day)	Tier 5; PA, SP, QL (2 capsules/day)	Added to the pharmacy 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.

