

Commercial Formulary Updates

August 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
Tryngolza	PB: Tier 3, PA, SP, QL (1 injection/28 days)	PB: Tier 4, PA, SP, QL (1 injection/28 days)	PB: Tier 6, PA, SP, QL (1 injection/28 days)	Added to the pharmacy formulary.
Nypozi	PB: Tier 3, PA, SP MB: PA	PB: Tier 4, PA, SP MB: PA	PB: Tier 6, PA, SP MB: PA	Added to the pharmacy formulary and medical benefit.
Crenessity	PB: Tier 3, PA, SP	PB: Tier 4, PA, SP	PB: Tier 6, PA, SP	Added to the pharmacy formulary.
Alyftrek	PB: T3, PA, SP, QL (10/50/125 mg tablet: 2 tablets/day; 4/20/50 mg: 3 tablets/day)	PB: T4, PA, SP, QL (10/50/125 mg tablet: 2 tablets/day; 4/20/50 mg: 3 tablets/day)	PB: T6, PA, SP, QL (10/50/125 mg tablet: 2 tablets/day; 4/20/50 mg: 3 tablets/day)	Added to the pharmacy formulary.

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.

