

# Commercial Formulary Updates

November 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
VYKAT XR	PB: Tier 3, PA, SP	PB: Tier 4, PA, SP	PB: Tier 6, PA, SP	Added to the pharmacy formulary.
ONETOUCH	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
ONETOUCH TEST STRIPS	PB: NF	PB: NF	PB: NF	Removed from the pharmacy formulary.
ACCU-CHECK TEST STRIP	PB: \$0, QL (300/30 days)	PB: \$0, QL (300/30 days)	PB: \$0, QL (300/30 days)	Added to the pharmacy formulary.
ACCU-CHECK METERS	PB: \$0, QL (1/365 days)	PB: \$0, QL (1/365 days)	PB: \$0, QL (1/365 days)	Added to the pharmacy formulary.
FREESTYLE TEST STRIPS	PB: \$0, QL (300/30 days)	PB: \$0, QL (300/30 days)	PB: \$0, QL (300/30 days)	Added to the pharmacy formulary.
FREESTYLE METERS	PB: \$0, QL (1/365 days)	PB: \$0, QL (1/365 days)	PB: \$0, QL (1/365 days)	Added to the pharmacy formulary.
COLCHICINE CAPSULE	PB: T1	PB: T2	PB: T2	Moved to generic tier.
DEXTROAMPHETAMINE ER CAPSULE (DEXEDRINE) 10MG	QL: 150 capsules/30 days	QL: 150 capsules/30 days	QL: 150 capsules/30 days	Added a quantity limit.
DEXTROAMPHETAMINE ER CAPSULE (DEXEDRINE) 15MG	QL: 120 capsules/30 days	QL: 120 capsules/30 days	QL: 120 capsules/30 days	Added a quantity limit.
DEXTROAMPHETAMINE ER CAPSULE (DEXEDRINE) 5MG	QL: 120 capsules/30 days	QL: 120 capsules/30 days	QL: 120 capsules/30 days	Added a quantity limit.
DOXYCYCLINE 40 MG DELAYED-RELEASE CAPSULE	PB: T2	PB: T3	PB: T3	Moved to preferred brand tier.

DYANAVEL XR ORAL SUSPENSION	QL: 240ml/30 days	QL: 240ml/30 days	QL: 240ml/30 days	Added a quantity limit.
LAMOTRIGINE ODT	PB: T2	PB: T3	PB: T3	Moved to preferred brand tier.
METHYLPHENIDATE ER TABLET 10 MG, 20 MG	QL: 30 tablets/30 days	QL: 30 tablets/30 days	QL: 30 tablets/30 days	Added a quantity limit.
QUILLIVANT XR CHEWABLE TABLET 20 MG	QL: 30 tablets/30 days	QL: 30 tablets/30 days	QL: 30 tablets/30 days	Added a quantity limit.
QUILLIVANT XR CHEWABLE TABLET 30 MG	QL: 60 tablets/30 days	QL: 60 tablets/30 days	QL: 60 tablets/30 days	Added a quantity limit.
QUILLIVANT XR CHEWABLE TABLET 40 MG:	QL: 30 tablets/30 days	QL: 30 tablets/30 days	QL: 30 tablets/30 days	Added a quantity limit.
QUILLIVANT XR ORAL SUSPENSION	QL: 360ml/30 days	QL: 360ml/30 days	QL: 360ml/30 days	Added a quantity limit.
TOPIRAMATE ER	PB: Tier 2, ST, QL	PB: Tier 3, ST, QL	PB: Tier 3, ST, QL	Moved to preferred brand tier.
VANRAFIA	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
YESINTEK	PB: Tier 2, PA, SP, QL	PB: Tier 3, PA, SP, QL	PB: Tier 5, PA, SP, QL	Added to the pharmacy formulary.

Term	Definition
PB	This medication is only available on the <b>pharmacy benefit</b> .
MB	This medication is only available on the <b>medical benefit</b> .
DLU	<a href="#">Drug Look Up</a>
Dual	These medications are available on both the <b>pharmacy benefit and medical benefit</b> . <b>If a member has a pharmacy carve out this drug is only available through the medical benefit.</b>
Tier X	The copay tier this medication will fall on under your benefit design.
QL	<b>Quantity limit</b>
AL	This medication has an <b>age limit/restriction</b> .
PA	This medication requires a <b>prior authorization</b> .
ST	This medication is a part of a <b>step therapy</b> program and may require a prior authorization.
SP	This medication has been designated as a <b>specialty drug</b> . 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 <b>non-formulary</b> . 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 <b>excluded</b> medication requests.

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

