

CHANGES TO YOUR 2021 BLUE MEDICARE^{RX} FORMULARY (DRUG LIST)

Beginning January 1, 2021, your prescription drug coverage will change. Please review the following list to see if any of the medications you take will change tiers or will no longer be covered.

Comparison of 2020 to 2021 Select Formulary

3-TIER SELECT FORMULARY:		
BRAND NAME MEDICATION	2020	2021
ROSUVASTATIN CALCIUM	Tier 1	Tier 2
SHINGRIX	Tier 2	Tier 3
NIFEDIPINE ER	Tier 1	Tier 2
QUETIAPINE FUMARATE	Tier 1	Tier 2
LEVETIRACETAM	Tier 1	Tier 2
ACETAMINOPHEN/CODEINE	Tier 1	Tier 2
SUCRALFATE	Tier 1	Tier 2
DEXAMETHASONE	Tier 1	Tier 2

2-TIER SELECT FORMULARY:		
BRAND NAME MEDICATION	2020	2021
SHINGRIX	Tier 1	Tier 2
BRILINTA	Tier 1	Tier 2
ACETAZOLAMIDE	Tier 1	Tier 2
MIDODRINE HYDROCHLORIDE	Tier 1	Tier 2
TWINRIX	Tier 1	Tier 2
RILUZOLE	Tier 1	Tier 2
SELEGILINE HCL	Tier 1	Tier 2
TRIFLURIDINE	Tier 1	Tier 2
TYPHIM VI	Tier 1	Tier 2
ZOSTAVAX	Tier 1	Tier 2

BRAND NAME MEDICATIONS NOT COVERED (ASK YOUR PROVIDER FOR A COVERED ALTERNATIVE)*			
RESTASIS	LOTEMAX	NUCALA	TRAVATAN Z
COLCRYS	EMGALITY	NUCYNTA ER	AMITIZA

This list isn't all-inclusive, and formulary changes can occur throughout the year.

If you have 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.

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