

Notice of Formulary Changes for Your Medicare HMO Blue Plan

We may add or remove drugs from our formulary during the year. If we remove drugs from our formulary; add prior authorization, quantity limits, or step therapy restrictions on a drug; or move a drug to a higher cost sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and will immediately provide retrospective notice to members who take the drug.

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 Copay	Effective Date
AMPYRA ER 10 MG EXTENDED RELEASE ORAL TABLET	Brand removed from formulary	Generic Available	DALFAMPRIDINE 10 MG EXTENDED RELEASE ORAL TABLET	5	4/1/19
CIALIS 2.5 MG TABLET ORAL TABLET	Brand removed from formulary	Generic Available	TADALAFIL 2.5 MG ORAL TABLET	2	4/1/19
CIALIS 5 MG TABLET ORAL TABLET	Brand removed from formulary	Generic Available	TADALAFIL 5 MG ORAL TABLET	2	4/1/19
INVANZ 1 GM VIAL INJECTION	Brand removed from formulary	Generic Available	ERTAPENEM 1000 MG INJECTION	2	4/1/19
ONFI 10 MG ORAL TABLET	Brand removed from formulary	Generic Available	CLOBAZAM 10 ORAL TABLET	2	4/1/19
ONFI 2.5 MG/ML ORAL SUSPENSION	Brand removed from formulary	Generic Available	CLOBAZAM 2.5 MG/ML ORAL SUSPENSION	2	4/1/19
ONFI 20 MG ORAL TABLET	Brand removed from formulary	Generic Available	CLOBAZAM 20 MG ORAL TABLET	2	4/1/19
ZYTIGA 250 MG ORAL TABLET	Brand removed from formulary	Generic Available	ABIRATERONE ACETATE 250 MG ORAL TABLET	5	4/1/19
ADCIRCA 20 MG TABLET	Brand removed from formulary	Generic Available	TADALAFIL 20 MG ORAL TABLET	5	6/1/19
ALBENZA 200 MG TABLET	Brand removed from formulary	Generic Available	ALBENDAZOLE 200 MG ORAL TABLET	5	6/1/19
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION	Brand removed from formulary	Generic Available	NEVIRAPINE 10 MG/ML ORAL SUSPENSION	2	6/1/19
FARESTON 60 MG ORAL TABLET	Brand removed from formulary	Generic Available	TOREMIFENE 60 MG ORAL TABLET	5	7/1/19
RAPAMUNE 1 MG/ML ORAL SOLUTION	Brand removed from formulary	Generic Available	SIROLIMUS 1 MG/ML ORAL SOLUTION	5	7/1/19
SABRIL 500 MG ORAL TABLET	Brand removed from formulary	Generic Available	VIGABATRIN 500 MG ORAL TABLET	5	7/1/19

Name of Drug	Description of Change	Reason for Change ¹	Alternative Drug ²	Alternative Drug Copay	Effective Date
SUBOXONE 2 MG-0.5 MG FILM	Brand removed from formulary	Generic Available	BUPRENORPHINE 2 MG / NALOXONE 0.5 MG ORAL STRIP	2	7/1/19
SUBOXONE 8 MG-2 MG FILM	Brand removed from formulary	Generic Available	BUPRENORPHINE 8 MG / NALOXONE 2 MG ORAL STRIP	2	7/1/19
SUBOXONE 4MG-1MG FILM	Brand removed from formulary	Generic Available	BUPRENORPHINE 4 MG / NALOXONE 1 MG ORAL STRIP	2	7/1/19
SUBOXONE 12 MG-3 MG FILM	Brand removed from formulary	Generic Available	BUPRENORPHINE 12 MG / NALOXONE 3 MG ORAL STRIP	2	7/1/19
ZOVIRAX 5% CREAM	Brand removed from formulary	Generic Available	ACYCLOVIR 50 MG/ML TOPICAL CREAM	2	7/1/19
MESTINON 60 MG/5 ML SYRUP	Brand removed from formulary	Generic Available	PYRIDOSTIGMINE BROMIDE 12 MG/ML ORAL SOLUTION	5	8/1/19
RANEXA 500 MG EXTENDED RELEASE ORAL TABLET	Brand removed from formulary	Generic Available	RANOLAZINE 500 MG EXTENDED RELEASE ORAL TABLET	2	8/1/19
RANEXA 1,000 MG EXTENDED RELEASE ORAL TABLET	Brand removed from formulary	Generic Available	RANOLAZINE 1,000 MG EXTENDED RELEASE ORAL TABLET	2	8/1/19
TEKTURNA 150 MG ORAL TABLET	Brand removed from formulary	Generic Available	ALISKIREN 150 MG ORAL TABLET	1	8/1/19
TEKTURNA 300 MG ORAL TABLET	Brand removed from formulary	Generic Available	ALISKIREN 300 MG ORAL TABLET	1	8/1/19

1. Removal of drug from formulary; a change in its preferred or tiered cost sharing status; or a classification change such as prior authorization needed, quantity limits apply, or step therapy restrictions.
2. RAlternative 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 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).

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.

® Registered Marks of the Blue Cross and Blue Shield Association. © 2019 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.