

# Commercial Formulary Updates

March 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
Ocrevus Zunovo	PB: Tier 2, PA, SP, QL (1 vial/24 weeks) MB: PA	PB: Tier 3, PA, SP, QL (1 vial/24 weeks) MB: PA	PB: Tier 5, PA, SP, QL (1 vial/24 weeks) MB: PA	Added to the formulary
Ohtuvayre	PB: Tier 3, PA, QL (60/30 days)	PB: Tier 4, PA, QL (60/30 days)	PB: Tier 4, PA, QL (60/30 days)	Added to the formulary
Piasky	MB: PA	MB: PA	MB: PA	Added to the formulary
Rytelo	MB: PA	MB: PA	MB: PA	Added to the formulary
Sofdra	PB: Tier 3, PA, QL (1/30 days)	PB: Tier 4, PA, QL (1/30 days)	PB: Tier 4, PA, QL (1/30 days)	Added to the formulary
Tyenne	PB: Tier 3, PA, SP, QL (see DLU) MB: PA	PB: Tier 4, PA, SP, QL (see DLU) MB: PA	PB: Tier 6, PA, SP, QL (see DLU) MB: PA	Added to the formulary
Tofidence	PB: Tier 3, PA, SP, QL (see DLU) MB: PA	PB: Tier 4, PA, SP, QL (see DLU) MB: PA	PB: Tier 6, PA, SP, QL (see DLU) MB: PA	Added to the formulary
Welireg	PB: Tier 3, PA, SP, QL (90/30 days)	PB: Tier 4, PA, SP, QL (90/30 days)	PB: Tier 6, PA, SP, QL (90/30 days)	Added to the formulary
Spravato	PB: Tier 3, PA, SP	PB: Tier 4, PA, SP	PB: Tier 6, PA, SP	Added to the formulary. Medication will now be dual benefit.

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

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.

