

# Commercial Formulary Updates

August 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
SOVUNA TAB 200MG	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
SITAGLIPTIN/METFORMIN TABLET	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
COXANTO CAP 300MG	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
OXAPROZIN CAP 300MG	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
DOCIVYX (DOCETAXEL) IV INJECTION	MB	MB	MB	Added to the medical benefit.
FOCINVEZ (FOSAPREPITANT DIMEGLUMINE) IV SOLUTION	MB	MB	MB	Added to the medical benefit.
MYHIBBIN (MYCOPHENOLATE MOFETIL) ORAL SUSPENSION	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
ORMALVI (DICHLORPHENAMIDE) TABLET	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
REXTOVY (NALOXONE) INTRANASAL SPRAY	PB: NF	PB: NF	PB: NF	Added as non-formulary on the pharmacy benefit.
PEGASYS (PEGINTERFERON ALFA-2A)	PB: No PA	PB: No PA	PB: No PA	Removed prior authorization.

PREDNISOLONE SODIUM PHOSPHATE	PB: Tier 1	PB: Tier 1	PB: Tier 1	Added to the pharmacy formulary.
ADALIMU-ADBIM KIT 40/0.4ML	PB: Tier 3, PA, SP, QL	PB: Tier 4, PA, SP, QL	PB: Tier 6, 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.

