

# Commercial Formulary Updates

April 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
Cibinqo	PB: Tier 2, PA, SP, QL (30 tablets/30 days)	PB: Tier 3, PA, SP, QL (30 tablets/30 days)	PB: Tier 5, PA, SP, QL (30 tablets/30 days)	Moved from non-preferred specialty to preferred specialty tiers.
Adbry	PB: Tier 2, PA, SP, QL (See DLU)	PB: Tier 3, PA, SP, QL (See DLU)	PB: Tier 5, PA, SP, QL (See DLU)	Moved from non-preferred specialty to preferred specialty tiers.
Tacrolimus 0.03% Ointment	PB: Tier 1, QL (100g/30 days)	PB: Tier 2, QL (100g/30 days)	PB: Tier 2, QL (100g/30 days)	Removed from step therapy program.
Tacrolimus 0.01% Ointment	PB: Tier 1, QL (100g/30 days)	PB: Tier 2, QL (100g/30 days)	PB: Tier 2, QL (100g/30 days)	Removed from step therapy program.
Pimecrolimus .01% Cream	PB: Tier 1, QL (100g/30 days)	PB: Tier 2, QL (100g/30 days)	PB: Tier 2, QL (100g/30 days)	Removed from step therapy program.
Xolair 150mg Vial	PB: Tier 2, PA, SP, QL (8 vials/28 days) MB: PA	PB: Tier 3, PA, SP, QL (8 vials/28 days) MB: PA	PB: Tier 5, PA, SP, QL (8 vials/28 days) MB: PA	Added to the pharmacy formulary. Now available on both benefits.

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</b> <i>and</i> <b>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.

