

Standard Control Formulary

January 2025 Updates

Removals **Add-Backs**

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7

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 |
|---|----------------------------|--|
| Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors* | JANUMET, JANUMET XR | saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR |
| | JANUVIA | saxagliptin, ZITUVIO |
| Antidiabetics, Incretin Mimetic Agents* | VICTOZA** | liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY |
| Endocrine and Metabolic, Diabetic Supplies* | V-GO INSULIN INFUSION PUMP | OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP |
| Respiratory, Anticholinergics* | tiotropium bromide | SPIRIVA HANDIHALER |
| Respiratory, Steroid/Beta-Agonist Combinations* | DULERA | budesonide-formoterol, fluticasone-salmeterol (generics for Advair Diskus by Hikma and Teva), Breyna, Wixela Inhub, BREO ELLIPTA (except the 14-inhalation pack) |
| Topical, Dermatology, Rosacea* | RHOFADE | azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA |

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Add-Backs

These medications were added back to the formulary.

| Drug Class | Product(s) Added |
|---|-------------------------------------|
| Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors* | ZITUVIMET^, ZITUVIMET XR^, ZITUVIO^ |
| Central Nervous System, Antipsychotics* | ABILIFY ASIMTUFII^ |
| Endocrine and Metabolic, Diabetic Supplies* | TWIIIST INSULIN PUMP AND SUPPLIES^ |
| Endocrine and Metabolic, Insulin, Long-Acting* | INSULIN GLARGINE-YFGN^ |
| Respiratory, Steroid Inhalants* | ASMANEX HFA |
| Respiratory, Steroid/Beta-Agonist Combinations* | Breyna^, budesonide-formoterol^ |

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