Part D changes

Drugs moving to Not Covered (NC)

- Effective 1/1/2026, the following drugs will be moving to NC status. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Group (PPO), Mass General Brigham Advantage Signature (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.

Drugs Moving to NC Effective 1/1/2026		
adalimumab-aacf 40/0.8mL injection, adalimumab-aacf 40/0.8mL kit	Advair HFA	alprazolam ODT tablets, alprazolam 1 mg/mL concentrate
amphetamine/dextroamphetamine ER beads	Annovera Mis	Azelex 20% cream
Basaglar Kwikpen	Belbuca buccal films	benznidazole 12.5mg tablet, benznidazole 100mg tablet
Berinert 500Unit injection	betamethasone valerate 0.12% aer	betimol 0.25% solution, betimol 0.5% solution
Betoptic-S 0.25% ophthalmic suspension	Bijuva 0.5-100 capsule	Brilinta tablets
calcipotriene betamethasone ointment, calcipotriene betamethasone suspension	cefaclor 250/5mL suspension, cefaclor 500mg ER tablet	Ciloxan 0.3% ophthalmic ointment
Cipro HC otic suspension	Cleocin 100mg sup	clindamycin 1% aer
clobetasol 0.05% foam, clobetasol 0.05% emulsion foam, clobetasol 0.05% lotion, clobetasol 0.05% spray	clocortolone 0.1% cream	clonidine 0.17mg ER tablet
codeine sulfate tablets	Combipatch TD patch	Copaxone 20mg/mL injection, Copaxone 40mg/mL injection, Glatopa 20mg/mL injection, Glatopa 40mg/mL injection

Drugs Moving to NC Effective 1/1/2026		
Cordran 80X3 4mcg/cm tape	Corlanor 5mg tablet, Corlanor 7.5mg tablet	cyclosporine 0.05% ophthalmic emulsion
Dayvigo 5mg tablet, Dayvigo 10mg tablet	Depo-Estradi 5mg/mL injection	desloratadine 2.5 ODT tablet, desloratadine 5mg ODT tablet
desonide 0.05% gel & 0.05% lotion	desoximetasone 0.05% gel & ointment, desoximetasone 0.25% spray	dexamethasone 6-day tablet, dexamethasone 10-day tablet, dexamethasone 13-day tablet
dextroamphetamine sulfate 5 mg/5mL oral solution, Procentra sulfate 5 mg/5mL oral solution	diclofenac/misoprostol 75-0.2mg tablet	diflorasone 0.05% cream & ointment
Dilantin-125 125/5mL suspension	doxycycline monohydrate 150mg tablet, doxycycline hyclate DR tablets	Duopa 4.63-20 suspension
Elestrin 0.06% gel	Emflaza 22.75/mL suspension	Endari 5gm powder
Epclusa 200-50mg tablet, Epclusa 400-100 tablet, Epclusa 150-37.5 pak, Epclusa 200-50mg pak	Eraxis 50mg & 100mg injection	estazolam 1mg tablet, estazolam 2mg tablet
estradiol 0.06% gel, estradiol 1.25mg gel	Evamist 1.53mg Spr	fenoprofen 400mg capsule, fenoprofen 600mg tablet
flavoxate 100mg tablet	flurandrenolide 0.05% cream, flurandrenolide 0.05% lotion	FML Forte 0.25% ophthalmic suspension
Fosamax + D 70-2800 tablet, Fosamax + D 70-5600 tablet	gabapentin 300mg & 600mg once daily tablet	Gocovri 68.5mg capsule, Gocovri 137mg capsule
Gynazole-1 2% cream	Hadlima 40/0.4mL injection, Hadlima 40/0.8mL injection, Hadlima Push 40/0.4mL injection, Hadlima Push 40/0.8mL injection	Haegarda 2000Unit injection, Haegarda 3000Unit injection
halcinonide 0.1% cream	Harvoni 45-200mg tablet, 90-400mg tablet, Harvoni & 33.75-150mg & 45-200mg pak	HC pramoxine 1-1% cream

Drugs Moving to NC Effective 1/1/2026		
hydrocodone ER tablets	hydromorphone ER tablets	Idacio 2-pen 40/0.8mL injection, Idacio 2-syringe 40/0.8mL injection, Idacio Crohn Disease injection, Idacio Plaque Psoriasis injection
indomethacin 25mg/5mL suspension	Intrarosa 6.5mg sup	iopidine 1% ophthalmic solution
Itraconazole 10mg/mL solution	ketoconazole 2% aer	ketoprofen 200mg ER capsule, ketoprofen 25mg capsule
Krintafel 150mg tablet	Kristalose 10gm & 20gm oral crystal packet	lactulose 10gm & 20gm oral crystal packet
Lampit 30mg tablet, Lampit 120mg tablet	lansoprazole 15mg ODT tablet, lansoprazole 30mg ODT tablet	lansoprazole/amoxicillin/clarithromycin pak
levothyroxine capsules	Lo-Loestrin 1-10-10 tablet	Lucemyra 0.18mg tablet
luliconazole 1% cream	Lyumjev 100unit/mL injection, Lyumjev Kwpn 100unit/mL injection, Lyumjev Kwpn 200Uunit/mL injection, Lyumjev Tempo 100unit/mL injection	mafenide acetate 5% pak
Maxidex 0.1% ophthalmic suspension	meclofen sodium 50mg capsule, meclofen sodium 100mg capsule	mefenamic acid 250mg capsule
meloxicam 5mg capsule, meloxicam 10mg capsule	Menostar 14mcg Dis	Mesnex 400mg tablet
methylphenidate hcl 45 mg ER Osmotic Release (OSM) tablet, methylphenidate hcl 63 mg ER Osmotic Release (OSM) tablet	metoclopramide 5mg ODT tablet	minocycline ER tablets
morphine sulfate ER capsules	Mytesi 125mg tablet	naftifine 2% gel, naftifine hcl 1% cream, naftifine hcl 2% cream
Namzaric capsules, Namzaric therapy pack	naproxen sodium 375mg ER tablet, naproxen sodium 500mg ER tablet, naproxen sodium 750mg ER tablet	Natacyn 5% ophthalmic suspension

Drugs Moving to NC Effective 1/1/2026		
NemLuvio 30mg injection	Nextstellis 3-14.2mg tablet	nifedipine 10mg capsule, nifedipine 20mg capsule
nisoldipine ER tablets	Norpace 100mg CR capsule, Norpace 150mg CR capsule	Nuvessa 1.3% gel
olanzapine/fluoxetine capsules	ondansetron 24mg tablet	OneTouch Test Strips and Blood Glucose Meters
Ongentys 25mg capsule, Ongentys 50mg capsule	Ongentys 50mg capsule	Oralair 300 IR sublingual tablet
Orladeyo 110mg capsule, Orladeyo 150mg capsule	Orladeyo 150mg capsule	oxazepam capsules
Oxervate 20mcg/mL solution	oxiconazole nitrate cream	oxymorphone ER tablets
Plasma-Lyte 148 injection	Plasma-Lyte -A injection	Plegridy injection, Plegridy Pen injection, Plegridy Pen Starter injection, Plegridy Starter injection
pramipexole ER tablets	Pred Mild 0.12% ophthalmic suspension	prednisolone ODT tablets
Pretomanid 200mg tablet	Purixan 20mg/mL suspension	pyridostigmine 60mg/5mL solution
Qelbree ER capsules	Radicava 30mg injection	Relexxii hcl 45 mg ER tablet Osmotic Release (OSM), Relexxii hcl 63 mg ER tablet Osmotic Release (OSM)
Ridaura 3mg capsule	Ruconest 2100Unit injection	Serevent 50mcg diskus aer
Solosec 2gm granules	Sotylize 5mg/mL solution	Sprycel tablets
sumat-naprox 85-500mg tablet	sumatriptan 6mg/0.5 injection	Symdeko 100-150 tablet, Symdeko 50-75mg tablet
Tafluprost 0.0015% solution	Takhzyro 300/2mL injection, Takhzyro 300/2mL prefilled syringe	Taltz 20/0.25 injection, Taltz 40/0.5mL injection, Taltz 80mg/mL SQ auto-injector, Taltz 80mg/mL SQ prefilled syringe
tazarotene 0.1% aer	tazorac 0.05% cream	Thiola EC 100mg tablet, Thiola EC 300mg tablet

Drugs Moving to NC Effective 1/1/2026		
Thyquidity 100mcg solution	timolol mal 0.5% PF ophthalmic solution	Tirosint capsules, Tirosint 100mcg solution
tizanidine capsules	triamcinolone 0.05% ointment	Vabomere 2gm(1-1) injection
Varubi 90mg tablet	Ventolin HFA	Verkazia 0.1% ophthalmic emulsion
Victoza 18mg/3mL injection	Vyalev 12-240mg injection	Winlevi 1% cream
Xelstrym pads	Xigduo 10-1000 XR tablet, Xigduo 5-1000mg XR tablet	Zegalogue 0.6/0.6 auto-injector, Zegalogue 0.6/0.6 prefilled syringe
Zemaira injection	zolpidem tartrate 1.75mg sublingual tablet, zolpidem tartrate 3.5mg sublingual tablet, zolpidem tartrate 7.5mg capsule	

Prior Authorization Additions

- Effective 1/1/2026, 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), Mass General Brigham Advantage Group (PPO), Mass General Brigham Advantage Signature (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.

Drugs requiring Prior Authorization for 2026	
abiraterone 250mg tablet	lidocaine 5% ointment
Abirtega 250mg tablet	lidocaine 4% solution
Actimmune 2mu/0.5 injection	lidocaine/prilocaine 2.5-2.5% cream
Cablivi 11mg Kit	Lytgobi 4mg tablet
Caplyta capsules	Orserdu tablets
deferiprone tablets	Osphena 60mg tablet
Imvexxy 4mcg & 10mcg inserts & starter packs	Rezlidhia 150mg capsule

Drugs requiring Prior Authorization for 2026	
Inbrija 42mg capsule	teriflunomide tablets
Jaypirca tablets	Voquezna tablets
Kerendia tablets	

Drugs moving to a higher tier

- Effective 1/1/2026, the following drugs will be moving to a higher tier for the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Group (PPO), Mass General Brigham Advantage Signature (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	2026 Tier
acarbose tablets	**Tier 2**
amilor/hctz 5-50 tablet	
amlodipine/olmesartan tablets	
amlodipine/valsartan tablets	
benazepril/hctz tablets	
chlorthalidone tabletS	
doxycycline hyclate 50mg capsule	
ezetimibe/simvastatin tablets	
fluoxetine 90mg DR capsule	
fluvastatin capsuleS, fluvastatin 80mg ER tablet	
fosinopril/hctz 10/12.5 tablet, fosinopril/hctz 20/12.5 tablet	
glipizide IR & ER tablets	
glyb/metform 1.25-250 tablet, glyb/metform 2.5-500 tablet, glyb/metform 5-500mg tablet	
glyburide tablets, glyburide mcr tablets	
indapamide 1.25mg tablet, indapamide 2.5mg tablet	

Drug Name	2026 Tier
moexipril 15mg tablet, moexipril 7.5mg tablet	Tier 2
nateglinide 60mg tablet, nateglinide 120mg tablet	
olm med/amlo /hctz tablet	
perindopril tablets	
pioglitazone/glimepiride tablets	
pioglitazone/metformin tablets	
pot chloride 10meq ER capsule, pot chloride 8meq ER capsule	
potassium chloride 10% solution, potassium chloride 20% solution	
pramipexole tablets	
repaglinide 1mg tablet, repaglinide 2mg tablet	
ropinirole tablets	
telmisartan/amlodipine tablets	
trandolapril/verapamil ER tablets	
triamt/hctz 75-50mg tablet	
valsartan/hctz 320-12.5 tablet, valsartan/hctz 320-25mg tablet	
acyclovir na 50mg/mL injection	Tier 3
allopurinol 200mg tablet	
amoxapine tablets	
apraclonidin 0.50% ophthalmic solution	
azathioprine 50mg tablet	
betaxolol 10mg tablet, betaxolol 20mg tablet	
butorphanol 10mg/mL solution	
calcitonin 200/act spray	
carbamazepine 100mg chew	
chloroquine 250mg tablet, chloroquine 500mg tablet	
ciclopirox 0.77% suspension	
colestipol 1gm tablet, colestipol 5gm granule, colestipol 5gm granule packets	
cromolyn sod 20mg/2mL nebulizer	
Depo-testosterone 100 mg/mL IM injection & 200 mg/mL IM injection	

Drug Name	2026 Tier
desipramine tablets	Tier 3
desmopressin 0.01% spray	
diclofenac 1.5% solution	
dicyclomine 10mg/5mL solution	
digoxin 0.0625mg tablet	
diltiazem hcl ER bead capsules	
disulfiram 250mg tablet, disulfiram 500mg tablet	
Dotti TD twice weekly patches	
E.E.S 400 mg tablet	
erythromycin ethylsuccinate 400 mg tablet	
estradiol TD weekly & twice weekly patches	
ethosuximide 250mg capsule	
flecainide 100mg tablet, flecainide 150mg tablet, flecainide 50mg tablet	
flurazepam 15mg capsule, flurazepam 30mg capsule	
Fyavolv 0.5 mg-2.5 mcg & 1 mg-5 mcg tablet	
hep sod/D5W 25000Unt injection	
hep sod/NaCL 12500Unt injection	
heparin sod 1000/mL injection, heparin sod 10000/mL injection, heparin sod 20000/mL injection, heparin sod 5000/mL injection	
hydrocort 100mg enema	
hydrocortisone 0.1% lotion	
itraconazole 100mg capsule	
Jinteli 0.5 mg-2.5 mcg & 1 mg-5 mcg tablet	
kcl/d5w/lact 20meq/L injection	
ketorolac 0.5% solution	
Kionex 15gm/60mL	
Lyllana TD twice weekly patches	
medroxyprogesterone acetate 150mg/mL IM injection, medroxyprogesterone acetate 150mg/mL IM prefilled syringe	

Drug Name	2026 Tier
megestrol 625mg/5M suspension	Tier 3
metformin 500/5mL solution	
mexiletine capsules	
moxifloxacin 400/250 injection	
naloxone hcl 4mg spray	
niacin 500mg tablet	
Niacor 500mg tablet	
norethindrone acetate-ethinyl estradiol 0.5 mg-2.5 mcg tablet & 1 mg-5 mcg tablets	
primaquine 26.3mg tablet	
SPS 15gm/60mL & 30gm/120 suspension	
spironolactone 25mg/5mL suspension	
sucralfate 1gm/10mL suspension	
terconazole 0.4% cream, terconazole 0.8% cream, terconazole 80mg sup	
testosterone cypionate in oil 100 mg/mL & 200 mg/mL IM injection	
Tiadylt ER bead capsules	
tranex acid 650mg tablet	
ziprasidone capsules, ziprasidone 20mg injection	
acampro cal 333mg tablet	Tier 4
alendronate 70/75mL solution	
Aminosyn-PF 7% injection	
Amnesteem 10mg capsule, Amnesteem 20mg capsule, Amnesteem 40mg capsule	
aripiprazole 10mg ODT tablet	
asenapine sublingual tablets	
Atrovent HFA 17mcg aer	
aztreonam 2gm injection	
bepotastine 1.5% ophthalmic drops	
brinzolamide 1% suspension	
buprenorphine/naloxone films	
calcitriol 3mcg/gm ointment	

Drug Name	2026 Tier
dantrolene capsules	Tier 4
diazepam 2.5mg gel, diazepam 10mg gel, diazepam 20mg gel	
diclofenac 1.3% dis	
Eligard 22.5mg injection	
Eligard 30mg injection	
Eligard 45mg injection	
Eligard 7.5mg injection	
Emtriva 10mg/mL solution	
erythromycin eth 400/5mL suspension	
Invega 39/0.25 injection suspension	
Kerendia 10mg tablet, Kerendia 20mg tablet, Kerendia 40mg tablet	
leuprolide 1mg/0.2 injection	
Mayzent starter pak	
naproxen 125/5mL suspension	
Nexletol 180mg tablet	
Nexlizet 180/10mg tablet	
paricalcitol 1 mcg capsule, paricalcitol 2 mcg capsule, paricalcitol 4 mcg capsule	
pregabalin ER tablets	
Retacrit 10000Unt injection, Retacrit 20000Uni injection, Retacrit 2000Unit injection, Retacrit 3000Unit injection, Retacrit 4000Unit injection	
Rhopressa 0.02% solution	
rifabutin 150mg capsule	
risperidone 12.5mg injection	
tazarotene 0.1% cream, tazarotene 0.05% gel, tazarotene 0.1% gel	
testosterone 1.62% gel, testosterone 10mg/act gel	
tetracycline 250mg capsule, tetracycline 500mg capsule	
tolmetin sod 400mg capsule	
verapamil 180mg SR capsule, verapamil 240mg SR capsule	
Verquvo tablets	

Drug Name	2026 Tier
Xiidra 5% drops	**Tier 4**
Zomacton 10mg injection, Zomacton 5mg injection	
abiraterone 250mg tablet	**Tier 5**
Aplenzin 174mg tablet, Aplenzin 348mg tablet	
Aplenzin 348mg tablet	
Arikayce suspension	
Astagraf 5mg XL capsule	
Auvelity 45-105mg tablet	
baclofen 25mg/5mL suspension	
calcitonin 200/mL injection	
Chemet 100mg capsule	
Cibinqo tablets	
colistimeth 150mg injection	
cyclophospha 2gm/10mL injection	
doxorubicin 50/25mL injection	
Elmiron 100mg capsule	
Envarsus 4mg XR tablet	
Fanapt tablets	
Firmagon 120mg injection	
Fragmin 5000/0.2 injection	
Humatin 250mg capsule	
Leukeran 2mg tablet	
levetiracetam 250mg soluble tablet	
Motpoly 200mg XR capsule	
nitrofurantoin 25mg/5mL suspension, nitrofurantoin 50mg/5mL suspension	
Nuedexta 20-10mg capsule	
octreotide 1000mcg injection, octreotide 500mcg injection	
Omnitrope 5.8mg injection, Omnitrope 5/1.5mL injection	
oxaliplatin 100/20mL, oxaliplatin 200mg, oxaliplatin 100mg, oxaliplatin 50mg injection	

Drug Name	2026 Tier
oxcarbazepine 600mg ER tablet	**Tier 5**
Paxlovid 150-100 tablet, Paxlovid 300-100 tablet, Paxlovid pak	
Pen G sodium 5000000 injection	
pyrimethamine 25mg tablet	
Relistor 150mg tablet	
Rexulti tablets	
Secuado patches	
streptomycin 1gm injection	
sulfadiazine 500mg tablet	
SymLinpen 60 1000mcg injection, SymLnpen 120 1000mcg injection	
Tabloid 40mg tablet	
topiramate 200mg ER capsule	
valsartan 20mg/5mL solution	
Valtoco spray & therapy pack spray	
Versacloz 50mg/mL suspension	
Vraylar capsules	
Viokace 20880 tablet	

Changes to quantity limits

- Effective 1/1/2026, the quantity limit for the following drugs will be changing for the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Group (PPO), Mass General Brigham Advantage Signature (PPO), and Mass General Brigham Advantage Premier (PPO) plans.
- If members feel the new quantity limit on the drug is not appropriate to treat their condition, they should speak with their provider about alternatives (such as a higher strength of the drug to achieve the same clinical dose). Alternatives may 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.

Drug Name	2026 QL
almotriptan 12.5mg tablet	QL 12/30
almotriptan 6.25mg tablet	QL 18/30
Alunbrig 30mg tablet	QL 120/30
Alunbrig 90mg tablet, Alunbrig 180mg tablet	QL 30/30
Alunbrig pak	QL 60/year
Daybue 200mg/mL solution	QL 3600mL/30
dimethyl fumarate capsule starter	QL 120/year
eletriptan 40mg tablet, eletriptan 20mg tablet	QL 18/30
Fanapt pak	QL 16/year
frovatriptan 2.5mg tablet	QL 18/30
Gilotrif 20mg tablet, Gilotrif 30mg tablet, Gilotrif 40mg tablet	QL 30/30
Inqovi 35-100mg tablet	QL 5/28
Isentress 100mg powder	QL 60/30
Isentress 400mg tablet, Isentress HD 600mg tablet	QL 60/30
Kesimpta 20/.4mL injection	QL 1.6mL/30
Koselugo 10mg capsule	QL 240/30
Koselugo 25mg capsule	QL 120/30
Lumakras 120mg tablet	QL 240/30
Lumakras 240mg tablet	QL 120/30
Lumakras 320mg tablet	QL 90/30

Drug Name	2026 QL
naratriptan 2.5mg tablet, naratriptan 1mg tablet	QL 18/30
Paxlovid 150-100 tablet	QL 20/5
Paxlovid 300-100 tablet	QL 30/5
Pyrukynd 20mgx5mg & 50mgx20M taper packs	QL 14/14
Pyrukynd 5mg TP tablet	QL 7/7
Pyrukynd 5mg, 20mg, & 50mg tablets	QL 56/28
Rezurock 200mg tablet	QL 60/30
rizatriptan 2.5mg, 5mg, & 10mg tablets, rizatriptan 5mg & 10mg ODT tablets	QL 18/30
Savella mis titration pak	QL 110/year
scopolamine 1mg/3Day dis	QL 10/28
Shingrix 50/0.5mL injection	QL 2 vials/lifetime
sildenafil 10mg/mL suspension	QL 180/30
Skyclarys 50mg capsule	QL 90/30
sumatriptan 25mg, 50mg, & 100mg tablets	QL 18/30
sumatriptan 4mg/0.5 auto-injector, sumatriptan 4mg/0.5 refill cartridge	QL 12 mL/30
sumatriptan 5mg/act & 20mg/act spray	QL 12/30
sumatriptan 6mg/0.5 injection	QL 6 mL/30
Sunosi 75mg tablet, Sunosi 150mg tablet	QL 30/30
Tabrecta 150mg tablet, Tabrecta 200mg tablet	QL 112/28
Tavneos 10mg capsule	QL 180/30
Tazverik 200mg tablet	QL 240/30
Undecatrex 200mg capsule	QL 120/30
varenicline 0.5& 1mg tablet	QL 2 packs/year
Xdemvy 0.0025 drops	QL 10mL/42
zolmitriptan 2.5mg & 5mg spray	QL 12/30
zolmitriptan 2.5mg & 5mg tablets, zolmitriptan 2.5 mg & 5mg ODT tablets	QL 18/30
Zurzuvae 20mg capsule, Zurzuvae 25mg capsule	QL 28/14
Zurzuvae 30mg capsule	QL 14/14

Part B changes

Prior Authorization Changes

- Effective 1/1/2026, 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), Mass General Brigham Advantage Group (PPO), Mass General Brigham Advantage Signature (PPO), and Mass General Brigham Advantage Premier (PPO) plans.

Code	Code Description	Drug Name
J9289	injection, nivolumab, 2 mg and hyaluronidase-nvhy	Opdivo Qvantig

Vendor changes

Pharmacy benefit manager changing to Optum Rx

Beginning January 1, 2026, Mass General Brigham Medicare Advantage will work with Optum Rx as our new pharmacy benefit manager (PBM). As health care changes at a rapid pace, Mass General Brigham Health Plan continues to innovate and build on our total cost of care model. To create lasting value for our clients and members we serve now and, in the future, we are changing our pharmacy vendor to Optum Rx. Making pharmacy care more affordable, accessible, supportive, and personal for our members is a shared goal with Optum Rx.

For frequently asked questions (FAQs) about Optum Rx, please visit our dedicated provider resource page.

Commented [SA1]: See accompanying PDF containing updates for the 2026 Optum Rx FAQ page.

Part B medical benefit drug management update and upcoming webinars

Mass General Brigham Health Plan is committed to providing our members with access to high-quality health care that is consistent with evidence-based, nationally recognized clinical criteria and guidelines. Therefore, we will be implementing a change in the way we manage certain specialty drugs that fall under the medical benefit. This new program will be administered by the Medical Pharmacy Solutions team at Prime Therapeutics (Prime). To view a list of FAQs, please visit the Prime Therapeutics resource page.

Beginning December 22, 2025, providers should begin contacting Prime to obtain prior authorizations via web, fax, or phone or the in-scope drugs for our members with dates of service on or after January 1, 2026. Please note the drugs considered in-scope vary by member plan.

To help providers better prepare for this new program, Prime is offering online training. The Prime team of experts will walk you through the prior approval process. Understanding our new procedures will help ensure that your authorizations are processed promptly and accurately.
Join us for a 60-minute, web-based training session presented by Prime and become familiar with:

- The policies and procedures for this new program.
- What medical benefit drugs should be submitted to Prime for prior approval.
- How to obtain access to the Prime website.
- How to complete prior authorization requests using easy-to-use online tools from Prime.

Please take advantage of this opportunity!

It is recommended that you reserve your spot in one of these education sessions at least one week ahead of time. You will receive a registration confirmation email from Prime for the webinar session you select, including instructions for dialing in by phone should you need to do so.

Date	**Time**	**Registration link**
Wednesday, November 19, 2025	9-10 a.m. ET	https://bit.ly/3G5MF7m
Wednesday, November 19, 2025	1-2 p.m. ET	https://bit.ly/4lawVzm
Wednesday, December 3, 2025	9-10 a.m. ET	https://bit.ly/3I8Q0mX
Wednesday, December 3, 2025	1-2 p.m. ET	https://bit.ly/40tnwui

You will only need to attend one of the above educational sessions.
Please note that you will be able to begin requesting prior authorizations beginning **December 22, 2025**, for dates of service on or after **January 1, 2026**. If you have questions, please contact Mass General Brigham Health Plan at 855-444-4647 or HealthPlanProvRelations@mgb.org. For FAQs, please visit the Prime Therapeutics resource page.

We appreciate your support to ensure that our members continue receiving high-quality and clinically appropriate care. If you have questions, please contact the Mass General Brigham Health Plan provider service line at 855-444-4647 or HealthPlanproviderservice@mgb.org.