

Commercial Formulary Updates

June 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
Difluprednate 0.05% Ophthalmic Emulsion	PB: Tier 1, QL (See DLU)	PB: Tier 2, QL (See DLU)	PB: Tier 2, QL (See DLU)	Removed from the step therapy program.

Term	Definition		
РВ	This medication is only available on the pharmacy benefit .		
МВ	This medication is only available on the medical benefit .		
DLU	Drug Look Up		
	These medications are available on both the pharmacy benefit and medical benefit .		
Dual	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.		

