

Commonwealth Care Alliance Medicare Preferred (PPO)

2022 List of Covered Drugs (Formulary)



30 Winter Street • Boston, MA 02108

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
This formulary was updated on 10/01/2021. For more recent information or other questions, please contact CCA Medicare Preferred (PPO) Member Services, at 1-866-610-2273 or, for TTY users, 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 call is free or visit www.ccama.org/members

H9414_CF2022 Approved Formulary: ID 00022122 • Version 08 • Updated on 10/05/2021

CCA Medicare Preferred (PPO)

2022 Formulary

(List of Covered Drugs)

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ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00022122, Version Number 08

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Commonwealth Care Alliance. When it refers to “plan” or “our plan,” it means 2022 CCA Medicare Preferred.

This document includes list of the drugs (formulary) for our plan which is current as of 10/05/2021. This formulary document applies to all members. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on, January 1, 2023 and from time to time during the year. You will receive notice when necessary.

Commonwealth Care Alliance Massachusetts (CCA) Medicare Preferred (PPO) is a health plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (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 call is free.

Some extra benefits are special supplemental benefits, which not all members will qualify for. Contact the plan for more information.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 866-610-2273 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711).

What is the CCA Medicare Preferred (PPO) Formulary?

A formulary is a list of covered drugs selected by CCA Medicare Preferred in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CCA Medicare Preferred will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CCA Medicare Preferred network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage. For a complete listing of all prescription drugs covered by CCA Medicare Preferred, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to CCA’s Medicare Preferred Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both.

- Or we may make changes based on new clinical guidelines. If we remove drugs from our

formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CCA’s Medicare Preferred Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/05/2021. To get updated information about the drugs covered by CCA Medicare Preferred, please contact us. Our contact information appears on the front and back cover pages. If we make a change to the formulary during the 2022 coverage year for reasons other than those listed above, we will send a formulary sheet to tell you about the change.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 118. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CCA Medicare Preferred covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CCA Medicare Preferred requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CCA Medicare Preferred before you fill your prescriptions. If you don't get approval, CCA Medicare Preferred may not cover the drug.
- **Quantity Limits:** For certain drugs, CCA Medicare Preferred limits the amount of the drug that CCA Medicare Preferred will cover. For example, CCA Medicare Preferred provides 60 capsules per prescription for *celecoxib*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CCA Medicare Preferred requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CCA Medicare Preferred may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCA Medicare Preferred will then cover Drug B.
- CCA Medicare Preferred limits the coverage of blood glucose meters and test strips to the following Abbott Diabetes Care Products:
 - FreeStyle Lite® Meters
 - FreeStyle Freedom Lite® Meter
 - Freestyle Precision Xtra® Meter
 - Freestyle Precision Xtra® Blood Glucose Test Strips
 - FreeStyle Lite® Blood Glucose Test Strips
- CCA Medicare Preferred members will be able to obtain certain Continuous Glucose Monitoring (CGM) systems at network pharmacies with a valid prescription. CCA will cover the following CGM's with an approved prior authorization.
 - Freestyle Libre®
 - Dexcom G6®

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our

contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CCA Medicare Preferred to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CCA Medicare Preferred formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CCA Medicare Preferred does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CCA Medicare Preferred. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CCA Medicare Preferred.
- You can ask CCA Medicare Preferred to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to CCA’s Medicare Preferred Formulary?

You can ask CCA Medicare Preferred to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CCA Medicare Preferred limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CCA Medicare Preferred will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your**

request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31 -day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

We will provide an emergency supply of at least 31 days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements for unplanned level of care change. An unplanned level of care transition could be any of the following:

- a discharge or admission to a long term care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change.

For more information

For more detailed information about your CCA Medicare Preferred prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about, CCA Medicare Preferred, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800- MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

CCA Medicare Preferred Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CCA Medicare Preferred. If you have trouble finding your drug in the list, turn to the Index that begins on page 118.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., MYRBETRIQ) and generic drugs are listed in lower-case italics (e.g., *valsartan*).

The information in the Requirements/Limits column tells you if CCA Medicare Preferred has any special requirements for coverage of your drug.

CCA Medicare Preferred

Deductible	\$ 195 (for your Tier 3, Tier 4, and Tier 5 drugs)		
Copays	In-Network Pharmacy 30 day supply	In-Network Pharmacy 60 day supply	In-Network Pharmacy 90 day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$5	\$10	\$10
Tier 3	\$47	\$94	\$131
Tier 4	\$100	\$200	\$290
Tier 5	29%	N/A	N/A
Copays	Mail Order 30 day supply	Mail Order 60-day supply	Mail Order 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$5	\$10	\$10
Tier 3	\$47	\$94	\$131
Tier 4	\$200	\$200	\$290
Tier 5	29%	N/A	N/A
Copays	Out of Network and Long Term Care Pharmacy 30 day supply	Out of Network and Long Term Care Pharmacy 60 day supply	Out of Network and Long Term Care Pharmacy 90 day supply
Tier 1	\$0	N/A	N/A
Tier 2	\$5	N/A	N/A
Tier 3	\$47	N/A	N/A
Tier 4	\$100	N/A	N/A
Tier 5	29%	N/A	N/A

Coverage Gap Stage

After your total prescription drug costs reach **\$4,430** and until your payments reach **\$7,050** you pay:

- 25% of costs for Part D generic drugs
- 25% of costs for Part D brand drugs

Catastrophic Coverage Stage

After the coverage gap, when your payments for the year are greater than **\$7,050**, you pay the greater of:

5% per prescription, or \$3.95 per prescription for Part D generic drugs, \$9.85 per prescription for Part D brand drugs.

List of Abbreviations

EA: Each.

GM: Grams

LD: Limited Distribution. The symbol LD next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs. For more information consult your Pharmacy Directory or call Member Services at 1-866-610-2273, for TTY users, 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.)

ML: Milliliters

NDS: Non Extended Day Supply. You may be able to receive greater than a 1-month supply of most of the drugs on CCA Medicare Preferred Formulary via retail or mail order. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.

PA: Prior approval (or prior authorization). For some drugs, you or your physician or other prescriber must get approval from CCA Medicare Preferred before you fill your prescription. If you don't get approval, Commonwealth Care Alliance may not cover the drug.

B/D: Prior Authorization Restriction for Part B vs Part D Determination: This drug may be eligible for payment under Medicare Part B or Medicare Part D. You [or your physician] are required to get prior authorization from CCA Medicare Preferred to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCA Medicare Preferred may not cover this drug.

PA_NSO: Prior Authorization Restriction for New Starts Only. If this drug is new to you, you (or your physician) are required to get prior authorization for CCA Medicare Preferred before you fill your prescription for this drug. Without prior approval, CCA Medicare Preferred may not cover this drug.

QL: Quantity Limit. For some drugs, CCA Medicare Preferred limits the amount of a drug you can get. For example, CCA Medicare Preferred provides 60 tablets per 30-day prescription of ENTRESTO.

SI: Select Insulins. CCA Medicare Preferred offers reduced cost sharing for all insulins throughout the deductible, initial coverage, and coverage gap stages. For a 31-day supply of the select insulins, the maximum out-of-pocket cost will be \$35.

ST: Step Therapy. For some drugs, CCA Medicare Preferred requires you to do step therapy. This means you will have to try drugs in a certain order for your medical conditions. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

ST_NSO: Step Therapy for New Starts Only. If this drug is new to you, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Notice of Nondiscrimination

Commonwealth Care Alliance, Inc.[®] complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

Commonwealth Care Alliance
Civil Rights Coordinator
30 Winter Street
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517
Email: civilrightscordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-610-2273 (TTY 711).

Spanish (Español): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (TTY 711).

Chinese (繁體中文): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-610-2273 (TTY 711)。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-610-2273 (TTY 711).

French (Français): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-610-2273 (ATS 711).

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-610-2273 (TTY 711).

German (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-610-2273 (TTY 711).

Korean (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-610-2273 (TTY 711)번으로 전화해 주십시오.

Russian (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-610-2273 (телетайп 711).

Arabic (العربية): ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 1-866-610-2273 (رقم هاتف الصم والبكم 711).

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-610-2273 (TTY 711) पर कॉल करें।

Italian (Italiano): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-610-2273 (TTY 711).

Portuguese (Português): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-610-2273 (TTY 711).

French Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-610-2273 (TTY 711).

Polish (Polski): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-610-2273 (TTY 711).

Greek (Ελληνικά): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-610-2273 (TTY 711).

Japanese (日本語): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-610-2273 (TTY 711) まで、お電話にてご連絡ください。

Cambodian (ខ្មែរ): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ប្រើប្រាស់។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY 711)។

Lao/Laotian (ພາສາລາວ): ໂປດຂາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-866-610-2273 (TTY 711).

Gujarati (ગુજરાતી): સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-610-2273 (TTY 711).

