

Commercial Formulary Updates

May 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
ZILBRYSQ	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
ADZYNMA KIT 500IU	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
ADZYNMA KIT 1500IU	MB: PA	MB: PA	MB: PA	Added to the medical benefit.
AGAMREE SUS 40MG/ML	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
FABHALTA CAP 200MG	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
WAINUA INJ 45/0.8ML	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
AIRSUPRA AER 90-80MCG	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
FIRST PANTPR SUS 4MG/ML	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
LIKMEZ SUS 500/5ML	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
XPHOZAH	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, PA, SP, QL	Added to the pharmacy formulary.
COSENTYX	MB: PA	MB: PA	MB: PA	Added to the medical 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.

