

Commercial Formulary Updates

November 1, 2024

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
RINVOQ LQ (UPADACITINIB) ORAL SOLUTION	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Added to the pharmacy formulary.
SPEVIGO (SPESOLIMAB-SBZO) SC INJECTION	PB: Tier 3, PA, QL, SP	PB: Tier 4, PA, QL, SP	PB: Tier 6, PA, QL, SP	Added to the pharmacy formulary and medical benefit.
LAZCLUZE (LAZERTINIB)	MB: PA PB: \$0, PA, SP, QL	MB: PA PB: \$0, PA, SP, QL	MB: PA PB: \$0, PA, SP, QL	Added to the pharmacy formulary.
TEVIMBRA (TISLELIZUMAB-JSGR) IV INJECTION	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
VORANIGO (VORASIDENIB) TABLET	PB: \$0, PA, SP, QL	PB: \$0, PA, SP, QL	PB: \$0, PA, SP, QL	Added to the pharmacy formulary.
TECENTRIQ HYBREZA (ATELOZIUMAB-HYALURONIDASE-TQJS) INJECTION	PB: \$0, PA, SP, QL	PB: \$0, PA, SP, QL	PB: \$0, PA, SP, QL	Added to the pharmacy formulary.
FEMLYV (NORETHINDRONE ACETATE/ETHINYL ESTRADIOL) ORALLY DISINTEGRATING TABLET	PB: \$0	PB: \$0	PB: \$0	Added to the pharmacy formulary.
VABYSMO (FARICIMAB-SVOA) PREFILLED SYRINGE	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
GLIMEPIRIDE 3 MG TABLET	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
DUVYZAT (GIVINOSTAT) ORAL SUSPENSION	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.

APHEXDA (MOTIXAFORTIDE)	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
XOLREMDI (MAVORIXAFOR) CAPSULE	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
ANKTIVA (NOGAPENDEKIN ALFA INBAKICEPT-PMLN)	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
IMDELLTRA (TARLATAMAB-DLLE)	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
ENTRESTO SPRINKLE (SACUBITRIL/VALSARTAN) ORAL PELLETS	PB: Tier 2, PA	PB: Tier 3, PA	PB: Tier 3, PA	Added to the pharmacy formulary.
LIRAGLUTIDE (ABA VICTOZA) PEN	PB: Tier 2, PA, QL	PB: Tier 3, PA, QL	PB: Tier 5, PA, QL	Added to the pharmacy formulary.
ACTHAR GEL (CORTICOTROPIN SC GEL) AUTOINJECTOR	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
ZORYVE 0.15% CREAM	PB: Tier 3, PA, QL	PB: Tier 4, PA, QL	PB: Tier 4, PA, QL	Added to the pharmacy formulary.
ADBRY (TRALOKINUMAB- LDRM) AUTOINJECTOR	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.

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.

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

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

