

Advanced Control Specialty Formulary®

January 2024 Updates

| Removals | Add-Backs | Tier Changes |
|----------|-----------|--------------|
| 26 | 8 | 3 |

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, Herceptin Biosimilars | KANJINTI, TRAZIMERA | HERZUMA, OGIVRI |
| Antineoplastic Agents, Kinase Inhibitors* | IRESSA** | erlotinib, gefitinib |
| | JAKAFI (For Polycythemia Vera Only) | BESREMI |
| | LORBRENA | ALECENSA, ALUNBRIG |
| | NEXAVAR** | sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA |
| Antiretroviral Agents, Non-Nucleoside Reverse Transcriptase Inhibitors | EDURANT | efavirenz |
| | INTELENCE | etravirine |
| Antiretroviral Agents, Protease Inhibitors* | KALETRA** | atazanavir, darunavir, lopinavir-ritonavir |
| | NORVIR | ritonavir |
| | PREZISTA, REYATAZ | atazanavir, darunavir |

CaremarkPCS Health, LLC ("CVS Caremark") is an independent company that has been contracted to administer pharmacy benefits and provide certain pharmacy services for Blue Cross Blue Shield of Massachusetts. CVS Caremark is part of the CVS Health family of companies. Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

| Drug Class | Removed Product(s) | Formulary Options |
|--|---|---|
| Autoimmune Agents* | AMJEVITA | <p><u>Ankylosing Spondylitis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HUMIRA, HYRIMOZ, RINVOQ</p> <p><u>Crohn’s Disease</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS</p> <p><u>Psoriasis</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, OTEZLA, SKYRIZI SUBCUTANEOUS, SOTYKTU, STELARA SUBCUTANEOUS, TALTZ, TREMFYA</p> <p><u>Psoriatic Arthritis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA</p> <p><u>Rheumatoid Arthritis</u> – ADALIMUMAB-ADAZ, ENBREL, HUMIRA, HYRIMOZ, KEVZARA, ORENCIA CLICKJECT & SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR</p> <p><u>Ulcerative Colitis</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, RINVOQ, STELARA, XELJANZ, XELJANZ XR, ZEPOSIA</p> <p><u>All Other Conditions</u> – ADALIMUMAB-ADAZ, ENBREL, HUMIRA, HYRIMOZ</p> |
| Botulinum Toxin* | MYOBLOC | DYSPOUR, XEOMIN |
| Central Precocious Puberty | TRIPTODUR | FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA |
| Fertility Regulators, Follicle Stimulating Hormones* | GONAL-F | FOLLISTIM AQ |
| Fertility Regulators, Gonadotropin-Releasing Hormone Antagonists | Fyremadel, ganirelix acetate, CETROTIDE | GANIRELIX ACETATE** |
| Human Growth Hormones* | GENOTROPIN | HUMATROPE, NORDITROPIN |
| Immune Globulins | HYQVIA | CUTAQUIG |
| | OCTAGAM | Talk to your doctor |

CaremarkPCS Health, LLC (“CVS Caremark”) is an independent company that has been contracted to administer pharmacy benefits and provide certain pharmacy services for Blue Cross Blue Shield of Massachusetts. CVS Caremark is part of the CVS Health family of companies. Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

| Drug Class | Removed Product(s) | Formulary Options |
|----------------------------|--------------------|--|
| Multiple Sclerosis Agents* | COPAXONE 20MG/ML** | dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA |
| Narcolepsy* | XYREM | LUMRYZ, WAKIX, XYWAV |
| Retinal Disorders | EYLEA, LUCENTIS | BYOOVIZ, CIMERLI |

Add-Backs

These medications were added back to the formulary.

| Drug Class | Product(s) Added |
|--|-------------------------|
| Autoimmune Agents* | AVSOLA |
| Fertility Regulators, Follicle Stimulating Hormones* | FOLLISTIM AQ |
| Human Growth Hormone* | HUMATROPE |
| Antineoplastic Agents* | HERZUMA, OGIURI |
| Immune Globulins | XEMBIFY (Non-Preferred) |
| Retinal Disorders | BYOOVIZ, CIMERLI |

Tier 2 to Tier 3

The medications listed below are moving to a higher tier.

| Drug Class | Drug Name (s) | Formulary Options |
|---|-------------------|--|
| Antiretroviral Agents, Protease Inhibitors* | EVOTAZ, PREZCOBIX | Atazanavir or darunavir + ritonavir, SYMTUZA |
| Immunology Miscellaneous | ILARIS | Talk to your doctor |

*Class has existing formulary exclusions **Multi-source Brand Product

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 September 29, 2023 and subject to change.

CaremarkPCS Health, LLC ("CVS Caremark") is an independent company that has been contracted to administer pharmacy benefits and provide certain pharmacy services for Blue Cross Blue Shield of Massachusetts. CVS Caremark is part of the CVS Health family of companies. Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.