MASSACHUSETTS

Blue MedicareRx (PDP)

CHANGES TO YOUR BLUE MEDICARERx FORMULARY (DRUG LIST)

Your prescription drug coverage will change on January 1, 2027. Please review the following list to see if any of the medications you take are impacted.

COMPARISON OF 2026 TO 2027 SELECT FORMULARY

Down tier changes

Medication name	2026	2027
ALBUTEROL SULFATE HFA INH	Tier 3	Tier 2
DOXYCYCLINE HYCLATE TAB/CAP	Tier 3	Tier 2
ONDANSETRON TAB	Tier 3	Tier 2
MIRTAZAPINE TAB	Tier 3	Tier 2
METHOTREXATE TAB	Tier 3	Tier 2
HYDROXYCHLOROQUINE SULFATE TAB	Tier 3	Tier 2
DEXAMETHASONE TAB	Tier 3	Tier 2
MOMETASONE FUROATE TOPICAL	Tier 3	Tier 2

Prior authorization now required

TRIMIPRAMINE CAP

Up tier changes

Medication name	2026	2027
FLUOCINONIDE TOPICAL 0.05%	Tier 3	Tier 4
DABIGATRAN ETEXILATE CAP	Tier 3	Tier 4
COLESTIPOL HCL TAB 1 GM	Tier 3	Tier 4
CHOLESTYRAMINE POWDER 4GM	Tier 3	Tier 4
TICAGRELOR TAB	Tier 3	Tier 4
BALSALAZIDE DISODIUM CAP 750MG	Tier 3	Tier 4
FLUOCINOLONE TOPICAL OIL 0.01%	Tier 3	Tier 4
CHOLESTYRAMINE LIGHT POWDER 4GM	Tier 3	Tier 4

Medications now covered

FLUTICASONE FUROATE/VILANTEROL INHALER
OTEZLA
BRIMONIDINE TARTRATE/TIMOLOL MALEATE OPTH SOLUTION
NUCALA
CALCIPOTRIENE CREAM 0.005%
ENTYVIO PEN/INJ
ENVARSUS XR
LEQEMBI IQLK INJ

(Continued)

If you have questions about your Blue MedicareRx plan or changes to the formulary, please call Customer Care at the number on the back of your ID card, 24 hours a day, 7 days a week.

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont. Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal. This information is not a complete description of benefits. Call Customer Care for more information. For residents of Connecticut: **1-888-620-1747**; Massachusetts: **1-888-543-4917**; Rhode Island: **1-888-620-1748**; Vermont: **1-888-620-1746**. TTY users call: **711**.

ATENCIÓN: Si hablas un idioma distinto al inglés, Blue Cross Blue Shield of Massachusetts ofrece servicios de asistencia lingüística y ayudas auxiliares apropiadas de forma gratuita. Llama al **1-800-200-4255** (TTY: **711**).

ATENÇÃO: Se você fala um idioma diferente do inglês, a Blue Cross Blue Shield of Massachusetts tem serviços de assistência linguística e auxílios e serviços auxiliares apropriados disponíveis gratuitamente. Ligue para **1-800-200-4255** (TTY: **711**).

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