

Advanced Control Specialty Formulary®

January 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, Herceptin Biosimilars* | HERZUMA, OGIVRI | KANJINTI, TRAZIMERA |
| Central Nervous System, Botulinum Toxins* | DYSPORT | DAXXIFY, XEOMIN |
| Endocrine and Metabolic, Fertility Regulators* | OVIDREL | PREGNYL |
| Hematologic Agents, Paroxysmal Nocturnal Hemoglobinuria (PNH) | SOLIRIS, ULTOMIRIS (For Myasthenia Gravis Only) | VYVGART, VYVGART HYTRULO (For Myasthenia Gravis Only) |
| Hematologic, Thrombocytopenia Agents* | MULPLETA | DOPTELET |
| | PROMACTA, TAVALISSE | ALVAIZ, DOPTELET |

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Add-Backs

These medications were added back to the formulary.

| Drug Class | Product(s) Added |
|---|----------------------------|
| Antineoplastic Agents, Herceptin Biosimilars* | KANJINTI, TRAZIMERA |
| Antineoplastic Agents, Kinase Inhibitors* | LORBRENA (non-preferred) |
| Central Nervous System, Botulinum Toxins* | DAXXIFY^ |
| Central Nervous System, Miscellaneous* | VYVGART^, VYVGART HYTRULO^ |
| Central Nervous System, Multiple Sclerosis Agents* | BAFIERTAM^ |
| Endocrine and Metabolic, Central Precocious Puberty | TRIPTODUR |
| Endocrine and Metabolic, Enzyme Replacements | NEXVIAZYME^ |
| Endocrine and Metabolic, Fertility Regulators* | PREGNYL |
| Hematologic, Hemophilia Agents* | ALTUVIIIIO^, BENEFIX |

Indication-Based Strategy Updates

| Drug Class | Product(s) Added |
|--------------------|--|
| Psoriasis | <ul style="list-style-type: none">• BIMZELX add as a preferred product for Psoriasis• TALTZ change from preferred to excluded product for Psoriasis |
| Ulcerative Colitis | TREMFYA add as a preferred product for Ulcerative Colitis |

*Class has existing formulary exclusions ^Product under New to Market review since launch and will be added to formulary.

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 October 1, 2024 and subject to change.

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