



**List of Covered Drugs Changes:
April 2024
CCA Senior Care Options (HMO D-SNP)**

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 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 5; PA_NSO; QL; NDS

XALKORI 50MG ORAL PELLETT	Non-Formulary	Tier 5; PA_NSO; QL; NDS
XALKORI 150MG ORAL PELLETT	Non- Formulary	Tier 5; PA_NSO; QL; NDS
BOSULIF 50MG CAP	Non- Formulary	Tier 5; PA_NSO; QL; NDS
BOSULIF 100MG CAP	Non- Formulary	Tier 3; PA_NSO; QL; NDS
IWILFIN 192MG TAB	Non- Formulary	Tier 5; 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 5; PA; QL; NDS
XDEMVY 0.25% OPHTH SOLN	Non-Formulary	Tier 5; PA; QL
XIIDRA 5% OPHTH SOLN	Non-Formulary	Tier 3; 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	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

CCA Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program 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.