



MASSACHUSETTS

Blue MedicareRxSM (PDP)

Changes to Your 2019 Blue MedicareRx Formulary (Drug List)

Beginning January 1, 2019, 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 2018 Standard Formulary with 2019 Select Formulary

Tier Change (Higher cost)					
Medication	2018	2019	Medication	2018	2019
Yuvaferm	Tier 1	Tier 2	Celecoxib	Tier 1	Tier 2
Nifedipine Er	Tier 1	Tier 2	Oxybutynin Chloride Er	Tier 1	Tier 2
Diclofenac Sodium	Tier 1	Tier 2	Valacyclovir Hcl	Tier 1	Tier 2
Levetiracetam	Tier 1	Tier 2	Sucralfate	Tier 1	Tier 2
Azelastine Hcl	Tier 1	Tier 2	Calcitriol	Tier 1	Tier 2
Doxycycline Hyclate	Tier 1	Tier 2	Tobramycin/Dexamethasone	Tier 1	Tier 3
Diltiazem Hcl Er	Tier 1	Tier 2	Propranolol Hcl Er	Tier 1	Tier 2
Oseltamivir Phosphate	Tier 1	Tier 2	Cartia Xt	Tier 1	Tier 2
Oxycodone Hcl	Tier 1	Tier 2	Bumetanide	Tier 1	Tier 2
Prednisolone Acetate	Tier 1	Tier 2	Diphenoxylate/Atropine	Tier 1	Tier 2
Labetalol Hcl	Tier 1	Tier 2	Fenofibrate Micronized	Tier 1	Tier 2
Raloxifene Hydrochloride	Tier 1	Tier 2	Flecainide Acetate	Tier 1	Tier 2
Oxybutynin Chloride	Tier 1	Tier 2	Fluocinonide	Tier 1	Tier 3
Ondansetron Hcl	Tier 1	Tier 2	Timolol Maleate Ophthalmi	Tier 1	Tier 3
Cefpodoxime Proxetil	Tier 1	Tier 2	Fluocinonide	Tier 1	Tier 3
Enoxaparin Sodium	Tier 1	Tier 3	Timolol Maleate Ophthalmi	Tier 1	Tier 3
Propranolol Hcl	Tier 1	Tier 2	Clotrimazole	Tier 1	Tier 2
Potassium Chloride Er	Tier 1	Tier 2	Tolterodine Tartrate Er	Tier 1	Tier 3
Oxycodone/Acetaminophen	Tier 1	Tier 2	Nystop	Tier 1	Tier 2
Ezetimibe	Tier 1	Tier 3	Dicyclomine Hcl	Tier 1	Tier 2

Tier Change (Higher cost)					
Medication	2018	2019	Medication	2018	2019
Duloxetine Hcl	Tier 1	Tier 2	Dorzolamide Hcl	Tier 1	Tier 2
Nystatin	Tier 1	Tier 2	Betamethasone Dipropionat CRE	Tier 1	Tier 2
Fenofibrate	Tier 1	Tier 2	Dorzolamide Hcl/Timolol M	Tier 1	Tier 2
Chlorthalidone	Tier 1	Tier 2	Esomeprazole Magnesium	Tier 1	Tier 3
Bupropion Hcl XI	Tier 1	Tier 2	Hydroxychloroquine Sulfat	Tier 1	Tier 2
Ketorolac Tromethamine	Tier 1	Tier 2	Ipratropium Bromide	Tier 1	Tier 2
Digoxin	Tier 1	Tier 2	Hydromorphone Hcl	Tier 1	Tier 2
Memantine Hcl	Tier 1	Tier 2	Moxifloxacin Hydrochlorid	Tier 1	Tier 2
Ketoconazole	Tier 1	Tier 2	Azelastine Hydrochloride	Tier 1	Tier 2
Fluorouracil	Tier 1	Tier 3	Epinephrine	Tier 1	Tier 2
Metronidazole	Tier 1	Tier 3	Olanzapine	Tier 1	Tier 2
Methotrexate	Tier 1	Tier 2	Verapamil Hcl Sr	Tier 1	Tier 2
Estradiol	Tier 1	Tier 3	Doxycycline Monohydrate	Tier 1	Tier 2
Betamethasone Dipropionat OIN	Tier 1	Tier 3	Ipratropium Bromide/Albut	Tier 1	Tier 2
Gabapentin	Tier 1	Tier 2	Aripiprazole	Tier 1	Tier 3
Cefuroxime Axetil	Tier 1	Tier 2			

Medications Not Covered (Ask your provider for a covered alternative)		
Namenda Xr	Invokana	Nadolol

This list is not all-inclusive, and formulary changes can occur throughout the year.

For 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.

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