



MASSACHUSETTS

Blue MedicareRx (PDP)

# CHANGES TO YOUR 2022 BLUE MEDICARERX FORMULARY (DRUG LIST)

Beginning January 1, 2022, 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 2021 TO 2022 SELECT FORMULARY

| 3-Tier Select Formulary |        |        |
|-------------------------|--------|--------|
| Medication Name         | 2021   | 2022   |
| VALSARTAN/HCTZ          | Tier 1 | Tier 2 |
| BUPROPION 12 SR         | Tier 1 | Tier 2 |
| LOSARTAN/HCTZ           | Tier 1 | Tier 2 |
| OLMESARTAN/HCTZ         | Tier 1 | Tier 2 |
| METHENAMINE HIPPURATE   | Tier 2 | Tier 3 |
| VALSARTAN               | Tier 1 | Tier 2 |
| CIPRO/DEXA SUS 0.3-0.1% | Tier 2 | Tier 3 |
| IRBESARTAN              | Tier 1 | Tier 2 |

| 2-Tier Select Formulary |        |        |
|-------------------------|--------|--------|
| Medication Name         | 2021   | 2022   |
| VALSARTAN               | Tier 1 | Tier 2 |
| LOSARTAN/HCTZ           | Tier 1 | Tier 2 |
| IRBESARTAN              | Tier 1 | Tier 2 |
| BUPROPION 12 SR         | Tier 1 | Tier 2 |
| OLMESARTAN/HCTZ         | Tier 1 | Tier 2 |
| LEVOCETIRIZINE          | Tier 1 | Tier 2 |
| AMLODIPINE/VALSARTAN    | Tier 1 | Tier 2 |
| ACEBUTOLOL              | Tier 1 | Tier 2 |

| Medications Not Covered (Ask your provider for a covered alternative)* |          |                |               |
|--|----------|----------------|---------------|
| XIIDRA   | AZOPT    | BYDUREON PEN   | CALCIPOTRIENE |
| ESOMEPRAZOLE   | TRULANCE | AMANTADINE HCL | TYMLOS        |

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

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(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 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**).

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