## 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 12/01/2024

The following changes are being made to the listed medications:

Entyvio (vedolizumab) IV	Entyvio IV will be restricted to the medical benefit and will no longer be available through the pharmacy benefit. Prior authorization will continue to be required. Criteria will require diagnosis, one specified presenting disease state characteristic, and trial and failure with one conventional therapy.
Entyvio (vedolizumab) SC	Entyvio SC criteria will require diagnosis, one specified presenting disease state characteristic, trial and failure with one conventional therapy, and either that the member has had a trial and failure with two preferred biologics or that the member is transitioning to the SC formulation after at least two doses of Entyvio IV.
Synagis (palivizumab)	Criteria will be updated to indicate that requests for Synagis will not be approved if the member received a dose of Beyfortus during the current respiratory syncytial virus (RSV) season.

Skyrizi (risankizumab)	Skyrizi criteria will be updated to indicate that the approval duration of the IV formulation will be limited to 8 weeks.
Zeposia (ozanimod)	Zeposia criteria for the diagnosis of ulcerative colitis will be updated to include trial and failure with one conventional therapy, trial and failure with two preferred biologics, and one specified presenting disease state characteristic.

