



**List of Covered Drugs Changes:
December 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

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 SYRINGE	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 X tier to Y tier)	N/A	Not Applicable

Key

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.