

Formulary Updates

DEFINITIONS

- Formulary** These drugs are included in Mass General Brigham’s covered drug list.

- Non-Formulary** These drugs are not included in Mass General Brigham’s formulary. The plan would only cover formulary alternatives. Providers can request Non-Formulary drugs as an exception, and the plan would require trial of all appropriate formulary alternatives prior to approving coverage of a Non-Formulary drug. If a Non-Formulary drug is approved, the member’s cost sharing would be the highest tier.

- Preferred** These drugs are on Mass General Brigham’s formulary and offer a lower cost to members.

- Non-Preferred** These drugs are on Mass General Brigham’s formulary but offer a higher cost to members.

- Excluded** Mass General Brigham does not cover these drugs. Members will receive a denial for all Excluded drug requests.

Updates for Commercial Members

Effective 06/01/2024

The following changes are being made to the listed medications:

Zyflo	This medication will be removed from the formulary.
montelukast granules zafirlukast	These medications will no longer require a step therapy prior authorization.
zileuton ER	This medication will no longer require a trial of at least four first-line medications. It will only require a trial, inadequate response, or contraindication to montelukast and zafirlukast.
Amjevita Cyltezo Hyrimoz Yuflyma Abrilada Hulio Idacio Yusimry Adalimumab-adbm	These medications will no longer be considered non-formulary. They are being added to the formulary as non-preferred specialty with prior authorization.

Entyvio	<p>Entyvio will be moved to our non-preferred specialty tier. Preferred products vary based on diagnosis.</p> <p>Preferred products for Crohn’s Disease: Cimzia, Humira and biosimilars, Rinvoq, Skyrizi, Stelara</p> <p>Preferred products for Ulcerative Colitis: Humira and biosimilars, Rinvoq, Simponi, Stelara, Xeljanz/XR</p>
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