

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 07/01/2025

Targeted Immunomodulators	<p>As previously communicated, effective 7/1/2025 criteria for initial and continuation of therapy requests for Cosentyx will be updated to include trial and failure with Bimzelx for all shared indications; this is in addition to other diagnosis-specific immunomodulator trial requirements.</p> <p>Criteria for Ilumya and Siliq will also be updated to include trial and failure with Bimzelx, in addition to other immunomodulator trial requirements.</p> <p>The Bimzelx policy will be updated to include criteria for the supplemental indication of hidradenitis suppurativa, requiring FDA-approved diagnosis and trial and failure with a preferred adalimumab product. Criteria for other conditions already captured in the Bimzelx policy will remain the same.</p>
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Effective 08/01/2025

The following changes are being made to the listed medications:

CFTR Potentiators	<p>Criteria for Alyftrek will be added to the policy. In addition to age and genetic testing/mutation requirements and restrictions on concomitant use with other CFTR potentiators, criteria will include trial and failure with Trikafta for any mutations shared between the two agents.</p> <p>Criteria for Kalydeco, Orkambi, Symdeko and Trikafta will be updated to include Alyftrek as an agent that is not to be used concomitantly with the requested medication.</p>
Factor IX Products	Mononine will be removed from the policy due to product discontinuation.
Kynamro	Kynamro criteria will be retired due to product discontinuation.
Juxtapid	<p>Initial criteria will be updated to remove trial and failure with Kynamro, as Kynamro has been discontinued.</p> <p>Reauthorization criteria will be added to the policy.</p>
NovoSevenRT, SevenFact	Reauthorization criteria will be updated to include examples of a positive response to therapy.
Xiaflex	Criteria for Dupuytren's contracture will be updated to require member is 18 years of age or older, has finger flexion contracture with palpable cord in metacarpophalangeal joint or proximal interphalangeal joint prior to starting therapy, and contracture that is at least 20 degrees prior to therapy initiation.
Methadone Oral Solution	Requests for methadone oral solution will be reviewed against criteria in a new drug-specific policy. Criteria will be aligned with that of long-acting opioids in the existing Opioid Risk Management policy.

