



**List of Covered Drugs Changes:  
November 2024  
CCA Medicare Value (PPO), CCA Medicare Preferred (PPO) &  
CCA Medicare Maximum (D-SNP)**

Commonwealth Care Alliance Rhode Island, LLC. (CCA Health Rhode Island) 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 833-346-9222 (TTY 711), 8 am to 8 pm, 7 days a week. The List of Covered Drugs is available on our website: [www.ccari.org](http://www.ccari.org)

**Change(s) effective November 01, 2024**

<b>Drug</b>	<b>Prior to 11/01/2024</b>	<b>Effective 11/01/2024</b>
AUSTEDO XR 18MG TAB	Not Covered	Formulary addition; PA; QL; NDS
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK	Not Covered	Formulary addition; PA; QL; NDS
OTEZLA 20MG TAB	Not Covered	Formulary addition; PA; QL; NDS
OTEZLA TAB 28-DAY STARTER PACK (55)	Not Covered	Formulary addition; PA; QL; NDS
VIGAFYDE 100MG/ML ORAL SOLN	Not Covered	Formulary addition; PA_NSO; QL
TALTZ 20MG/0.25ML SYRINGE	Not Covered	Formulary addition; PA; QL; NDS
TALTZ 40MG/0.5ML SYRINGE	Not Covered	Formulary addition; PA; QL; NDS

### 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), CCA Medicare Value (PPO), and CCA Medicare Maximum (HMO D-SNP) are health plans with a Medicare contract. CCA Medicare Maximum has a contract with the State Medicaid program. Enrollment depends on contract renewal.

You can get this document for free in other formats, such as large print, braille, or audio. Call 833-346-9222 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.