

Standard Control Formulary

July 2023 Updates

Removals	Add-Backs	Tier Changes	Prior Authorizations
19	1	3	10

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
Antipsychotics, Atypical*	LATUDA**	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
Antiseizure Agents*	BANZEL**	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	VIMPAT**	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCOPRI</i>
Asthma, Steroid Inhalants*	FLOVENT HFA	PULMICORT FLEXHALER (For all members); QVAR INHALER (For members 5 years of age and under ONLY)
Attention Deficit Hyperactivity Disorder*	DYANAVEL XR, JORNAY PM, MYDAYIS	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, VYVANSE</i>
Cardiovascular, Antilipemics*	LOVAZA**	<i>omega-3 acid ethyl esters, VASCEPA</i>
Hyperkalemia	LOKELMA	VELTASSA

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Drug Class	Removed Product(s)	Formulary Options
Kidney Disease, Phosphate Binders*	RENVELA**	calcium acetate, sevelamer carbonate, AURYXIA, VELPHORO
Nutritional Supplements, Vitamins and Minerals*	All Brand Multivitamins, FLORIVA, FLORIVA PLUS, POLY-VI-FLOR, POLY-VI-FLOR WITH IRON, TRI-VI-FLOR	generic multivitamins
Ophthalmic, Glaucoma*	LUMIGAN, RHOPRESSA, ROCKLATAN, VYZULTA	bimatoprost, latanoprost, travoprost, ZIOPTAN

Add-Backs

These medications were added back to the formulary.

Drug Class	Product(s) Added
Ophthalmic, Glaucoma*	bimatoprost solution 0.03%

Tier 2 to Tier 3

The medications listed below are moving to a higher tier.

Drug Class	Drug Name(s)	Formulary Options
Endocrine and Metabolic/Androgens	ANDRODERM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
Endocrine and Metabolic/Phosphate Binders	PHOSLYRA SOL	calcium acetate, sevelamer carbonate, AURYXIA, VELPHORO
Central Nervous System/Antipsychotics	CAPLYTA	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR

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Prior Authorizations

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

Drug Class	Authorization Required
Antidiabetics	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Weight-Loss	<i>benzphetamine products, diethylpropion products, phendimetrazine products, phentermine products, SAXENDA, WEGOVY</i>

*Class has existing formulary exclusions. **Multi-source brand product.
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.
Removals, Add-Backs and Tier-1 Updates as of April 28, 2023. Information subject to change.

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