



## List of Covered Drugs Changes: May 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 May 01, 2024

Drug	Prior to 05/01/2024	Effective 05/01/2024
ROZLYTREK 50MG ORAL PELLETT	NC	Formulary Addition; Tier 5; PA_NSO; NDS; QL 336 per 28 days
XOLAIR 75MG/0.5ML AUTO-INJECTOR	NC	Formulary Addition; Tier 5; PA; NDS
XOLAIR 150MG/ML AUTO-INJECTOR	NC	Formulary Addition; Tier 5; PA; NDS
XOLAIR 300MG/2ML AUTO-INJECTOR	NC	Formulary Addition; Tier 5; PA; NDS
XOLAIR 300MG/2ML SYRINGE	NC	Formulary Addition; Tier 5; PA; NDS
mifepristone 300mg tab	Tie 5; NDS; PA; QL	Tier Change from Tier 5 to Tier 1; NDS removed

dabigatran etexilate 110mg cap	Tier 4	Tier Change from Tier 4 to Tier 2
clonidine 0.1mg er tab	Tier 2	Tier Change from Tier 2 to Tier 1
METHYLPHENIDATE 18MG ER TAB	Tier 3	Tier Change from Tier 3 to Tier 2

### 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

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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.