

2024 Medicare Provider Notification

Part D changes

Drugs moving to NC

- Effective 1/1/2024, the following drugs will be moving to non-covered status. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- Covered alternatives can be found on the Mass General Brigham Medicare Advantage formulary. If members cannot take a covered alternative, the member or their provider can submit an exception request to ask that the drug remain covered.

Advair Diskus inhalers	Finacea 15% foam	Noxafil 40mg/mL oral suspension
Altoprev ER tablets	Flovent Diskus and HFA	Omnaris nasal spray
Auvelity tablets	Forteo injection	Plenvu solution
Cipro 10% suspension	Golytely solution	Pradaxa capsules
Diphenhydramine/atropine 2.5mg/5mL liquid	Hysingla ER tablets	Praluent injection
Diphenhydramine/atropine 2.5mg tablet	Latuda tablets	Sandimmune 100mg/mL solution
Edarbi tablets	Lupron Depot-Ped	Suprep bowel prep kit
Edarbyclor tablets	Lyllana patches	Symbicort 80-4.5 and 160-4.5 inhalers
Emverm chewable tablets	methylphenidate 5mg/5mL oral solution	Theo-24 capsules
Enstilar foam	Mitigare 0.6mg capsule	Viiibryd starter kit
Ezallor tablets	Noritrate 1% cream	Xyrem 500mg/mL solution
Fiasp insulin products	Novolin and Novolog insulin products	Zyclara 2.5% cream

Prior Authorization Additions

- Effective 1/1/2024, the following drugs will require prior authorization before they will be covered. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- Alternatives that do not require prior authorization can be found on the Mass General Brigham Medicare Advantage formulary. If members cannot take an alternative, the member or their provider can submit a coverage determination request.

methotrexate 2.5mg tablets*	Movantik tablets		Pentamidine injection*
Prolia injection	Valtoco nasal spray		

*PA will determine if the medication should be covered under the member’s Medicare Part B or Part D benefit.

Drugs moving to a higher tier

- Effective 1/1/2024, the following drugs will be moving to a higher tier for the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- If members feel the cost share amount on the new tier is too high, they should speak with their provider about a lower-tier alternative. Alternatives may be found on the Mass General Brigham Medicare Advantage formulary. If members cannot take a lower tier alternative, a tier exception request can be submitted to request the member pay a lower cost sharing amount.

Drug Name	2024 Tier
Amiodarone 200mg tablets	Tier 2
Brimonidine 0.2% ophthalmic solution	
Metronidazole 250mg & 500mg tablets	
Pacerone 200mg tablets	
Pantoprazole tablets	
Polymyxin B/trimethoprim ophthalmic solution	
Timolol maleate 0.25% ophthalmic solution	
Timolol maleate 0.5% ophthalmic solution	
Tobramycin 0.3% ophthalmic solution	
Ammonium lactate 12% cream	Tier 3
Advair HFA inhaler	Tier 4
Alclometasone 0.05% cream	
Bacitracin ophthalmic ointment	
Balsalazide capsules	
Betamethasone dipropionate 0.05% cream	
Betoptic-S 0.25% ophthalmic suspension	
Dapsone tablets	
Dayvigo tablets	
Gatifloxacin 0.5% solution	
Imiquimod 5% cream	
Kerendia tablets	
Naratriptan tablets	



Potassium chloride micro 15MEQ ER tablets	
Simbrinza 1-0.2% suspension	
Verquvo tablets	
Aprepitant 125mg capsules	Tier 5 ^o
Atovaquone oral suspension	
Caplyta capsules	
Nuplazid capsules	
Risperdal Consta 25mg	

^oDrugs on Tier 5 are not eligible for a tier exception.

Step Therapy Additions

- Effective 1/1/2024, the following drugs will require step therapy before they will be covered. Members already taking one of the drugs listed below will not be impacted by this change. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- Alternatives that do not require step therapy can be found on the Mass General Brigham Medicare Advantage formulary. If members cannot take an alternative, the member or their provider can submit a coverage determination request.

Asenapine sublingual tablets	Emsam patches	Fanapt tablets
Febuxostat tablets	Fetzima capsules	

Part B changes

Preferred diabetic supplies

- Effective 1/1/2024, the following diabetic supply products will be preferred. Other diabetic supplies will be moving to non-covered status. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- If members cannot use one of the products listed below, the member or their provider can submit an exception request to ask that the member's current diabetic supply product remain covered.

Dexcom or Freestyle Libre continuous glucose monitors	OneTouch blood glucose test strips	BD insulin syringes and needles
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Prior Authorization Changes

- Effective 1/1/2024, the following codes will require prior authorization before they will be covered under a member's Part B medical benefit. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO) plans.



Code	Drug Name
Q5107	injection, bevacizumab-awwb, biosimilar, 10 mg (Mvasi)
Q5125	Injection, filgrastim-ayow, biosimilar (Releuko)
J9223	Injection, lurbinectedin, 0.1 mg (Zepzelca)
Q5118	injection, bevacizumab-bvzr, biosimilar, 10 mg (Zirabev)

