Standard Control Formulary

January 2024 Updates

Removals	Add-Backs	Tier Changes
18	5	13

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
Anaphylaxis Agents*	epinephrine auto-injector (only those identified with National Drug Codes*** 00093-5986-19, 00093-5986-27, 00093-5985-19, 00093-5985-27 and 49502-0101-02, 49502-0102-02, 49502-0102-01 only), EPIPEN**, EPIPEN JR**	epinephrine (all other types [or NDC codes] of the medication, except those listed in the removed products section), AUVI-Q
Antidepressants*	APLENZIN, WELLBUTRIN XL**	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Dermatology, Acne*	ARAZLO, RETIN-A MICRO	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, ONEXTON, TWYNEO, WINLEVI
Dermatology, Acne*	isotretinoin capsule 25mg, 35mg	isotretinoin capsule 20mg, 30mg, 40mg
Diabetes, Insulin, Long- Acting*	BASAGLAR, LEVEMIR	LANTUS
Migraine, Calcitonin Gene- Related Peptide (CGRP) Inhibitors	AIMOVIG	AJOVY, EMGALITY, QULIPTA
Opioid-Induced Constipation*	RELISTOR	lubiprostone, SYMPROIC

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Drug Class	Removed Product(s)	Formulary Options
Pain, Opioid Analgesics*	XTAMPZA ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel
Respiratory, Steroid/Beta- Agonist Combinations*	ADVAIR DISKUS**, ADVAIR HFA, SYMBICORT**	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs)
Urea Cycle Disorder	BUPHENYL**, RAVICTI	sodium phenylbutyrate, PHEBURANE

^{***}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	
Antiarrhythmics*	MULTAQ	
Diabetes, Insulin, Long Acting*	LANTUS	
Respiratory, Steroid/Beta- Agonist Combinations*	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, DULERA (Non-Preferred)	

Tier 2 to Tier 3

The medications listed below are moving to a higher tier.

Drug Class	Drug Name (s)	Formulary Options
Analgesics/ NSAIDs	ANAPROX DS TAB	diclofenac sodium delayed-rel, ibuprofen, naproxen, diflunisal, etodolac, meloxicam, nabumetone, oxaprozin, sulindac
Antineoplastic Agents/ Alkylating Agents*	EMCYT CAP	abiraterone, bicalutamide, flutamide, ERLEADA, NUBEQA, XTANDI, YONSA
Cardiovascular/ Antiarrhythmics*	NORPACE CR CAP 100MG NORPACE CR CAP 150MG	disopyramide
Dermatology/ Rosacea*	RHOFADE CRE 1%	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA
Endocrine and Metabolic/ Antidiabetics/ Supplies	Generic lancets and lancing devices	ONETOUCH LANCETS, ONETOUCH LANCING DEVICES

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Drug Class	Drug Name (s)	Formulary Options
Gastrointestinal/ Antispasmodics	ANASPAZ ODT	dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate orally disintegrating tabs
Nutritional/Supplements/ Electrolytes	K-TAB TAB	potassium chloride ext-rel, potassium chloride liquid
Ophthalmic/ Glaucoma	ZIOPTAN DROPS 0.0015%, ZIOPTAN OPH SOL 0.0015%	bimatoprost, latanoprost, travoprost
Topical/ Dermatology/ Corticosteroids/ Medium Potency	DERMA-SMOOTH OIL FS BODY, DERMA-SMOOTH OIL FS SCALP	calcipotriene ointment 0.005%, calcipotriene solution 0.005%, ENSTILAR
Topical/ Dermatology/ Corticosteroids/ Low Potency	CAPEX SHA 0.01%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
Topical/ Dermatology/ Corticosteroids/ Low Potency	TEXACORT SOL 2.5%	alclometasone cream and ointment 0.05%, desonide cream, lotion, and ointment 0.05%, fluocinolone acetonide solution 0.01%, hydrocortisone cream 2.5%, hydrocortisone cream and ointment 0.5% and 1%, hydrocortisone lotion 1%

^{*}Class has existing formulary exclusions **Multi-source Brand Product

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Information listed is current as of September 29, 2023 and subject to change.