MASSACHUSETTS

Blue MedicareRx (PDP)

CHANGES TO YOUR 2026 BLUE MEDICARERx FORMULARY (DRUG LIST)

Your prescription drug coverage will change on January 1, 2026. Please review the following list to see if any of the medications you take are impacted.

COMPARISON OF 2025 TO 2026 SELECT FORMULARY

Down Tier Changes

Medication name	2025	2026
EZETIMIBE TAB	Tier 2	Tier 1
VALSARTAN TAB	Tier 2	Tier 1
LOPERAMIDE HCL CAP	Tier 2	Tier 1
PREDNISONE PAK	Tier 2	Tier 1
URSODIOI TAB	Tier 3	Tier 2
DABIGATRAN	Tier 3	Tier 2

Prior Authorization Now Required

DICYCLOMINE (CAPS, TABS, SOL)
MECLIZINE TAB
SANTYL OINT

Up Tier Changes

Medication name	2025	2026
OLMESARTAN TABS	Tier 1	Tier 2
COLCHICINE 0.6 MG TAB	Tier 1	Tier 2
DIPHENOXYL-ATR 2.5 MG TAB	Tier 2	Tier 3

Medications Now Covered

LANTUS INJ
DAPAGLIFLOZIN TAB
FOSFOMYCIN POWD
RAMELTEON TAB

(Continued)

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.

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**).

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