

Part D changes

Drugs moving to Not Covered (NC)

- Effective 1/1/2025, the following drugs will be moving to NC status. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans. Covered alternatives can be found on the Mass General Brigham Medicare Advantage formulary. If members cannot take a covered alternative, the member or their provider can submit an exception request to ask that the drug remain covered.

Alphagan P 0.1% solution	Gralise 300mg & 600mg tabs	Onglyza tabs	Suprax 200 mg/5mL oral suspension reconstituted
Alrex 0.2% suspension	Indocin 25mg/5mL suspension	Opsumit 10mg tabs	Tavalisse tabs
Bidil tabs	Ingrezza caps & sprinkle caps	Orfadin 20mg caps	Tazorac gel
Bromsite 0.075% drops	Iressa 250mg tabs	OTC Narcan & naloxone nasal spray 3 mg/0.1mL & 4 mg/0.1mL*	Uceris 9mg tabs
Bydureon BC 2/0.85mL injection	Kombiglyz XR tabs	oxandrolone 2.5 & 10mg tabs	Urocit-K tabs
Byetta 5mcg & 10mcg injection	Korlym 300mg tabs	Prezista tabs 600mg & 800mg	Vandazole 0.75% gel
Celontin 300mg caps	K-tabs 10Meq Cr	Prolensa solution 0.07%	Vascepa caps
Ciclodan 8% solution	Lazanda spray	Promacta pack, powder, & tabs	Velphoro 500mg chew tabs
Combigan 0.2/0.5% solution	Levemir & Levemir Flexpen	Rectiv ointment 0.4%	Ventavis solution
Concerta tabs	Livalo tabs	Revlimid caps	Vimpat 10mg/mL solution
Delestrogen injection 10mg/mL	Mulpleta 3mg tabs	Risperdal 12.5mg, 25mg, 37.5mg, & 50mg injection	Votrient 200mg tabs
Divigel gel	Nascobal spray 500mcg ^o	Rx Narcan nasal spray 3 mg/0.1mL & 4 mg/0.1mL	Vumerity 231mg caps
Durezol 0.05% emulsion	Neupro patch	Sivextro injection & tabs	Vyvanse caps & chew tabs
Emflaza tabs	Nexavar 200mg tabs	Spiriva 1.25mcg, 2.5mcg, & Spiriva Handihaler	Xywav 0.5gm/mL solution

FML Liquifilm 0.1% ophthalmic suspension	Non-BD versions of insulin needles and syringes [□]	Stiolto aerosol 2.5-2.5	Ziextenzo 6mg/0.6mL injection
Gilenya 0.25mg caps	Nucala injection	Subsys spray	Zioptan 0.0015% drops

*OTC Narcan and naloxone nasal spray will be covered under the OTC benefit and will not be eligible for a formulary exception.

◊Generic Nascobal will be covered under the enhanced coverage benefit.

□BD insulin needles and syringes are preferred and remain covered under the Part D benefit on T3 for 2025.

Prior Authorization Additions

- Effective 1/1/2025, the following drugs will require prior authorization before they will be covered. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- Alternatives that do not require prior authorization can be found on the Mass General Brigham Medicare Advantage formulary. If members cannot take an alternative, the member or their provider can submit a coverage determination request.

Baxdela 450mg tabs	Jynneos injection*
gauze pads & dressings	Neulasta injection
insulin pen needles & syringes	Ozempic injection 2/1.5mL
isopropyl alcohol swabs	Udenyca & Udenyca Onbo injection 6mg/0.6mL

*PA will determine if the medication should be covered under the member's Medicare Part B or Part D benefit.

Drugs moving to a higher tier

- Effective 1/1/2025, the following drugs will be moving to a higher tier for the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- If members feel the cost share amount on the new tier is too high, they should speak with their provider about a lower-tier alternative. Alternatives may be found on the Mass General Brigham Medicare Advantage formulary. If members cannot take a lower tier alternative, a tier exception request can be submitted to request the member pay a lower cost sharing amount.

Drug Name	2025 Tier
medroxyprogesterone acetate 150mg/mL IM suspension & prefilled syringe	Tier 2
NP Thyroid tablets	Tier 3
Bromfenac 0.07% ophthalmic drops & Bromfenac 0.09% ophthalmic solution	Tier 4
sumatriptan-naproxen 85-500mg tablets	

Changes to quantity limits

- Effective 1/1/2025, the quantity limit for the following drugs will be changing for the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- If members feel the new quantity limit on the drug is not appropriate to treat their condition, they should speak with their provider about alternatives (such as a higher strength of the drug to achieve the same clinical dose). Alternatives may be found on the Mass General Brigham Medicare Advantage formulary. If members cannot take an alternative, the member or their provider can submit a coverage determination request.

Drug Name	2025 QL
albuterol HFA (generic Proair)	QL 17gm/30
azelastine 0.15 %solution	QL 60mL/30
Aristada Initio	QL 2.4mL/42
Dayvigo tablets	QL 30/30
diclofenac 0.1% gel	QL 1000gm/30
Doptelet 20mg tablets	QL 60/30
Doptelet 40 mg tablets	QL 10/5
Doptelet 60 mg tablets	QL 15/5
estazolam tablets	QL 30/30
eszopiclone tablets	QL 30/30
Fasenra 30mg/mL injector and 10mg/0.5mL & 30mg/mL pen injector	QL 1mL/28
flurazepam capsules	QL 30/30
Humira Pen-CD/UC/HS Starter Kit 80 mg/0.8mL	QL 3 ea/180 days
Humira Pen-PS/UV Starter Kit 80 mg/0.8mL & 40 mg/0.4mL	QL 3 ea/180 days

Idacio Crohns Disease Starter Pack	QL 6 ea/180 days
Idacio Plaque Psoriasis Starter Pack	QL 4 ea/180 days
Ojjaara tablets	QL 30/30
Omnipod 5/Dash	QL 1/365
Ozempic 4mg/3mL injector	QL 1 pen (3mL)/28
pregabalin ER tablets	QL 30/30
testosterone 30mg/act solution	QL 180mL/30
Tradjenta 5mg tablets	QL 30/30
Drug Name	2025 QL
triazolam tablets	QL 30/30
Ubrelyv tablets	QL 16/30
Xolair 150mg solution	QL 8 ea/28
Xolair 75 mg/0.5mL, 150mg/mL injector, & 300mg/2mL injector	QL 8mL/28
zaleplon capsules	QL 30/30

Part B changes

Prior Authorization Changes

- Effective 1/1/2025, the following codes will require prior authorization before they will be covered under a member's Part B medical benefit. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.

Code	Code Description	Drug Name
J2277	injection, motixafortide 0.25 mg	Aphexda
J9036	injection, bendamustine hydrochloride 1 mg	Belrapzo
J9058	injection, bendamustine hcl apotex 1 mg	bendamustine
J9059	injection, bendamustine hcl baxter 1 mg	bendamustine
J9034	injection, bendamustine hcl bendeka 1 mg	Bendeka
Q5113	injection, trastuzumab-pkrb biosimilar 10 mg	Herzuma
Q5117	injection, trastuzumab-anns biosimilar 10 mg	Kanjinti

Q5114	injection, trastuzumab-dkst biosimilar 10 mg	Ogivri
Q5112	injection, trastuzumab-dttb biosimilar 10 mg	Ontruzant
Q5116	injection, trastuzumab-qyyp biosimilar 10 mg	Trazimera
J1628	injection, guselkumab, 1 mg	Tremfya
J2777	injection, faricimab-svoa 0.1 mg	Vabysmo

Part B Coverage change for PrEP Medications

Effective 9/30/2024, antiretroviral drugs (oral and injectable) will be covered under Medicare Part B without cost sharing when used for HIV PrEP. Antiretroviral drugs that are being used to treat HIV will continue to be covered under Part D, with applicable Part D cost sharing, even if the drug is also indicated for HIV PrEP.

Drug Name	HCPCS Code	Coverage Change
Apretude*	J0739	Covered under Medicare Part B
Descovy	J0751	Covered under Medicare Part B when used for PrEP; covered under Medicare Part D if used for HIV treatment
Brand and generic Truvada	J0750	

*Apretude is only indicated for HIV PrEP and will therefore only be covered under Part B.

Pharmacies will be required to submit claims for these drugs with an applicable diagnosis code in order for the claim to pay under the Part B benefit with \$0 cost sharing. Claims submitted without a PrEP diagnosis code will adjudicate under the member's Part D benefit with applicable Part D cost sharing. For this reason, ordering physicians are advised, but not required, to include diagnosis information on prescriptions for these medications if their patient is using one of the above drugs for PrEP. A partial list of diagnosis codes is included in [CMS' Technical FAQ](#).

More information regarding this coverage change may be found by reviewing the [full text of CMS' decision](#) or by visiting [CMS' PrEP coverage site](#).