

CHANGES TO YOUR FORMULARY (DRUG LIST)

Beginning January 1, 2018, your prescription drug coverage will change. Please review the following list to see if any of the medications you take will change tiers (cost more) or will no longer be covered.

Tier Change (Higher cost)					
Medication	2017	2018	Medication	2017	2018
AZELASTINE HCL	Tier 1	Tier 2	IPRATROPIUM BROMIDE	Tier 1	Tier 2
BETAMETHASONE DIPROPIONATE	Tier 1	Tier 2	KETOCONAZOLE	Tier 1	Tier 2
BUMETANIDE	Tier 1	Tier 2	KETOROLAC TROMETHAMINE	Tier 1	Tier 2
BUPROPION HCL XL	Tier 1	Tier 2	LABETALOL HCL	Tier 1	Tier 2
CALCITRIOL	Tier 1	Tier 2	LEVETIRACETAM	Tier 1	Tier 2
CARTIA XT	Tier 1	Tier 2	LIDOCAINE	Tier 1	Tier 3
CEFPODOXIME PROXETIL	Tier 1	Tier 3	MEMANTINE HCL	Tier 1	Tier 2
CEFUROXIME AXETIL	Tier 1	Tier 2	METHOTREXATE	Tier 1	Tier 2
CELECOXIB	Tier 1	Tier 3	METRONIDAZOLE (gel/cream)	Tier 1	Tier 3
CLOTRIMAZOLE	Tier 1	Tier 2	NIFEDIPINE ER	Tier 1	Tier 2
DEXILANT	Tier 2	Tier 3	NITROGLYCERIN	Tier 1	Tier 2
DICLOFENAC SODIUM	Tier 1	Tier 2	NYSTATIN	Tier 1	Tier 2
DIGOXIN	Tier 1	Tier 2	NYSTOP	Tier 1	Tier 2
DILTIAZEM HCL ER	Tier 1	Tier 2	OLANZAPINE	Tier 1	Tier 2
DORZOLAMIDE HCL	Tier 1	Tier 2	ONDANSETRON HCL	Tier 1	Tier 2
DORZOLAMIDE HCL/ TIMOLOL M	Tier 1	Tier 2	OSELTAMIVIR PHOSPHATE	Tier 1	Tier 2
DOXAZOSIN	Tier 1	Tier 2	OXYBUTYNIN CHLORIDE	Tier 1	Tier 2
DOXAZOSIN MESYLATE	Tier 1	Tier 2	OXYBUTYNIN CHLORIDE ER	Tier 1	Tier 2
DOXYCYCLINE HYCLATE	Tier 1	Tier 2	OXYCODONE HCL	Tier 1	Tier 2
DULOXETINE HCL	Tier 1	Tier 2	OXYCODONE/ ACETAMINOPHEN	Tier 1	Tier 2
DUTASTERIDE	Tier 1	Tier 2	POTASSIUM CHLORIDE ER	Tier 1	Tier 2
ENOXAPARIN SODIUM	Tier 1	Tier 3	PRADAXA	Tier 2	Tier 3
ESOMEPRAZOLE MAGNESIUM	Tier 1	Tier 3	PROPRANOLOL HCL	Tier 1	Tier 2

Tier Change (Higher cost)					
Medication	2017	2018	Medication	2017	2018
EZETIMIBE	Tier 1	Tier 3	PROPRANOLOL HCL ER	Tier 1	Tier 2
FENOFIBRATE	Tier 1	Tier 2	RALOXIFENE HYDROCHLORIDE	Tier 1	Tier 2
FENOFIBRATE MICRONIZED	Tier 1	Tier 2	SUCRALFATE	Tier 1	Tier 2
FLECAINIDE ACETATE	Tier 1	Tier 2	TEMAZEPAM	Tier 1	Tier 2
FLUOCINONIDE	Tier 1	Tier 3	TIMOLOL MALEATE OPHTHALMIC	Tier 1	Tier 3
FLUOROURACIL	Tier 1	Tier 3	TOBRAMYCIN/ DEXAMETHASONE	Tier 1	Tier 3
GABAPENTIN	Tier 1	Tier 2	TOLTERODINE TARTRATE ER	Tier 1	Tier 3
HYDROMORPHONE HCL (liquid)	Tier 1	Tier 3	VALACYCLOVIR HCL	Tier 1	Tier 2
HYDROMORPHONE HCL (tablets)	Tier 1	Tier 2	VERAPAMIL HCL SR	Tier 1	Tier 3
HYDROXYCHLOROQUINE SULFATE	Tier 1	Tier 2	YUVAFEM	Tier 1	Tier 2

Medications Not Covered (Ask your provider for a covered alternative)		
EPIPEN 2-PAK	FLUOXETINE HCL (tablets)	LANTUS SOLOSTAR
FELODIPINE ER	LANTUS	NADOLOL

This list is not all-inclusive, and formulary changes can occur throughout the year.

For questions about your Blue MedicareRx plan or changes to the formulary, please call Customer Care at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users call 711.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-200-4255 (TTY: 711).

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 that 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.