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

The following changes are being made to the listed medications:

Azmiro	Azmiro will be restricted to the medical benefit with prior authorization.
Aphexda	Documentation requirements throughout the criteria will be clarified.
Bimzelx	Policy will be updated to include criteria for the supplemental indication of hidradenitis suppurativa.
Cosentyx	For all shared indications, Cosentyx criteria for new and existing utilizers will require trial and failure with Bimzelx.
Ilumya, Siliq	Initial criteria will be updated to require trial and failure with Bimzelx.
Infliximab Agents (Avsola, Inflectra, Infliximab, Remicade, Renflexis)	The diagnosis of nonradiographic axial spondyloarthritis (nr-axSpA) will be removed from the policy.

Evrysdi	Specialist prescriber requirement will be added to the policy. Documentation requirements will be clarified throughout the policy.
Factor VIII Concentrate	Reauthorization criteria for the following agents will be updated to require member is experiencing a positive response to therapy: Advate, Adynovate, Afstyla, Alphanate, Altuviiio, Eloctate, Esperoct, Hemofil M, Humate-P, Jivi, Kovaltry, Koate, Kogenate FS, Novoeight, Nuwiq, Recombinate, Xyntha, Xyntha Solofuse.
Hemlibra	Criteria will be updated to require a diagnosis of hemophilia A (congenital factor VIII deficiency).
Imiquimod Products	The utilization management program for topical imiquimod 3.75% and 2.5% will transition from an automated step therapy to prior authorization. New and existing utilizers will require prior authorization. Topical imiquimod 3.75% and 2.5% will require trial and failure with topical imiquimod 5%. Additionally, the 2.5% strength will require a previous trial with the 3.75% strength. Reauthorization criteria will be added to the policy, requiring a positive response to therapy.
Pioglitazone/glimepiride	Pioglitazone/glimepiride will be nonformulary.
Relistor	Criteria will be updated to require that a member has opioid-induced constipation associated with one of the following diagnoses: a) chronic noncancer pain, or b) advanced illness or pain caused by active cancer requiring opioid dosage escalation for palliative care. Criteria will also require that the member is at least 18 years of age or older and has had an inadequate response or intolerance to treatment with at least two different laxatives. Requests for chronic noncancer pain will require that the member has had an inadequate response or intolerance to treatment with lubiprostone. Requests for Relistor tablets will require that the member has a diagnosis of chronic noncancer pain. Reauthorization criteria will be added to the policy, requiring that the member has experienced an improvement in opioid-induced constipation.
Vyndamax, Vyndaqel	Criteria for diagnosis confirmation will be updated. Updates will also require that the member has New York Heart Association (NYHA) Function Class I, II, or III heart failure and that requested medication is not being used with a transthyretin (TTR) silencer or TTR stabilizer. Reauthorization criteria will be updated to require documentation demonstrating member has had a positive clinical response to therapy.
Wainua	Criteria will be updated to require that Wainua is prescribed by or in consultation with a neurologist. Criteria will also be updated to require that it will not be used in combination with a transthyretin (TTR) silencer (e.g., Amvuttra) or a TTR

	stabilizer (e.g., diflunisal, Attruby, Vyndamax, Vyndaqel). Reauthorization criteria will require documentation that the member has had a positive clinical response to therapy.

Updates for MassHealth Members

Effective 07/01/2025
The following generic medications will become non-preferred. Please use the brand name alternative(s):

Generic Medication	Brand Name Alternative
amphetamine extended-release orally disintegrating tablet	Adzenys XR-ODT
penicillamine 250mg tablet	Depen 250mg Titratab
auranofin 3mg capsule	Ridaura 3mg capsule
tofacitinib tablet, solution	Xeljanz tablet, solution
tofacitinib extended-release tablet	Xeljanz XR tablet

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

Brand Name	Generic Medication
Dermotic oil 0.01% ear drops	fluocinolone oil 0.01% ear drops

Effective 07/01/2025

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

Amyloidosis Therapies	**Wainua** will now require a step-through both Amvuttra and Onpattro.
Anti-Hemophilia Agents	**New drug, Alhemo pen**, will be **added** to the pharmacy benefit **with** prior authorization
Antibiotics - Oral	The following medications will be **added** to the pharmacy benefit **with** prior authorization: • Metronidazole 125mg tablet • Pivya 185mg tablet • Emrosi ER 40mg capsule **Metronidazole 125mg tablet** will require a step-through with the suspension formulation or medical necessity for the requested formulation. **Likmez** criteria was updated to accept members <13 years of age.

Asthma and Allergy Monoclonal Antibodies	Criteria for **Nucala** and **Xolair** for chronic rhinosinusitis with nasal polyps (CRSwNP) were updated to align the Dupixent nasal polyps criteria. Members will be required to step-through either an intranasal corticosteroid or oral corticosteroid; or history of failed prior nasal surgery.
Benzodiazepines & other Anti-anxiety Agents	**Alprazolam 1mg/ml solution** & **Lorazepam 2mg/ml solution** will remain on the pharmacy benefit; however, a prior authorization will now be required for members **≥ 13 years of age.** **Diazepam 25mg/5ml solution** will remain on the pharmacy benefit but will now require prior authorization for all ages.
Beta Thalassemia, Myelodysplastic Syndrome & Sickle Cell Disease Agents	**New drug**, **Xromi solution**, will be **added** to the pharmacy benefit **with** prior authorization.
Breast Cancer Therapies	The following updates were made to the **Trodelvy** criteria: 1. Diagnosis of adults with locally advanced or metastatic urothelial cancer was removed due to the FDA withdrawal of the indication. 2. Another step-through with Enhertu was added for HER2 IHC 0+, 1+, or 2+/ISH negative (HER2-low) breast cancer indications. **New drug, Datroway vial,** will be **added** to the medical benefit **with** prior authorization.
Butalbital Containing Agents	Butalbital/aspirin/caffeine tablet will require a step-through of butalbital 50 mg/aspirin 325 mg/caffeine 40 mg capsule.
Cerebral Stimulants & ADHD Medications	**Ritalin LA** and **Metadate CD** criteria were updated to remove the step-through trial of Daytrana.
Crenessity (crinecerfont)	This medication will be **added** to the pharmacy benefit **with** prior authorization.
Padcev	A clinical update was made due to an NCCN recommendation supporting the removal of the requirement of Padcev to be used in monotherapy given combination pembrolizumab and Padcev can be used as subsequent therapy for patients following chemotherapy or immunotherapy.
Gastrointestinal Agents-H2 antagonists, PPIs & Misc. Agents	**Zegerid** *(omeprazole/sodium bicarbonate powder for oral suspension)* will remain on the pharmacy benefit; however, prior authorization will now be required. Step-through trial with two alternative agents will be required.
Herceptin Products	**New drug**, **Hercessi vial**, will be **added** to the medical benefit **with** prior authorization.
Iron Agents & Chelators	**Triferic** (*ferric pyrophosphate citrate*) will be **added** to the medical benefit **with** prior authorization.
JAK Inhibitors	**Jakafi** criteria for polycythemia vera was updated to include an age requirement that member is ≥ 18 years of age.

Kinase Inhibitors	**Cabometyx** criteria for hepatocellular carcinoma (HCC) was updated to require one step-through trial of 1st line recommended therapies per NCCN guideline. **Lenvima** criteria for advanced renal cell carcinoma (non-clear cell histology) was updated to require combination use with Keytruda or everolimus per NCCN guideline. Criteria for **Vanflyta** was updated to accept monotherapy for maintenance as it was recommended by NCCN to be the preferred option for FLT3-ITD.
Lymphoma & Leukemia Agents	**New drug**, **Revuforj 25mg, 110mg** & **160mg** tablets, will be **added** to the pharmacy benefit **with** prior authorization.
Elahere	Criteria was updated to further clarify that consult notes can also be accepted for prescriber specialty.
Mylotarg	Criteria for Mylotarg has been updated to require combination therapy or clinical rationale as to why combination therapy is not appropriate, or if member is ≥ 60 years of age, for newly diagnosed CD33-positive acute myeloid leukemia (AML).
Ogsiveo (nirogacestat)	The prescriber specialty requirement was updated to accept consult notes from an oncologist or sarcoma specialist.
Oncology Immunotherapies	**New drugs**, **Bizengri** & **Opdivo Qvantig**, will both be **added** to the medical benefit **with** prior authorization. The following expanded indications have been incorporated into the criteria: • Keytruda as first-line treatment of unresectable advanced or metastatic malignant pleural mesothelioma (MPM) • Keytruda for FIGO 2014 stage III-IVA cervical cancer • Tevimbra for the first-line treatment of patients with unresectable or metastatic, HER2-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 • Tevimbra for unresectable or metastatic esophageal squamous cell carcinoma (ESCC) whose tumors express PD-L1 • Opdivo for adults with resectable (tumors ≥ 4 cm and/or node positive) NSCLC and no known EGFR mutations or ALK rearrangements • Imfinzi for adults with LS-SCLC **Opdivo** criteria update: criteria point regarding HER2-negative requirement was removed for the diagnosis of advanced or metastatic gastric cancer, GEJ cancer and esophageal adenocarcinoma.

	According to the NCCN guideline, the trial requirement for Cabometyx and sunitinib was removed from the renal cell carcinoma (RCC) criteria for Opdivo and Keytruda.
Opioid Dependence & Reversal Agents	**Brixadi** criteria was updated to consider Sublocade labeling expansion for rapid induction protocol allowing expanded injection site options enhancing treatment flexibility.
Opioid & Analgesics	**Olinvyk** criteria was updated to require a step-through with all alternative options or clinical rationale is required for the use of Olinvyk.
Otic Agents	For ciprofloxacin/dexamethasone otic suspension, the criteria was clarified that a perforated tympanic membrane is an acceptable contraindication to bypass CiproHC.
Presbyopia Myopia and Mydriasis Agents	**Qlosi 0.4% eye drops** will be **added** to the pharmacy benefit **with** prior authorization.
Spinal Muscular Atrophy Agents	**Evrysdi tablet** will be **added** to the pharmacy benefit **with** prior authorization.
Targeted Immunomodulators	The following medications, available as **prefilled syringes and/or vials**, will be **added** to the pharmacy benefit **with** prior authorization: • **Otulfi** 45mg/0.5ml **&** 90mg/ml syringe • **Pyzchiva** 45mg/0.5ml **&** 90mg/ml syringe • **Selarsdi** 45mg/0.5ml **&** 90mg/ml syringe • **Steqeyma** 45mg/0.5ml **&** 90mg/ml syringe • **Ustekinumab-ttwe** 45mg/0.5ml **&** 90mg/ml syringe • **Wezlana** 45mg/0.5ml **vial/syringe &** 90mg/ml syringe • **Yesintek** 45mg/0.5ml **vial/syringe &** 90mg/ml syringe • **Omvoh** 300mg dose prefilled pen/syringe • **Omvoh** 200mg/2ml prefilled pen/syringe The **vial formulations** of the following medications will be **added** to the medical benefit **with** prior authorization: • **Otulfi** 130mg/26ml vial • **Pyzchiva** 130mg/26ml vial • **Selarsdi** 130mg/26ml vial • **Steqeyma** 130mg/26ml vial • **Ustekinumab-ttwe** 130mg/26ml vial • **Wezlana** 130mg/26ml vial • **Yesintek** 130mg/26ml vial **Omvoh** dose packs were added to criteria for ulcerative colitis and the syringes/pens were added for Crohn's disease. Clinical rationale will be required for the use of the requested medication.

Thyroid Preparations	**Brand Name Euthyrox** will now require prior authorization on the pharmacy benefit. Criteria will require medical necessity for use of Euthyrox as noted by historical difficulty in achieving consistent therapeutic levels on other formulations.
Topical Hyperhidrosis Agents	**Sofdra** criteria was updated to now only require an inadequate response, adverse reaction or contraindication to aluminum chloride and Botox for both primary axillary hyperhidrosis and for off-label use in palmar/plantar hyperhidrosis.
Wilson's Disease Agents	Step-through edit requirement for **Cuvrior** was adjusted to accept *any* trientine capsules.