2027 Annual Formulary Changes
Commonwealth Care Alliance® One Care (HMO D-SNP)

CCA One Care reviews and makes changes to the formulary, or list of drugs your plan covers, for the new year. The drugs below have been removed from the 2027 CCA One Care formulary, however, covered alternatives are listed. Please contact your primary care provider (PCP) for a new prescription of the covered alternative.

NON-FORMULARY DRUG	COVERED ALTERNATIVE
ALYFTREK TAB 10-50-125 MG, 4-20-50 MG	TRIKAFTA TAB, PAK; ORKAMBI TAB, GRANULES; KALYDECO TAB, GRANULES, PAK
APIDRA PEN SOLOSTAR	NOVOLOG INJ; FIASP INJ; HUMALOG INJ, KWPIN; INSULIN LISP INJ; LYUMJEV INJ
APIDRA VIAL U-100	NOVOLOG INJ; FIASP INJ; HUMALOG INJ, KWPIN; INSULIN LISP INJ; LYUMJEV INJ
APTIOM TAB 200MG, 400MG, 600MG, 800MG	ESLICARBAZEPINE TAB 200MG, 400MG, 600MG, 800MG
ARALAST NP INJ 1000MG, 500MG	PROLASTIN-C INJ
BAQSIMI ONE POW 3MG/DOSE, TWO POW 3MG/DOSE	GVOKE HYPO INJ; GVOKE PFS
BASAGLAR KWP INJ 100/ML	LANTUS SOLOS INJ; LANTUS INJ; TOUJEO SOLO INJ; TOUJEO MAX INJ
BESIVANCE SUS 0.6%	BESIFLOXACIN SUS 0.6%
BONSITY INJ 560MCG/2.24ML	TYMLOS INJ
BOSULIF TAB 400MG	BOSUTINIB TAB 400MG
BRIVIACT SOL 10MG/ML	BRIVARACETAM SOL 10MG/ML
BRIVIACT TAB 100MG, 10MG, 25MG, 50MG, 75MG	BRIVARACETAM TAB 100MG, 10MG, 25MG, 50MG, 75MG
CEFAZOLIN INJ 1GM	CONSULT YOUR HEALTH CARE PROVIDER
CEQUR SIMPL KIT PATCH 2U (3-DAY)	CEQUR SIMPL KIT PATCH 2U (4-DAY); CEQUR SIMPL KIT 1U EXTND; CEQUR SIMPL KIT 2U EXTND
CORLANOR SOL 5MG/5ML	IVABRADINE TAB
CYCLOPHOSPHAMIDE TAB 25MG	CYCLOPHOSPHAMIDE CAP 25MG

CYCLOPHOSPHA INJ 500MG/2.5ML, 1GM/5ML	CONSULT YOUR HEALTH CARE PROVIDER
DULERA AER 100-5MCG/ACT, 200-5MCG/ACT, 50-5MCG/ACT	BUDESONIDE/FORMOTEROL AER; FLUTICASONE/SALMETEROL AER; WIXELA INHUB AER; FLUTICASONE/VILANTEROL INH; ADVAIR HFA; BREO ELLIPTA INH
ENDOCET TAB 5-325MG	OXYCODONE/ACETAMINOPHEN TAB 5-325MG
EPCLUSA PAK 150-37.5MG, 200-50MG	MAVYRET TAB, PAK; VOSEVI TAB
EPCLUSA TAB 200-50MG, 400-100MG	MAVYRET TAB, PAK; VOSEVI TAB
ERYTHROM ETH TAB 400MG	E.E.S. 400 TAB 400MG
ERYTHROMYCIN CAP 250MG DR	ERYTHROMYCIN TAB 250MG EC
ESOMEPRAZOLE GRA 2.5MG DR	CONSULT YOUR HEALTH CARE PROVIDER
ESOMEPRAZOLE GRA 5MG DR, 10MG DR	ESOMEPRAZOLE MAGNESIUM CAP DR; LANSOPRAZOLE CAP DR; OMEPRAZOLE CAP DR; PANTOPRAZOLE SODIUM TAB DR; RABEPRAZOLE SODIUM TAB DR
FLAC OIL 0.01% OT	FLUOCINOLONE OIL 0.01% OT
FLUTICAS HFA AER 44MCG, 110MCG, 220MCG	ARNUITY ELPT INH
FYCOMPA SUS 0.5MG/ML	PERAMPANEL SUS 0.5MG/ML
FYCOMPA TAB 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	PERAMPANEL TAB 2MG, 4MG, 6MG, 8MG, 10MG, 12MG
GLARGIN YFGN INJ 100U/ML	LANTUS SOLOS INJ; LANTUS INJ; TOUJEO SOLO INJ; TOUJEO MAX INJ
GLARGIN YFGN SOL 100U/ML	LANTUS SOLOS INJ; LANTUS INJ; TOUJEO SOLO INJ; TOUJEO MAX INJ
GLEOSTINE CAP 10MG, 40MG, 100MG	LOMUSTINE CAP 10MG, 40MG, 100MG
HUMALOG MIX INJ 50/50KWP	NOVOLOG MIX 70/30; NOVOLOG MIX 70/30 FLEX PEN; HUMALOG MIX SUS 75/25; HUMALOG MIX INJ 75/25KWP; INSULIN LISP INJ PROT KWP
HUMALOG TMPO INJ 100/ML	HUMALOG KWIKPEN INJ; ADMELOG SOLOSTAR INJ
HUMULIN R INJ U-500	HUMULIN R INJ U-500 KWIKPEN
IBRANCE CAP 75MG, 100MG	IBRANCE TAB 75MG, 100MG; VERZENIO TAB; KISQALI TAB
INSULIN GLAR INJ 300/ML	LANTUS SOLOS INJ; LANTUS INJ; TOUJEO SOLO INJ; TOUJEO MAX INJ
JANUMET TAB 50-500MG, 50-1000MG	SITAG/METFOR TAB; SITAGLIPTIN TAB plus METFORMIN TAB
JANUVIA TAB 25MG, 50MG, 100MG	SITAGLIPTIN TAB

KLOR-CON 8 TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER; POTASSIUM CHLORIDE ORAL SOLN; POTASSIUM CHLORIDE POWDER PACKET
KLOR-CON 10 TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER; POTASSIUM CHLORIDE ORAL SOLN; POTASSIUM CHLORIDE POWDER PACKET
LACTATED RIN INJ	MULT ELECTRO INJ PH 7.4; PLASMA-LYTE INJ - A; ISOLYTE-S INJ PH 7.4; ISOLYTE-S INJ
LEVORA-28 TAB 0.15/30	AYUNA TAB; ALTAVERA TAB; PORTIA-28 TAB; KURVELO TAB; MARLISSA TAB; CHATEAL EQ TAB
LOW-OGESTREL TAB	ELINEST TAB
MEMANT TITRA PAK 5-10MG	MEMANTINE TAB HCL 5MG, 10MG
MYRBETRIQ SUS 8MG/ML	MIRABEGRON SUSPENSION 8MG ER
MYRBETRIQ TAB 25MG, 50MG	MIRABEGRON TAB 25MG ER, 50MG ER
NORETH/ETHIN TAB FE	TRI-LEGEST TAB FE, TILIA FE TAB, XARAH FE TAB
NORETH/ETHIN TAB FE 1/20	AUROVELA FE TAB 1/20; LARIN FE TAB 1/20; HAILEY FE TAB 1/20; LOESTRIN FE TAB 1/20; TARINA FE TAB 1/20 EQ; BLISOVI FE TAB 1/20
NOVOLOG INJ FLEXPEN RELION	NOVOLOG INJ FLEXPEN; FIASP INJ FLEXTOUCH
NOVOLOG INJ RELION	NOVOLOG INJ; FIASP INJ
OPSUMIT TAB 10MG	MACITENTAN TAB 10MG
OXYCONTIN TAB 10MG ER, 15MG ER, 20MG ER, 30MG ER, 40MG ER, 60MG ER, 80MG ER	MORPHINE TAB ER; HYDROCODONE BITARTRATE TAB ER; BUPRENORPHINE PATCH; FENTANYL PATCH
PACERONE TAB 400MG	AMIODARONE TAB 400MG
PREVALITE POW 4GM	CHOLESTYRAMINE POW 4GM, POW 4GM LITE
PREVALITE POW 4GM PK	CHOLESTYRAMINE POW 4GM, POW 4GM LITE
RELISTOR INJ 8MG/0.4ML, 12MG/0.6ML	LUBIPROSTONE CAP 24MCG; MOVANTIK TAB
REMICADE INJ 100MG	INFLIXIMAB INJ 100MG; RENFLEXIS INJ 100MG
REZVOGLAR KP INJ 100UT/ML	LANTUS SOLOS INJ; LANTUS INJ; TOUJEO SOLO INJ; TOUJEO MAX INJ
RYBELSUS TAB 3MG, 7MG, 14MG	OZEMPIC INJ, TAB
SEMGLEE INJ 100U/ML	LANTUS SOLOS INJ; LANTUS INJ; TOUJEO SOLO INJ; TOUJEO MAX INJ
SOTYKTU TAB 6MG	TOFACITINIB TAB; OTEZLA TAB, XR TAB; RINVOQ TAB ER, LIQUID ORAL SOL
SPRITAM TAB 250MG, 500MG, 750MG, 1000MG	LEVETIRACETAM DISINTEGRATING TAB 250MG, 500MG

SRONYX TAB	AVIANE TAB; LEVONORGESTREL/ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG; LUTERA TAB; VIENVA TAB; FALMINA TAB; LESSINA TAB
SYMDEKO TAB 50MG-75MG, 100MG-150MG	TRIKAFTA TAB, PAK; ORKAMBI TAB, GRANULES; KALYDECO TAB, GRANULES, PAK
TEFLARO INJ 400MG, 600MG	CEFTAROLINE INJ 400MG, 600MG
TERIPARATIDE INJ 560MCG/2.24ML	TYMLOS INJ
TERIPARATIDE INJ 560MCG/2.24ML (ALVOGEN product)	TYMLOS INJ
TRESIBA FLEX INJ 100UNIT, 200UNIT	LANTUS SOLOS INJ; LANTUS INJ; TOUJEO SOLO INJ; TOUJEO MAX INJ
TRESIBA INJ 100UNIT	LANTUS SOLOS INJ; LANTUS INJ; TOUJEO SOLO INJ; TOUJEO MAX INJ
TRULANCE TAB 3MG	LINZESS CAP
TRUQAP TAB 160MG	TRUQAP PAK 160MG, 200MG; TRUQAP TAB 200MG
TYBOST TAB 150MG	CONSULT YOUR HEALTH CARE PROVIDER
TYPHIM VI INJ	CONSULT YOUR HEALTH CARE PROVIDER
VENTOLIN HFA AER	ALBUTEROL AER HFA
VIZIMPRO TAB 15MG, 30MG, 45MG	CONSULT YOUR HEALTH CARE PROVIDER
XARELTO TAB 2.5MG	RIVAROXABAN TAB 2.5MG
XELJANZ SOL 1MG/ML	TOFACITINIB CITRATE ORAL SOLN 1 MG/ML
XELJANZ TAB 5MG, 10MG	TOFACITINIB CITRATE TAB 5 MG, 10MG
XELJANZ XR TAB 11MG, 22MG	TOFACITINIB CITRATE TAB ER 24HR 11MG, 22MG
XIGDUO XR TAB 2.5-1000MG	DAPAGLIFLOZIN/METFORMIN TAB ER 5-500MG, 5-1000MG, 10-500MG, 10-1000MG; DAPAGLIFLOZIN TAB plus METFORMIN TAB, METFORMIN TAB ER
XIGDUO XR TAB 5-1000MG, 5-500MG, 10-500MG, 10-1000MG	DAPAGLIFLOZIN/METFORMIN TAB ER 5-500MG, 5-1000MG, 10-500MG, 10-1000MG
XPOVIO PAK 40MG	CONSULT YOUR HEALTH CARE PROVIDER
ZEGALOGUE INJ 0.6MG/0.6ML	GVOKE INJ
ZEMAIRA INJ 1000MG, 4000MG, 5000MG	PROLASTIN-C INJ
ZYDELIG TAB 100MG, 150MG	CONSULT YOUR HEALTH CARE PROVIDER
ZYLET SUS 0.5-0.3%	LOTEPREDNOL/TOBRAMYCIN SUS 0.5-0.3%

If we make 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.

The formulary is available on our website at **CommonwealthCareAlliance.org/MA**. Please refer to the Pharmacy Information and Programs page on our website to see 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 PCP to decide if you should change it to a covered alternative.

If you have questions, please call Member Services at **1-866-610-2273 (TTY: 711)**, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week.

CCA One Care (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-610-2273 (TTY: 711)**.

You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-610-2273 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET), and from October 1 to March 31, the same hours, seven days a week. The call is free.

Notice of Availability

Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服務。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiami il numero 1-866-610-2273 (TTY: 711).

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

Haitian Creole: Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòma aksesib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。
1-866-610-2273 (TTY: 711) にお電話ください。

Gujarati: જો તમે ગુજરાતી બોલનાર છો, તો મફત ભાષા સહાય સેવા ઉપલબ્ધ છે. માહિતીને સુલભ ફોર્મેટમાં પ્રદાન કરવા માટે સહાયક સહાય અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કૉલ કરો.

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

Greek: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Διατίθενται επίσης δωρεάν βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμη μορφή. Καλέστε στο 1-866-610-2273 (TTY: 711).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមានការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

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