Standard Control Formulary

April 2024 Updates

| Removals | Add-Backs | Tier Changes |
|----------|-----------|---------------------|
| 2 | 2 | 5 |

The following is a list of changes occurring for Blue Cross Blue Shield of Massachusetts' members who are covered by plans that use the Standard Control 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 |
|----------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Phosphate Binder Agents* | VELPHORO | calcium acetate, sevelamer carbonate, AURYXIA |
| Respiratory, Beta Agonists, Short-Acting* | albuterol sulfate aerosol (NDC 00093317431) | albuterol sulfate aerosol (except NDCs*** 00093317431, 66993001968), levalbuterol tartrate aerosol |

***A National Drug Code (NDC) is the Food and Drug Administration's identification system for medications, which is used to show the manufacturer, the strength, dosage and formulation, and the package type.

Add-Backs

These medications were added back to the formulary.

| Drug Class | Product(s) Added | |
|-------------------------|-----------------------------------------------------------------------------|--|
| Nutritional Supplements | VITALIPID N INFANT, VITLIPID N ADULT, VITLIPID N INFANT (all non-preferred) | |

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Tier 2 to Tier 3

The medications listed below are moving to a higher tier.

| Drug Class | Drug Name (s) | Formulary Options |
|-------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|
| Cardiovascular/ Heart Failure | BIDIL TAB | isosorbide dinitrate-hydralazine |
| Gastrointestinal/ Ulcer Therapy Combinations | PYLERA PAK 10 DAY | bismuth-metronidazole-tetracycline, TALICIA |
| Topical/ Dermatology/ Actinic Keratosis* | ZYCLARA PUMP CRE 2.5% ZYCLARA CRE 3.75% ZYCLARA PUMP CRE 3.75% | fluorouracil cream 5%, fluorouracil solution, imiquimod |
| Endocrine and Metabolic/ Estrogens* | EVAMIST TOP SPR 1.53MG | estradiol, DIVIGEL |

*Class has existing formulary exclusions

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, 2024 and subject to change.

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