



## 2025 Annual Formulary Changes CCA One Care (Medicare-Medicaid Plan)

Commonwealth Care Alliance, Inc. (CCA) reviews and makes changes to the Formulary (List of Covered Drugs) for the new year. The following drugs have been removed from the 2025 CCA One Care formulary effective as of 1/1/2025, however, covered alternatives are listed. Please contact your provider for a new prescription of a covered alternative.

If we are making a negative change (removing a drug), we will notify you at least 60 days before the change is effective. CCA 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](#).

Non-formulary Drug	Covered Alternative
ABILIFY MAIN INJ 300MG, ABILIFY MAIN INJ 400MG, ABILIFY ASIM INJ 720MG, ABILIFY ASIM INJ 960MG, ABILIFY MAIN INJ 300MG, ABILIFY MAIN INJ 400MG	RISPERIDONE MICROSPHERES INJ, ARISTADA INJ, INVEGA SUSTENNA, INVEGA TRINZA, INVEGA HALFYERA
ACYCLOVIR OIN 5%	Contact Prescriber
ALA-CORT CRE 2.5%	HYDROCORTISONE CRE 2.5%
ALPHAGAN P SOL 0.1%	BRIMONIDINE SOL 0.15%, BRIMONIDINE SOL 0.2%
ALPRAZOLAM TAB 0.5MG XR, ALPRAZOLAM TAB 1MG ER, ALPRAZOLAM TAB 2MG ER, ALPRAZOLAM TAB 3MG XR	ALPRAZOLAM IR, BUSPIRONE TAB, LORAZEPAM
ALREX SUS 0.2%	LOTEPREDNOL SUS 0.2% (GENERIC OF ALREX SUS 0.2%)
AMABELZ TAB 0.5-0.1, AMABELZ TAB 1-0.5MG	ESTRADIOL/NORETHINDRONE ACETATE TAB 0.5-0.1MG
ANNOVERA MIS	ELURYNG MIS, HALOETTE MIS
APRACLONIDIN SOL 0.5% OP	Contact Prescriber
ASMANEX 30 AER 110MCG, ASMANEX 30 AER 220MCG, ASMANEX 60 AER 220MCG, ASMANEX 120 AER 220MCG	ALVESCO, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE (INHALATION)
ASMANEX HFA AER 50MCG, ASMANEX HFA AER 100 MCG, ASMANEX HFA AER 200 MCG	ALVESCO, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE (INHALATION)
AVONEX PEN KIT 30MCG	Contact Prescriber

Non-formulary Drug	Covered Alternative
AVONEX PREFL KIT 30MCG	Contact Prescriber
BENZNIDAZOLE TAB 12.5MG, BENZNIDAZOLE TAB 100MG	Contact Prescriber
BETAXOLOL TAB 10MG, BETAXOLOL TAB 20MG	ATENOLOL, BISOPROLOL FUMARATE, METOPROLOL SUCCINATE, METOPROLOL TARTRATE
BIMATOPROST SOL 0.03% OP	LUMIGAN, LATANOPROST SOL 0.005%, VYZULTA, TRAVOPROST 0.004%
BRIMO/TIMOLO SOL 0.2/0.5%	BRINZOLAMIDE SUS 1% plus BRIMONIDINE SOL 0.2% OP, DORZOLAMIDE HCL-TIMOLOL MALEATE SOL 2-0.5% OP, DORZOLAMIDE SOL, COMBIGAN SOL, ROCKLATAN DRO
CALC ACETATE CAP 667MG, CALC ACETATE TAB 667MG	Contact Prescriber
CARISOPRODOL TAB 350MG	CYCLOBENZAPR TAB 5MG, 10MG, TIZANIDINE TAB
CDP/AMITRIP TAB 5-12.5MG, CDP/AMITRIP TAB 10-25MG	Contact Prescriber
CHENODAL TAB 250MG	Contact Prescriber
CHLORDIAZEP CAP 5MG, CHLORDIAZEP CAP 10MG, CHLORDIAZEP CAP 25MG	CLORAZEPATE DIPOTASSIUM TAB
CHLORZOXAZON TAB 500MG	CYCLOBENZAPR TAB 5MG, 10MG, TIZANIDINE TAB
CICLOPIROX SOL 8%	Contact Prescriber
CIMETIDINE TAB 200MG, CIMETIDINE TAB 300MG, CIMETIDINE TAB 400MG, CIMETIDINE TAB 800MG	FAMOTIDINE, NIZATIDINE
CLINDACIN MIS ETZ 1%	CLINDAMYCIN SOL 1%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML,
CLINDAMY/BEN GEL 1-5%, CLINDAM/BENZ GEL 1.2-2.5%, CLINDAMY/BEN GEL 1.2-5%	ERY/BENZOYL GEL 3-5%
CLINDAMYCIN MIS 1%	CLINDAMYCIN SOL 1%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML,
CLOBETASOL AER 0.05%	CLOBETASOL SOL 0.05%, CRE 0.05%, GEL 0.05%, OIN 0.05%, E CRE 0.05%
CLOBETASOL LOT 0.05%	CLOBETASOL SOL 0.05%, CRE 0.05%, GEL 0.05%, OIN 0.05%, E CRE 0.05%
CLOBETASOL SHA 0.05%	CLOBETASOL SOL 0.05%, CRE 0.05%, GEL 0.05%, OIN 0.05%, E CRE 0.05%
CLOBETASOL SPR 0.05%	CLOBETASOL SOL 0.05%, CRE 0.05%, GEL 0.05%, OIN 0.05%, E CRE 0.05%
CLONIDINE TAB 0.1MG ER	ATOMOXETINE CAP
CLOTRIM/BETA LOT DIPROP	CLOTRIM/BETA CRE 1-0.05%
CODEINE SULF TAB 15MG, CODEINE SULF TAB 30MG, CODEINE SULF TAB 60MG	OXYCODONE TAB, MORPHINE SULFATE TAB, HYDROMORPHONE TAB

Non-formulary Drug	Covered Alternative
COMBIPATCH DIS	ESTRA/NORETH TAB
CYCLOSPORINE EMU 0.05% OP	RESTASIS EMUL 0.05%, XIIDRA SOL 5%, MIEBO SOL 1.338GM/ML
DEPO-PROVERA INJ 150MG/ML	MEDROXYPR AC INJ 150MG/ML
DESONIDE OIN 0.05%	BETAMETH VAL CRE, FLUOCIN ACET CRE 0.01%, HC VALERATE CRE 0.2%
DESOXIMETAS CRE 0.25%	BETAMETH VAL CRE, FLUOCIN ACET CRE 0.01%, HC VALERATE CRE 0.2%
DESOXIMETAS OIN 0.25%	BETAMETH VAL CRE, FLUOCIN ACET CRE 0.01%, HC VALERATE CRE 0.2%
DEXMETHYLPHE CAP 5MG ER, DEXMETHYLPHE CAP 10MG ER, DEXMETHYLPH CAP 15MG ER, DEXMETHYLPHE CAP 20MG ER, DEXMETHYLPHE CAP ER 25MG, DEXMETHYLPH CAP 30MG ER, DEXMETHYLPHE CAP ER 35MG, DEXMETHYLPH CAP 40MG ER	AMPHET/DEXTR TAB, AMPHET/DEXTR CAP, ATOMOXETINE CAP
DEXTROAMPHET CAP 5MG ER, DEXTROAMPHET CAP 10MG ER, DEXTROAMPHET CAP 15MG ER	AMPHET/DEXTR TAB, AMPHET/DEXTR CAP, ATOMOXETINE CAP
DEXTROAMPHET TAB 5MG, DEXTROAMPHET TAB 10MG	AMPHET/DEXTR TAB, AMPHET/DEXTR CAP, ATOMOXETINE CAP
DICLOFENAC GEL 1%	DICLOFENAC SOL 1.5%
DILANTIN CAP 100MG	PHENYTOIN EX CAP 100MG (GENERIC OF DILANTIN CAP 100MG)
DIMETHYL FUM CAP 120MG DR, DIMETHYL FUM CAP 240MG DR	Contact Prescriber
DIPENTUM CAP 250MG	Contact Prescriber
DIURIL SUS 250/5ML	Contact Prescriber
DONEPEZIL TAB 23MG	DONEPEZIL TAB 10MG
DORZOL/TIMOL SOL 2%-0.5% PF	BRINZOLAMIDE SUS 1% plus BRIMONIDINE SOL 0.2% OP, DORZOLAMIDE HCL-TIMOLOL MALEATE SOL 2-0.5% OP, DORZOLAMIDE SOL, COMBIGAN SOL, ROCKLATAN DRO
DOXYL/PYRID TAB 10-10MG	Contact Prescriber
EFAVIRENZ CAP 50MG, EFAVIRENZ CAP 200MG	Contact Prescriber
ELETRIPTAN TAB 20MG, ELETRIPTAN TAB 40MG	SUMATRIPTAN TAB, NARATRIPTAN TAB, RIZATRIPTAN TAB
ELMIRON CAP 100MG	Contact Prescriber
EMCYT CAP 140MG	Contact Prescriber

Non-formulary Drug	Covered Alternative
EPINASTINE DRO 0.05%	AZELASTINE DRO 0.05%, ZERVIAE DRO 0.24%
ERGOLOID MES TAB 1MG ORAL	DIHYDROERGOT SPR 4MG/ML
ESTAZOLAM TAB 1MG, ESTAZOLAM TAB 2MG	ZOLPIDEM 5MG, 10MG, DOXEPIN 3MG, 6MG, DAYVIGO TAB
ESTRING MIS 7.5/24HR	YUVAFEM TAB, ESTRADIOL VAGINAL TAB, ESTRADIOL VAGINAL CREAM
ESZOPICLONE TAB 1MG, ESZOPICLONE TAB 2MG, ESZOPICLONE TAB 3MG	ZOLPIDEM 5MG, 10MG, DOXEPIN 3MG, 6MG, DAYVIGO TAB
EXTAVIA INJ 0.3MG	BETASERON INJ 0.3MG
FINACEA AER 15%	METRONIDAZOLE CRE 0.75%, GEL, LOT, AZELAIC ACID GEL 15%
FIRVANQ SOL 25MG/ML, FIRVANQ SOL 50MG/ML	VANCOMYCIN CAP, INJ
FLAVOXATE TAB 100MG	DARIFENACIN TAB, FESOTERODINE TAB, OXYBUTYNIN TAB, SOLIFENACIN TAB
FLUOCINONIDE CRE 0.1%	HC VALERATE CRE 0.2%, BETA DIPROP CRE 0.05%, FLUOCINONIDE CRE E 0.05%
FLUOXETINE TAB 60MG	FLUOXETINE CAP 20MG
FUROSCIX KIT 80/10ML	Contact Prescriber
GLUCAGON INJ 1MG, GLUCAGEN INJ 1MG	ZEGALOGUE INJ
GLYB/METFORM TAB 1.25-250, GLYB/METFORM TAB 2.5-500, GLYB/METFORM TAB 5-500MG	GLIPIZIDE-METFORMIN HCL
GLYBURID MCR TAB 1.5MG, GLYBURID MCR TAB 3MG, GLYBURID MCR TAB 6MG	GLIMEPIRIDE, GLIPIZIDE
GLYBURIDE TAB 1.25MG, GLYBURIDE TAB 2.5MG, GLYBURIDE TAB 5MG	GLIMEPIRIDE, GLIPIZIDE
GVOKE HYPO 1 INJ .5/.1ML, GVOKE HYPO 1 INJ 1MG/.2ML	ZEGALOGUE INJ
GVOKE KIT SOL 1MG/0.2M	ZEGALOGUE INJ
GVOKE PFS INJ, GVOKE PFS INJ	ZEGALOGUE INJ
HC PRAMOXINE CRE 1-1%	PROCTOCORT CRE 1%, PROCTO-MED CRE HC 2.5%
HYDROCO/APAP TAB 5-300MG, HYDROCO/APAP TAB 7.5-300, HYDROCO/APAP TAB 10-300MG	HYDROCO/APAP TAB 10-325MG, HYDROCO/APAP TAB 5-325MG, HYDROCO/APAP TAB 7.5-325, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325
HYDROCOD/IBU TAB 5-200MG, HYDROCOD/IBU TAB 10-200MG	HYDROCO/APAP TAB 10-325MG, HYDROCO/APAP TAB 5-325MG, HYDROCO/APAP TAB 7.5-325, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325
HYDROCODONE CAP 10MG ER, HYDROCODONE CAP 15MG ER, HYDROCODONE CAP 20MG, ERHYDROCODONE CAP 30MG ERHYDROCODONE	HYDROCODONE TAB (GENERIC OF HYSINGLA ER), MORPHINE SULFATE TAB ER, METHADONE TAB

Non-formulary Drug	Covered Alternative
CAP 40MG, ERHYDROCODONE CAP 50MG ER	
HYDROXYCHLOR TAB 100MG, HYDROXYCHLOR TAB 300MG, HYDROXYCHLOR TAB 400MG	HYDROXYCHLOR TAB 200MG
HYDROXYZ PAM CAP 100MG	HYDROXYZ PAM CAP 50MG
ICOSAPENT CAP 0.5GM, ICOSAPENT CAP 1GM	VASCEPA CAP 0.5GM, VASCEPA CAP 1GM
INDOMETHACIN CAP 25MG, INDOMETHACIN CAP 50MG, INDOMETHACIN CAP 75MG ER	Contact Prescriber
ISOSO/HYDRAL TAB 20-37.5	ISOSORBIDE plus HYRALAZINE
KCL/D5W/LACT INJ 20MEQ/L	Contact Prescriber
KLOXXADO SPR 8MG	NALOXONE HCL SPR 4MG (GENERIC OF NARCAN SPR 4MG)
LANTHANUM CHW 500MG, LANTHANUM CHW 750MG, LANTHANUM CHW 1000MG	Contact Prescriber
LEUPROLIDE INJ 22.5MG	ELIGARD
LEXIVA SUS 50MG/ML	Contact Prescriber
LITHOSTAT TAB 250MG	Contact Prescriber
LOTEPREDNOL GEL 0.5%	LOTEMAX OIN 0.5%
LOTEPREDNOL SUS 0.5%	LOTEPREDNOL SUS 0.2% (GENERIC OF ALREX SUS 0.2%)
LUBIPROSTONE CAP 8MCG, LUBIPROSTONE CAP 24MCG	LINZESS
LUPRON DEPOT INJ 30MG	ELIGARD
MAVENCLAD PAK 10MG(4), MAVENCLAD PAK 10MG(5), MAVENCLAD PAK 10MG(6), MAVENCLAD PAK 10MG(7), MAVENCLAD PAK 10MG(8), MAVENCLAD PAK 10MG(9), MAVENCLAD PAK 10MG(10)	Contact Prescriber
MAYZENT TAB 0.25MG, MAYZENT TAB 1MG, MAYZENT TAB 2MG	Contact Prescriber
MENEST TAB 0.3MG, MENEST TAB 0.625MG, MENEST TAB 1.25MG, MENEST TAB 2.5MG	ESTRADIOL TAB
MERZEE CAP 1/20	TARINA FE TAB 1/20 EQ, LARIN FE TAB 1/20, JUNEL FE TAB 1/20, NORETH/ETHIN TAB FE 1/20, MICROGESTIN TAB FE 1/20
MESALAMINE TAB 800MG DR	MESALAMINE TAB 1.2GM (generic LIALDA), MESALAMINE CAP 400MG DR (generic DELZICOL)
METAXALONE TAB 800MG	CYCLOBENZAPR TAB 5MG, 10MG, TIZANIDINE TAB
METHOCARBAM TAB 500MG, METHOCARBAM TAB 750MG	CYCLOBENZAPR TAB 5MG, 10MG, TIZANIDINE TAB
METHSCOPOLAM TAB 2.5MG, METHSCOPOLAM TAB 5MG	Contact Prescriber
METHYLPHENID CAP 10MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 30MG ER,	AMPHET/DEXTR TAB, AMPHET/DEXTR CAP, ATOMOXETINE CAP

Non-formulary Drug	Covered Alternative
METHYLPHENID CAP 40MG ER	
METHYLPHENID CAP 10MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 50MG, METHYLPHENID CAP 60MG	AMPHET/DEXTR TAB, AMPHET/DEXTR CAP, ATOMOXETINE CAP
METHYLPHENID CAP 60MG LA	AMPHET/DEXTR TAB, AMPHET/DEXTR CAP, ATOMOXETINE CAP
METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 27MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID TAB 54MG ER, METHYLPHENID TAB 54MG ER	AMPHET/DEXTR TAB, AMPHET/DEXTR CAP, ATOMOXETINE CAP
METOPROL TAR TAB 37.5MG, METOPROL TAR TAB 75MG	METOPROL TAR TAB 25MG, METOPROL TAR TAB 50MG, METOPROL TAR TAB 100MG
METRONIDAZOL GEL 1%	METRONIDAZOLE CRE 0.75%, GEL, LOT, AZELAIC ACID GEL 15%
MEXILETINE CAP 150MG, MEXILETINE CAP 200MG, MEXILETINE CAP 250MG	Contact Prescriber
MIGLITOL TAB 25MG, MIGLITOL TAB 50MG, MIGLITOL TAB 100MG	Contact Prescriber
MINOCYCLINE TAB 50MG, MINOCYCLINE TAB 75MG, MINOCYCLINE TAB 100MG	MINOCYCLINE CAP 50MG, MINOCYCLINE CAP 75MG, MINOCYCLINE CAP 100MG
NAFTIFINE CRE HCL 1%, NAFTIFINE CRE HCL 2%	CLOTRIMAZOLE SOL 1%, CRE 1%, ECONAZOLE CRE 1%
NARCAN SPR 4MG	NALOXONE HCL SPR 4MG (GENERIC OF NARCAN SPR 4MG)
NEVIRAPINE TAB 100MG	Contact Prescriber
NITROGLYCRN SPR 400MCG	NITROGLYCERIN SL TAB
NIVESTYM INJ 300/0.5, NIVESTYM INJ 480/0.8	ZARXIO, FULPHILA
NIVESTYM INJ 300MCG, NIVESTYM INJ 480MC	ZARXIO, FULPHILA
NYSTAT/TRIAM CRE	CLOTRIM/BETA CRE 1-0.05%
NYSTAT/TRIAM OIN	CLOTRIM/BETA CRE 1-0.05%
NYVEPRIA INJ 6/0.6ML	ZARXIO, FULPHILA
OLOPATADINE DRO 0.1%	AZELASTINE DRO 0.05%, ZERVIAE DRO 0.24%
ORPHENADRINE TAB 100MG ER	CYCLOBENZAPR TAB 5MG, 10MG, TIZANIDINE TAB
OXAZEPAM CAP 10MG, OXAZEPAM CAP 15MG, OXAZEPAM CAP 30MG	ALPRAZOLAM IR, BUSPIRONE TAB, LORAZEPAM
OXYCOD/ACETA SOL 5/325MG	HYDROCO/APAP SOL 7.5-325
OXYCODONE CAP 5MG	OXYCODONE TAB, MORPHINE SULFATE TAB, HYDROMORPHONE TAB
OXYMORPHONE TAB HCL 5MG, OXYMORPHONE TAB HCL 10MG	MORPHINE SULFATE TAB ER, CAP ER, HYDROCODONE CAP ER, TAB ER, HYDROMORPHONE TAB ER, METHADONE TAB

Non-formulary Drug	Covered Alternative
PENCICLOVIR CRE 1%	Contact Prescriber
PERSERIS INJ 90MG, PERSERIS INJ 120MG	RISPERIDONE MICROSPHERES INJ, ARISTADA INJ, INVEGA SUSTENNA, INVEGA TRINZA, INVEGA HALFYERA
PHEBURANE MIS 483/GM	Contact Prescriber
PHENOXYBENZA CAP 10MG	Contact Prescriber
PHEXXI GEL	Contact Prescriber
PHOSPHOLINE SOL 0.125%OP	Contact Prescriber
PLASMA-LYTE INJ -148, PLASMA-LYTE INJ -A	MULTIPLE ELECTROLYTES INJ PH 5.5 (GENERIC OF PLASMA-LYTE INJ-148), MULTIPLE ELECTROLYTES INJ PH 7.4 (GENERIC OF PLASMA-LYTE INJ-A)
PLEGRIDY INJ PEN	Contact Prescriber
PLEGRIDY INJ	Contact Prescriber
PRADAXA CAP 110MG	DABIGATRAN CAP 110MG (GENERIC OF PRADAXA CAP 110MG)
PRED MILD SUS 0.12% OP	PREDNISOLONE SUS 1% OP
PREMARIN TAB 0.3MG, PREMARIN TAB 0.45MG, PREMARIN TAB 0.625MG, PREMARIN TAB 0.9MG, PREMARIN TAB 1.25MG	ESTRADIOL TAB
PREMARIN VAG CRE 0.625MG	YUVAFEM TAB, ESTRADIOL VAGINAL TAB, ESTRADIOL VAGINAL CREAM
PREMPHASE TAB	ESTRADIOL TAB plus MEDROXYPROGESTERONE ACETATE TAB, ESTRA/NORETH TAB
PREMPRO TAB 0.3-1.5, PREMPRO TAB 0.45-1.5, PREMPRO TAB, PREMPRO TAB 0.625-5	ESTRADIOL TAB plus MEDROXYPROGESTERONE ACETATE TAB, ESTRA/NORETH TAB
PROLENSA SOL 0.07%	BROMFENAC DRO 0.07% OP (GENERIC OF PROLENSA SOL 0.07%)
PROMETHAZINE SUP 12.5MG, PROMETHEGAN SUP 25MG, PROMETHAZINE SUP 25MG	PROMETHAZINE TAB
PYRIDOSTIGMI SOL 60MG/5ML	Contact Prescriber
PYRIDOSTIGMI TAB ER 180MG	Contact Prescriber
RAMELTEON TAB 8MG	ZOLPIDEM 5MG, 10MG, DOXEPIN 3MG, 6MG, DAYVIGO TAB
REBIF INJ 22/0.5, REBIF INJ 44/0.5	Contact Prescriber
REBIF REBIDO INJ 22/0.5, REBIF REBIDO INJ 44/0.5	Contact Prescriber
RIDAURA CAP 3MG	Contact Prescriber
RISPERDAL INJ 12.5MG, RISPERDAL INJ 25MG, RISPERDAL INJ 37.5MG, RISPERDAL INJ 50MG	RISPERIDONE MICROSPHERES INJ, ARISTADA INJ, INVEGA SUSTENNA, INVEGA TRINZA, INVEGA HALFYERA
SEVELAM CARB POW 0.8GM, SEVELAM CARB POW 2.4GM	Contact Prescriber

Non-formulary Drug	Covered Alternative
SEVELAM CARB TAB 800MG	Contact Prescriber
SEVELAM HCL TAB 400MG, SEVELAM HCL TAB 800MG	Contact Prescriber
SLYND TAB 4MG	Contact Prescriber
SORINE TAB 80MG, SORINE TAB 120MG, SORINE TAB 160MG, SORINE TAB 240MG	SOTALOL HCL TAB 80MG, SOTALOL HCL TAB 120MG, SOTALOL HCL TAB 160MG, SOTALOL HCL TAB 240MG
SPIRIVA AER 1.25MCG	INCRUSE ELLIPTA
STIOLTO AER 2.5-2.5	BEVESPI AEROSPHERE, ANORO ELLIPTA
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN INJ 6MG/0.5
SYMJEPI INJ 0.15MG, SYMJEPI INJ 0.3MG	EPINEPHRINE INJ 0.15MG EPINEPHRINE INJ 0.3MG
TAFLUPROST SOL 0.0015%	LUMIGAN, LATANOPROST SOL 0.005%, VYZULTA, TRAVOPROST 0.004%
TERIFLUNOMID TAB 7MG, TERIFLUNOMID TAB 14MG	Contact Prescriber
TIMOLOL MAL SOL 0.25% OP, TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE SOL 0.25% OP (GENERIC OF TIMOPTIC SOL 0.25% OP)
TIOPRONIN TAB 100MG	Contact Prescriber
TIZANIDINE CAP 2MG, TIZANIDINE CAP 4MG, PYRIDOSTIGMI TAB ER 180MG	CYCLOBENZAPR TAB 5MG, 10MG, TIZANIDINE TAB
TOLCAPONE TAB 100MG	ENTACAPONE TAB
TRAMADOL HCL TAB 100MG ER, TRAMADOL HCL TAB 200MG ER, TRAMADOL HCL TAB 300MG ER	MORPHINE SULFATE TAB ER, CAP ER, HYDROCODONE CAP ER, TAB ER, HYDROMORPHONE TAB ER, METHADONE TAB
TRELSTAR MIX INJ 3.75MG, TRELSTAR MIX INJ 11.25MG, TRELSTAR MIX INJ 22.5MG	ELIGARD
TRIAZOLAM TAB 0.125MG, TRIAZOLAM TAB 0.25MG	ZOLPIDEM 5MG, 10MG, DOXEPIN 3MG, 6MG, DAYVIGO TAB
TRIDERM CRE 0.1%	TRIAMCINOLONE CRE 0.1%
TRIZIVIR TAB	Contact Prescriber
TYBLUME CHW 0.1-0.02	SRONYX TAB, AUBRA EQ TAB, VIENVA TAB, AVIANE TAB, FALMINA TAB
UZEDY INJ 50MG, UZEDY INJ 75MG, UZEDY INJ 100M, GUZEDY INJ 125, MGUZEDY INJ 150, MGUZEDY INJ 200, MGUZEDY INJ 250MG	RISPERIDONE MICROSPHERES INJ, ARISTADA INJ, INVEGA SUSTENNA, INVEGA TRINZA, INVEGA HALFYERA
VANCOMYCIN SOL 25MG/ML	VANCOMYCIN CAP, INJ
VELPHORO CHW 500MG	Contact Prescriber
VEMLIDY TAB 25MG	ENTECAVIR TAB, TENOFOVIR DISOPROXIL FUMARATE TAB
XIFAXAN TAB 200MG	Contact Prescriber



Non-formulary Drug	Covered Alternative
XOPENEX HFA AER	ALBUTEROL AER HFA
ZALEPLON CAP 5MG, ZALEPLON CAP 10MG	ZOLPIDEM 5MG, 10MG, DOXEPIN 3MG, 6MG, DAYVIGO TAB
ZIEXTENZO INJ 6/0.6ML	FULPHILA INJ, ZARXIO INJ
ZIMHI SOL	NALOXONE HCL SPR 4MG (GENERIC OF NARCAN SPR 4MG)
ZOLMITRIPTAN SPR 5MG	SUMATRIPTAN SPR
ZOLMITRIPTAN TAB 2.5MG, ZOLMITRIPTAN TAB 5MG, ZOLMITRIPTAN TAB 2.5 MG	SUMATRIPTAN TAB, NARATRIPTAN TAB, RIZATRIPTAN TAB
ZOLMITRIPTAN TAB 5MG ODT	RIZATRIPTAN TAB ODT
ZUBSOLV SUB 0.7-0.18, ZUBSOLV SUB 1.4-0.36, ZUBSOLV SUB 2.9-0.71, ZUBSOLV SUB 5.7-1.4, ZUBSOLV SUB 8.6-2.1, ZUBSOLV SUB 11.4-2.9	BUPREN/NALOX SUB, BUPREN/NALOX MIS

### Key

NC = Not Covered		Generic drug = lowercase letters		Brand drug = CAPITAL LETTERS	
<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_NS0</b>	ST New Starts Only Added or Removed
<b>QL</b>	Quantity Limit Added, Removed or Amended	<b>PA_NS0</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

Please refer to our [pharmacy information](#) page to reference our searchable formulary, learn about our coverage determination (prior authorizations) and redetermination (appeal) process, and review our pharmacy programs. If your drug is not on the formulary, talk with your doctor to decide if you should change to a covered alternative.

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.