



**List of Covered Drugs Changes:
December 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

Change(s) effective December 01, 2024

Drug	Prior to 12/01/2024	Effective 12/01/2024
LAZCLUZE 80MG TAB	Non-Formulary	Formulary addition; PA_NSO; QL; NDS
LAZCLUZE 240MG TAB	Non-Formulary	Formulary addition; PA_NSO; QL; NDS
dasatinib 20mg tab	Tier 5; NDS, PA_NSO; QL	Tier 1; PA_NSO; QL
dasatinib 50mg tab	Tier 5; NDS, PA_NSO; QL	Tier 1; PA_NSO; QL
dasatinib 70mg tab	Tier 5; NDS, PA_NSO; QL	Tier 1; PA_NSO; QL
dasatinib 80mg tab	Tier 5; NDS, PA_NSO; QL	Tier 1; PA_NSO; QL
dasatinib 100mg tab	Tier 5; NDS, PA_NSO; QL	Tier 1; PA_NSO; QL
dasatinib 140mg tab	Tier 5; NDS, PA_NSO; QL	Tier 1; PA_NSO; QL
VORANIGO 10MG TAB	Non-Formulary	Formulary addition; PA_NSO; QL; NDS
VORANIGO 40MG TAB	Non-Formulary	Formulary addition; PA_NSO; QL; NDS
lofexidine 0.18mg tab	Tier 4; PA; QL	Tier 2; PA; QL
RINVOQ 1MG/ML ORAL SOLN	Non-Formulary	Formulary addition; PA; QL; NDS
tazarotene 0.05% cream	Tier 4; PA; QL	Tier 2; PA; QL

TREMFYA 200MG/2ML AUTO- INJECTOR	Non-Formulary	Formulary addition; PA; QL; NDS
TREMFYA 200MG/2ML SYRINGE	Non-Formulary	Formulary addition; PA; QL; NDS
ADBRY 300MG/2ML AUTO-INJECTOR	Non-Formulary	Formulary addition; PA; QL; NDS
SPRYCEL 20MG TAB	Tier 5; NDS; PA_NSO; QL	Non-Formulary
SPRYCEL 50MG TAB	Tier 5; NDS; PA_NSO; QL	Non-Formulary
SPRYCEL 70MG TAB	Tier 5; NDS; PA_NSO; QL	Non-Formulary
SPRYCEL 80MG TAB	Tier 5; NDS; PA_NSO; QL	Non-Formulary
SPRYCEL 100MG TAB	Tier 5; NDS; PA_NSO; QL	Non-Formulary
SPRYCEL 140MG TAB	Tier 5; NDS; PA_NSO; QL	Non-Formulary

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	N/A	

			X tier to Y tier)		Not Applicable
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Key

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.