

# Advanced Control Specialty Formulary®

## April 2025 Updates

### Removals Add-Backs

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The following is a list of changes occurring for Blue Cross Blue Shield of Massachusetts' members who are covered by plans that use the Advanced Control Specialty Formulary.

### Removals

After carefully reviewing each medication's cost and its clinically appropriate formulary options, we've removed the medications listed below from our formulary. However, a health care provider may request an exception if the medication prescribed is medically necessary. If the exception is approved, you may pay the highest-tier cost.

Drug Class	Removed Product(s)	Formulary Options
Antineoplastic Agents, Kinase Inhibitors*	COTELLIC	MEKINIST, MEKTOVI
	SPRYCEL **	dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX
	ZELBORAF	BRAFTOVI, TAFINLAR

### Add-Backs

These medications were added back to the formulary.

Drug Class	Product(s) Added
Antineoplastic Agents, Kinase Inhibitors*	MEKINIST TABLETS, TAFINLAR CAPSULES
Autoimmune Agents, Self-Administered*	ADALIMUMAB-FKJP^

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## Indication-Based Strategy Updates

After carefully reviewing each medication's cost and its clinically appropriate formulary options, we've made updates to the preferred drug strategy.

Drug Class	Target Product(s)	Formulary Options
Autoimmune Agents, Self-Administered, Hidradenitis Suppurativa <sup>†</sup>	AMJEVITA, HUMIRA	ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SUBCUTANEOUS, HYRIMOZ

\*Class has existing formulary exclusions \*\*Multi-source Brand Product ^Product under New to Market review since launch and will be added to formulary. <sup>†</sup>New Indication-Based category. This chart contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health and/or one of its affiliates. Information listed is current as of January 31, 2025 and subject to change.

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