

# Standard Control Formulary

## April 2025 Updates

Removals	Tier Changes	Prior Authorizations
1	1	2

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
Central Nervous System, Antidepressants*	FLUOXETINE TABLET 60MG	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX

### 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*	CORLANOR	ivabradine

### Prior Authorizations

Prior authorizations may be required before the medications or products listed below will be covered.

Drug Class	Product(s) Added
Weight Loss Management*	Orlistat, Qsymia

\*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, 2025 and subject to change.

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