



List of Covered Drugs Changes: April 2024 CCA One Care

Commonwealth Care Alliance Massachusetts (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. One Care members have a \$0 copayment for medications.

If you have questions, please call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The List of Covered Drugs is available on our website: www.ccama.org

Change(s) effective April 01, 2024

Drug	Prior to 04/01/2024	Effective 04/01/2024
risperidone 12.5mg inj	Tier 4; QL	Tier 2; QL
risperidone 25mg inj	Tier 4; QL	Tier 2; QL
risperidone 37.5mg inj	Tier 4; QL	Tier 2; QL
risperidone 50mg inj	Tier 4; QL	Tier 2; QL
XALKORI 20MG ORAL PELLETT	Non- Formulary	Tier 3; PA_NSO; QL; NDS
XALKORI 50MG ORAL PELLETT	Non-Formulary	Tier 3; PA_NSO; QL; NDS

XALKORI 150MG ORAL PELLETT	Non- Formulary	Tier 3; PA_NSO; QL; NDS
BOSULIF 50MG CAP	Non- Formulary	Tier 3; PA_NSO; QL; NDS
BOSULIF 100MG CAP	Non- Formulary	Tier 3; PA_NSO; QL; NDS
IWILFIN 192MG TAB	Non- Formulary	Tier 3; PA_NSO; QL; NDS
INSULIN GLARGINE 300UNIT/ML PEN INJ	Non- Formulary	Tier 3; PA_NSO; QL
cyclosporine 0.05% ophth susp	Tier 2; QL	Tier 1; QL
RISPERDAL CONSTA 12.5MG INJ	Tier 4; QL	Formulary Removal
RISPERDAL CONSTA 25MG INJ	Tier 4; QL	Formulary Removal
RISPERDAL CONSTA 37.5MG INJ	Tier 4; QL	Formulary Removal
RISPERDAL CONSTA 50MG INJ	Tier 4; QL	Formulary Removal
ALVESCO 80MCG INHALER	Non-Formulary	Tier 3; QL
ALVESCO 160MCG INHALER	Non-Formulary	Tier 3; QL
QVAR 40MCG REDIHALER	Non-Formulary	Tier 3; QL
QVAR 80MCG REDIHALER	Non-Formulary	Tier 3; QL
LITFULO 50MG CAP	Non-Formulary	Tier 3; PA; QL; NDS
XDEMVIY 0.25% OPHTH SOLN	Non-Formulary	Tier 3; PA; QL
XIIDRA 5% OPHTH SOLN	Non-Formulary	Tier 3; QL

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	B/D	Part B versus Part D Determination
NDS	Limit to 30-day Supply	Tier	Tier Change (from X tier to Y tier)	N/A	Not Applicable

Key

CCA One Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.

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

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. The call is free.
