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 10/01/2024

The following changes are being made to the listed medications:

Overactive Bladder	**Gemtesa** will no longer be considered a formulary medication. Mirabegron ER tablet will be added to the formulary, requiring a documented inadequate response, side effect, or a contraindication to two different first-line medications.

Updates for MassHealth Members

Effective 10/01/2024

The following generic medications will become non-preferred. Please use the brand name alternative(s):

Generic Medication	Brand Name Alternative
Tretinoin 0.05% gel	Atralin
Clindamycin lotion	Cleocin T
Clindamycin gel	Clindagel

Emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Complera
Podofilox gel	Condylox
Tazarotene foam	Fabior
Azelaic foam	Finacea
Gabapentin enacarbil tablet	Horizant ER tablet
Tapentadol	Nucynta
Tapentadol ER	Nucynta
Clobetasol propionate 0.05% emulsion foam	Olux-E
Clindamycin/benzoyl peroxide gel pump	Onexton
Topiramate ER capsule	Qudexy capsule
Tretinoin microsphere	Retin-A Micro
Linezolid suspension	Zyvox suspension

The following brand name medications will become non-preferred. Approval will require a trial of its generic medication:

Brand Name	Generic Medication
Bystolic	Nebivolol
Carafate	Sucralfate suspension
Onglyza	Saxagliptin
Selzentry tablet	Maraviroc tablet
Toviaz	Fesoterodine
Xerese	Acyclovir/hydrocortisone

Effective 10/01/2024

The following changes are being made to the listed medications to be in compliance with the MassHealth UPPL (Unified Pharmacy Product List):

Acute Lymphoblastic Leukemia, Single Agent Therapies	Policy was updated for expanded age indication of **Besponsa** for the treatment of relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukemia (ALL) in adult and pediatric patients **1 year and older**.
Anesthetics – Topical	**Generic lidocaine 4% patches** will also be **added** to the pharmacy benefit **with** quantity limit of 4 patch per 30 days. This agent will be added as a step-through for Ztlido.

Angiogenesis Inhibitors	**Bevacizumab** agents for the diagnosis of cervical cancer had an update to include notation that these can be used in combination with paclitaxel and carboplatin and if PD-L1 positive tumors, pembrolizumab can be added to a bevacizumab regimen. **Cyramza** criteria was updated to include osimertinib or dacomitnib as a trial option per the NCCN guidelines.
Anti-Acne and Rosacea	An age update to ≥ 21 years was made to the following medications: • Topical tretinoin (**e.g.**, Altreno, Avita, Retin-A) • Oral isotretinoin • Sulfacetamide lotions (**e.g.**, Klaron) Criteria for oral isotretinoin, Absorica, Absorica LD was updated to require: • a diagnosis of moderate to severe (grade II or greater*) treatment resistant acne, unresponsive to conventional therapy, and • a history of inadequate response or adverse reaction to a topical retinoid used in combination with a topical or oral antibiotic with or without benzoyl peroxide New agent, **Cabtreo** (*clindamycin/adapalene/benzoyl peroxide*) 1.2%/0.15%/3.1% topical gel, was **added** for the treatment of acne vulgaris in patients **≥12 years of age** and will also require prior authorization on the pharmacy benefit.
Antibiotics – Oral	**Likmez** criteria was updated to clarify medical necessity for use of the suspension formulation instead of the capsule formulation. **Xifaxan** for small intestinal bacterial overgrowth (SIBO) was updated to align with consensus guidelines. The following medications will have prior authorization **added** to the pharmacy benefit: • Tetracycline 250mg tablet • Tetracycline 500mg tablet
Anticonvulsants	The age restriction of ≥12 years old for off-label requests of Xcopri was removed. **Libervant film** will be **added** to the pharmacy benefit with age limit of **≥** 6 years of age **and** quantity limit of 10 units per 30 days. **Qudexy XR** (*topiramate extended-release capsule*) will be **added** to the pharmacy benefit with age limit of **<** 6 years of age. **Xcopri 25mg tablet** will be **added** to the pharmacy benefit **with** prior authorization **and** quantity limit of 30 tablets per 30 days. The following medications will be removed from pharmacy benefit and will be available on the **medical benefit only**:

	• **Briviact** (*brivaracetam injection*) • **Cerebyx vial** • **Keppra** (*levetiracetam injection*) • **Phenobarbital** 65mg/ml & 130mg/ml • **Valproate injection** • **Vimpat** (*lacosamide injection*)
Antiretroviral Agents	**Lexiva** (*fosamprenavi tablet*) will remain on the pharmacy benefit **and** will have prior authorization **added**.
Antitubercular Agents	**Paser granules 4gm packet** will have prior authorization **and** quantity limits of 90 packets per 30 days **added** to the pharmacy benefit. Policy was updated to include indication of non-tuberculous mycobacteria for **Sirturo**.
Benzodiazepines and other Antianxiety Agents	**Flurazepam** will be removed as a required trial in the temazepam 22.5mg criteria and quazepam criteria. **Flurazepam capsule** will have prior authorization **added** and the quantity limit of 30 capsules per 30 days will remain on the pharmacy benefit.
Xiaflex	Peyronie's Disease criteria was updated to differentiate between active and stable disease. Criteria for active disease will require a step-through with pentoxyfylline.
Complement Inhibitors and Miscellaneous Immunosuppressive Agents	The following medications will be **added** to the pharmacy benefit **with** prior authorization: • **Voydeya** 150mg dose tablet • **Voydeya** 100mg tablet • **Zilbrysq** 23mg/0.574ml syringe • **Zilbrysq** 32.4mg/0.81ml syringe **Fabhalta 200mg capsule** will be **added** to the pharmacy benefit **with** prior authorization **and** quantity limit of 60 capsules per 30 days. **Empaveli** will remain on the pharmacy benefit **with** prior authorization **and** will have quantity limit **added** of 160ml per 30 days. Criteria will require a step-through with Soliris or Ultomiris.
Corticosteroids – Topical	The following non-FDA approved agents were removed from the policy: **NuCort** (*hydrocortisone/aloe vera*), **hydrocortisone/lidocaine combination product**s, **Clodan kit** (*clobetasol shampoo*), **Neo-Synalar kit** (*neomycin/fluocinolone cream*) and **Synalar kit** (*fluocinolone cream*, *ointment* and *solution*).

	The following medications had age limits added for their use in plaque psoriasis: *betamethasone dipropionate 0.05% spray* (**Sernivo**) and *desoximetasone 0.25% spray* (**Topicort**); *betamethasone/calcipotriene cream* (**Wynzora**), *ointment and topical suspension* (**Taclonex**); h*alobetasol foam* (**Lexette**), *0.01% lotion* (**Bryhali**) and *0.05% lotion* (**Ultravate**); and *halobetasol/tazarotene* (**Duobrii**). The following medications will have prior authorization removed and **will remain** on the pharmacy benefit: • Desonide 0.05% lotion • Hydrocortisone valerate 0.2% ointment **Capex shampoo** will have prior authorization **added** on the pharmacy benefit.
COVID-19 Treatment and Prophylaxis Agents	**Paxlovid dose packs** will remain on the pharmacy benefit **and** will have an age limit of **<** 12 years of age as well as the following quantity limits: • 150-100mg – **QL** - > 20 units per fill. • 300-100mg – **QL** > 30 units per fill **Lagevrio 200mg capsule** will have prior authorization **added** and quantity limit of 40 units per fill on the pharmacy benefit.
Dermatological Agents (Topical Chemo/Genital Wart Therapy)	The following medications will remain on the medical benefit **and** will have prior authorization **added**: • Ameluz 10% gel • Levulan kerastick 20% **Ameluz** will require at least one topical agent prior to approval for treatment of actinic keratosis (AK).
Padcev	Expanded indication of Padcev in combination with Keytruda for adults with locally advanced or metastatic urothelial cancer was added to the policy.
Erythropoiesis-Stimulating Agents (ESAs)	The following updates were made to the policy: • **Epogen** was removed as a step-through requirement for Retacrit • **Retacrit** was added as a step-through for Procrit • Criteria will address utilization of the appropriate syringe or vial size for the requested dose • Criteria to rule out other causes of anemia for members with anemia due to chronic renal failure was removed
Gamma-Aminobutyric Acid (GABA) Analogs	**Horizant ER tablet** will have prior authorization removed and will have a cumulative dose limit of 1200mg per 30 days **added** to the pharmacy benefit.

	Lyrica (*pregabalin capsule/solution*) will have prior authorization removed and will have a cumulative dose limit of 600mg per 30 days **added** to the pharmacy benefit. **Gralise** will require a step-through of Horizant.
Glycopyrrolate Agents	The step-through requirement of Dartisla ODT for glycopyrrolate solution in members ≥17 years of age was removed.
GnRH analogues	The following medications will be **added** to the pharmacy benefit **with** prior authorization: • **Leuprolide 22.5mg vial** (*3-month kit*) • **Lupron Depot-Ped 45mg** (*6-month kit*) The following medications will be removed from the pharmacy benefit **and** will be available on the medical benefit only **with** prior authorization: • **Fensolvi 45mg syringe** • **Supprelin LA kit** • **Zoladex implant syringe** Clarification that "yearly" BMD would be required for continued use in extended therapy for endometriosis or fibroids. Clarification that GnRH agents can be utilized to preserve ovarian function in patients undergoing chemotherapy for a wide range of treatments/diagnoses.
Growth Hormone Agents	Criteria was updated to require prescriber to be an endocrinologist or provide consult notes from an endocrinology office.
Hepatitis Antiviral Agents	References to Viekira and Pegintron have been removed from the policy as these agents have been discontinued by the manufacturer.
Immune Globulin	**Alyglo vial** will have prior authorization **added** on the pharmacy benefit and criteria will require clinical rationale for use of this product over other alternatives. Policy was updated to include the expanded indication for HyQvia and Gammagard in CIDP and for Flebogamma 5% in ITP.
Influenza Vaccines	Policy was updated to reflect the addition of 2024-2025 vaccine formulations per Advisory Committee on Immunization Practices (ACIP) recommendations.
Isocitrate Dehydrogenase (IDH) Inhibitors	Expanded indication for the treatment of adult patients with relapsed or refractory MDS with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test was added.

Kinase Inhibitors	The following medication will be **added** to the pharmacy benefit **with** prior authorization **and** quantity limits: • Lytgobi 12mg – **QL** of 3 units per day • Lytgobi 16mg – **QL** of 4 units per day • Lytgobi 20mg – **QL** of 5 units per day Ayvakit criteria for Indolent systemic mastocytosis (ISM) was updated to include a step-through either Xolair or a leukotriene inhibitor based on system involvement.
Lung Cancer Agents	The following updates have been made to the policy: • **Tagrisso** in combination with pemetrexed and platinum-based chemotherapy for use in patients with locally advanced or metastatic NSCLC harboring EGFR exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test • **Rybrevant** in combination with carboplatin and pemetrexed for the first-line treatment of adult patients with locally advanced or metastatic non–small cell lung cancer (NSCLC) harboring EGFR exon 20 insertion mutations, as detected by an FDA-approved test • **Alecensa** indicated for adjuvant treatment in adults following tumor resection of ALK-positive non-small cell lung cancer (NSCLC) (tumors ≥ 4 cm or node positive) as detected by an FDA-approved test
Hepzato	This medication will be **added** to the medical benefit **with** prior authorization.
Oncology Immunotherapies	The following updates have been made to the policy: • **Keytruda** in combination with Padcev for patients with locally advanced or metastatic urothelial cancer (la/mUC). • **Keytruda** In combination with chemoradiotherapy (CRT) to treat individuals with International Federation of Gynecology and Obstetrics (FIGO) 2014 Stage III-IVA cervical cancer. • **Opdivo** in combination with cisplatin and gemcitabine for 1st-line treatment of adults with unresectable or metastatic urothelial carcinoma (UC).
Oncology Interferon Agents	The policy was updated to include polycythemia vera low risk and high risk. The step-through requirement of Pegasys was removed.
Opioid Dependence and Reversal Agents	**buprenorphine/naloxone** tablets will have prior authorization **removed** and will be managed with existing dose limits of: • > 24 mg/day **and** ≤ 32 mg/day within the last 90 days, or • > 32 mg/day

	Opvee nasal spray will remain on the pharmacy benefit **and** will have quantity limit updated to 2 inhalers per 365 days. **Brixadi** criteria was updated to require one specific clinical rationale for its use instead of Sublocade. Criteria for buprenorphine agents that are dosed greater than 32 mg/day will require clinical rationale as noted by genotyping.
Pediatric Behavioral Health Medication Initiative	Policy was updated to further clarify types of prescriber specialists and to include additional criteria regarding attempts at discontinuation of therapy. The age restriction for antipsychotic requests have been updated from <6 years old to <10 years old except for aripiprazole or risperidone requests for autism spectrum disorder (ASD). The age restriction for **Prazosin capsule** will be updated to require prior authorization for members **< 6 years of age** on the pharmacy benefit.
Potassium iodide (SSKI)	**SSKI** (*potassium iodide solution*) will have prior authorization added **and** quantity limit removed from the pharmacy benefit.
Prostate Cancer Agents	**Docivyx** vial will remain on the medical benefit **without** prior authorization.
Pulmonary Hypertension (PH) Agents	**New drug, Opsynvi,** will be **added** to the pharmacy benefit **with** prior authorization **and** quantity limit of 30 tablets per 30 days. **New drug**, **Winrevair**, will be **added** to the pharmacy benefit **with** prior authorization. Brand name **Flolan** will have prior authorization removed and **will remain** on the pharmacy benefit.
Rezdiffra	The following medication has been **added** to the pharmacy benefit **with** prior authorization **and** quantity limit of 30 tablets per 30 days.
Rituximab Agents	Diagnosis criteria was updated to include additional NHL subtypes. The requirement that Rituxan be used in conjunction with Lymphoma Malin B (LMB) chemotherapy for pediatric oncology was removed per NCCN guidelines.

RSV Prophylaxis Agents	Policy was updated to require a step-through of Beyfortus for all Synagis requests. Clinical rationale will be required for the use of Beyfortus.
Systemic Chemotherapy, Miscellaneous	Expanded indication for **Onivyde** as a a first-line treatment option in combination with oxaliplatin, fluorouracil and leucovorin for adults with metastatic pancreatic adenocarcinoma.
Targeted Immunomodulators	**New drug**, Omvoh, will be **added** to the pharmacy benefit **with** prior authorization. Omvoh will require a step-through of Stelara for the treatment of ulcerative colitis. **Stelara** criteria: The step-through requirement of a biologic DMARD for ulcerative colitis was removed.
Thrombocytopenic Agents	Alvaiz (9mg, 18mg, 36mg, 54mg) will be **added** to the pharmacy benefit **with** prior authorization. In addition to the prior authorization, Alvaiz **9mg** tablet will also have a quantity limit of 30 tablets per 30 days.
Topical hyperhidrosis agents	Qbrexza criteria will require clinical rationale for bypassing Botox.
Vaccines	**mRESVIA** (*respiratory virus vaccine suspension*) will be **added** to the pharmacy benefit **with** prior authorization required for **<** 60 years of age. **Arexvy vial kit** will have the age limit **updated** from **< 60 years of age** to now requiring prior authorization for **< 50 years of age** on the pharmacy benefit.