



Notice of Formulary Changes for Your Medicare HMO Blue Plan

The table below outlines upcoming changes to our formulary that may impact you.

Name of Drug	Description of Change	Reason for Change ¹	Alternative Drug ²	Alternative Drug Tier	Effective Date
ERY-TAB 500 MG TABLET	Brand removed from formulary	Generic Available	ERYTHROMYCIN 500 MG DELAYED RELEASE ORAL TABLET	2	4/1/20
FIRAZYR 30 MG/3 ML SYRINGE	Brand removed from formulary	Generic Available	ICATIBANT 10 MG/ML PREFILLED SYRINGE	5	4/1/20
JADENU 90 MG TABLET	Brand removed from formulary	Generic Available	DEFERASIROX 90 MG ORAL TABLET	5	4/1/20
JADENU 360 MG TABLET	Brand removed from formulary	Generic Available	DEFERASIROX 360 MG ORAL TABLET	5	4/1/20
LYRICA 25 MG CAPSULE	Brand removed from formulary	Generic Available	PREGABALIN 25 MG ORAL CAPSULE	2	4/1/20
LYRICA 50 MG CAPSULE	Brand removed from formulary	Generic Available	PREGABALIN 50 MG ORAL CAPSULE	2	4/1/20
LYRICA 75 MG CAPSULE	Brand removed from formulary	Generic Available	PREGABALIN 75 MG ORAL CAPSULE	2	4/1/20
LYRICA 100 MG CAPSULE	Brand removed from formulary	Generic Available	PREGABALIN 100 MG ORAL CAPSULE	2	4/1/20
LYRICA 150 MG CAPSULE	Brand removed from formulary	Generic Available	PREGABALIN 150 MG ORAL CAPSULE	2	4/1/20
LYRICA 200 MG CAPSULE	Brand removed from formulary	Generic Available	PREGABALIN 200 MG ORAL CAPSULE	2	4/1/20
LYRICA 225 MG CAPSULE	Brand removed from formulary	Generic Available	PREGABALIN 225 MG ORAL CAPSULE	2	4/1/20
LYRICA 300 MG CAPSULE	Brand removed from formulary	Generic Available	PREGABALIN 300 MG ORAL CAPSULE	2	4/1/20
LYRICA 20 MG/ML ORAL SOLUTION	Brand removed from formulary	Generic Available	PREGABALIN 20 MG/ML ORAL SOLUTION	2	4/1/20
NOXAFIL 100 MG TABLET	Brand removed from formulary	Generic Available	POSACONAZOLE 100 MG DELAYED RELEASE ORAL TABLET	5	4/1/20
ULORIC 40 MG TABLET	Brand removed from formulary	Generic Available	FEBUXOSTAT 40 MG ORAL TABLET	2	4/1/20

Name of Drug	Description of Change	Reason for Change ¹	Alternative Drug ²	Alternative Drug Tier	Effective Date
ULORIC 80 MG TABLET	Brand removed from formulary	Generic Available	FEBUXOSTAT 80 MG ORAL TABLET	2	4/1/20
AFINITOR 2.5 MG TABLET	Brand removed from formulary	Generic Available	EVEROLIMUS 2.5 MG TABLET	5	5/1/20
AFINITOR 5 MG TABLET	Brand removed from formulary	Generic Available	EVEROLIMUS 5 MG TABLET	5	5/1/20
AFINITOR 7.5 MG TABLET	Brand removed from formulary	Generic Available	EVEROLIMUS 7.5 MG TABLET	5	5/1/20
CARAFATE 1 G/10 ML ORAL SUSPENSION	Brand removed from formulary	Generic Available	SUCRALFATE 1 G/10 ML ORAL SUSPENSION	2	5/1/20
TRAVATAN Z 0.004% DROPS	Brand removed from formulary	Generic Available	TRAVOPROST 0.004% DROPS	2	5/1/20
DEPEN 250 MG TABLET	Brand removed from formulary	Generic Available	PENICILLAMINE 250 MG TABLET	5	6/1/20
DIASTAT 2.5 MG KIT	Brand removed from formulary	Generic Available	DIAZEPAM 2.5 MG KIT	2	6/1/20
PENTAM 300 MG VIAL	Brand removed from formulary	Generic Available	PENTAMIDINE ISETHIONATE 300 MG VIAL	2	6/1/20

1. Removal of drug from formulary.

2. Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your physician can determine if the alternate drug is appropriate for you, given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you. This is not a complete list of all formulary alternatives covered by the plan.

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract.

Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

This information is not a complete description of benefits. Call **1-800-200-4255** (TTY: **711**) for more information.

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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



MASSACHUSETTS

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