



## CHANGES TO YOUR 2020 BLUE MEDICARE<sup>RX</sup> FORMULARY (DRUG LIST)

Beginning January 1, 2020, your prescription drug coverage will change. Please review the following list to see if any of the medications you take will change tiers (cost more) or will no longer be covered.

### Comparison of 2019 to 2020 Select Formulary

#### 3-TIER SELECT FORMULARY:

MEDICATION	2019	2020	MEDICATION	2019	2020
FLUCONAZOLE	TIER 1	TIER 2	RESTASIS	TIER 2	TIER 3
HYDROCODONE–ACETAMINOPHEN	TIER 1	TIER 2	MIRTAZAPINE	TIER 1	TIER 2
TRAVATAN Z	TIER 2	TIER 3	LYRICA	TIER 2	TIER 3
BACLOFEN	TIER 1	TIER 2	YUVAFEM	TIER 2	TIER 3

#### 2-TIER SELECT FORMULARY:

MEDICATION	2019	2020	MEDICATION	2019	2020
FLUCONAZOLE	TIER 1	TIER 2	LACTULOSE	TIER 1	TIER 2
HYDROCODONE–ACETAMINOPHEN	TIER 1	TIER 2	MOMETASONE FUROATE	TIER 1	TIER 2
BACLOFEN	TIER 1	TIER 2	LOPERAMIDE	TIER 1	TIER 2
MIRTAZAPINE	TIER 1	TIER 2	BUSPIRONE HYDROCHLORIDE	TIER 1	TIER 2

#### MEDICATIONS NOT COVERED (ASK YOUR PROVIDER FOR A COVERED ALTERNATIVE)

APRISO	TRANSDERM-SCOP	MESALAMINE DR	MEXILETINE HCL
ULORIC	AMLODIPINE–OLMESARTAN MED	MOVIPREP	DELZICOL

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**.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. 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.

® 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.