



## List of Covered Drugs Changes: April 2024

### CCA Medicare Value (PPO) & CCA Medicare Preferred (PPO)

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.

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

#### Change(s) effective April 01, 2024

Drug	Prior to 04/01/2024	Effective 04/01/2024
XALKORI 20MG ORAL PELLET	Non-formulary	Formulary addition; PA_NSO; NDS; QL
XALKORI 50MG ORAL PELLET	Non-formulary	Formulary addition; PA_NSO; NDS; QL
XALKORI 150MG ORAL PELLET	Non-formulary	Formulary addition; PA_NSO; NDS; QL
BOSULIF 50MG CAP	Non-formulary	Formulary addition; PA_NSO; NDS; QL
BOSULIF 100MG CAP	Non-formulary	Formulary addition; PA_NSO; NDS; QL

IWILFIN 192MG TAB	Non-formulary	Formulary addition; PA_NSO; NDS; QL
INSULIN GLARGINE 300UNIT/ML PEN INJ/1.5 ML	Non-formulary	Formulary addition; PA_NSO; NDS; QL
INSULIN GLARGINE 300UNIT/ML PEN INJ/3 ML	Non-formulary	Formulary addition; PA_NSO; NDS; QL
risperidone 12.5mg inj	Tier 4	Tier 2
risperidone 25mg inj	Tier 4	Tier 2
risperidone 37.5mg inj	Tier 4	Tier 2
risperidone 50mg inj	Tier 4	Tier 2
RISPERDAL CONSTA 12.5MG INJ	Formulary	Formulary removal
RISPERDAL CONSTA 25MG INJ	Formulary	Formulary removal
RISPERDAL CONSTA 37.5MG INJ	Formulary	Formulary removal
RISPERDAL CONSTA 50MG INJ	Formulary	Formulary removal
ALVESCO 80MCG INHALER	Non-formulary	Formulary addition; QL addition
ALVESCO 160MCG INHALER	Non-formulary	Formulary addition; QL addition
QVAR 40MCG REDIHALER	Non-formulary	Formulary addition; QL addition
QVAR 80MCG REDIHALER	Non-formulary	Formulary addition; QL addition
LITFULO 50MG CAP	Non-formulary	Formulary addition; PA addition; QL addition; NDS addition

XDEMVIY 0.25% OPHTH SOLN	Non-formulary	Formulary addition; PA addition; QL addition
XIIDRA 5% OPHTH SOLN	Non-formulary	Formulary addition; QL addition
cyclosporine 0.05% ophth susp	Tier 2: 2 vials per day	Tier 1; 2 vials per day

### Key

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

CCA Medicare Preferred (PPO) and CCA Medicare Value (PPO) are health plans with a Medicare contract. Enrollment 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. The call is free.