



## List of Covered Drugs Changes: July 2024 CCA One Care

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. 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: [www.ccama.org](http://www.ccama.org)

### Change(s) effective July 01, 2024

Drug	Prior to 07/01/2024	Effective 07/01/2024
KERENDIA 10MG TAB	Tier 4; PA; QL	Tier Change from Tier 4 to Tier 3; PA; QL
KERENDIA 20MG TAB	Tier 4; PA; QL	Tier Change from Tier 4 to Tier 3; PA; QL
JYLAMVO 2MG/ML ORAL SOLN	NC	Formulary Addition; Tier 4; PA_NSO
XCOPRI 25MG TAB	NC	Formulary Addition; Tier 3; QL

## 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 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.