



List of Covered Drugs Changes: April 2024 CCA Medicare Excel

Commonwealth Care Alliance (CCA) reviews and makes changes to the Formulary (List of Covered Drugs) during the year. We may add or remove drugs. Changes may include:

- Changing our rules or limits of a drug
- Removing the brand name drug and adding the new generic drug
- Removing a drug because the Food and Drug Administration (FDA) says a drug is not safe or the drug manufacturer takes it off the market

If we are making a negative change (removing a drug, increasing the cost-sharing, or adding restrictive rules), we will notify you at least 60 days before the change is effective.

If you have questions, please call CCA Member Services at 866-333-3530 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The List of Covered Drugs is available on our website: <https://www.commonwealthcarealliance.org/ca/>

Change(s) effective April 2024

Drug	Change
TRACLEER 125 MG ORAL TABLET	Formulary Removal
TRACLEER 62.5 MG ORAL TABLET	Formulary Removal
FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR	Formulary Removal
BOSENTAN 125 MG ORAL TABLET	Formulary Addition Tier 5 (Generic Alt for Tracleer 125 mg), PA; LA; NEDS; QL
BOSENTAN 62.5 MG ORAL TABLET	Formulary Addition Tier 5 (Generic Alt for Tracleer 62.5 mg), PA; LA; NEDS; QL

TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR	Formulary Addition Tier 3 (Generic Alt for Forteo 20mcg/Dose Subcutane Pen Injctr), QL
PROLENSA 0.07 % OPHTHALMIC DROPS	Formulary Removal
BROMFENAC SODIUM 0.07 % OPHTHALMIC DROPS	Formulary Addition Tier 3 (Generic Alt for PROLENSA 0.07 % OPHTHALMIC DROPS)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL	Formulary Removal
RISPERIDONE ER 25 MG/2 ML INTRAMUSC. VIAL	Formulary Addition Tier 3 (Generic Alt for RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL), QL
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL	Formulary Removal
RISPERIDONE ER 50 MG/2 ML INTRAMUSC. VIAL	Formulary Addition Tier 5 (Generic Alt for RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL), NEDS, QL
RISPERDAL CONSTA 12.5MG/2ML INTRAMUSC. VIAL	Formulary Removal
RISPERIDONE ER 12.5MG/2ML INTRAMUSC. VIAL	Formulary Addition Tier 3 (Generic Alt for RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSC. VIAL), QL
RISPERDAL CONSTA 37.5MG/2ML INTRAMUSC. VIAL	Formulary Removal
RISPERIDONE ER 37.5MG/2ML INTRAMUSC. VIAL	Formulary Addition Tier 5 (Generic Alt for RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSC. VIAL), NEDS, QL

Key

NC = Not Covered		Generic drug = lowercase letters		Brand drug = CAPITAL LETTERS	
Formulary	Removal or Addition	LD	Limited Distribution	ST	Step Therapy Added or Removed
OTC	Over-the-Counter	PA	Prior Authorization Added or Removed	ST_NSO	ST New Starts Only Added or Removed
QL	Quantity Limit Added, Removed or Amended	PA_NSO	Prior Authorization New Starts Only Added or Removed	BvD	Part B versus Part D Determination
NEDS	Limit to 30-day Supply	Tier	Tier Change (from X tier to Y tier)	N/A	Not Applicable

