



MASSACHUSETTS

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
AFINITOR 10 MG	Brand removed from formulary	Generic Available	EVEROLIMUS 10 MG	5	2/1/22
AFINITOR DISPERZ 2 MG	Brand removed from formulary	Generic Available	EVEROLIMUS 2 MG	5	2/1/22
AFINITOR DISPERZ 3 MG	Brand removed from formulary	Generic Available	EVEROLIMUS 3 MG	5	2/1/22
AFINITOR DISPERZ 5 MG	Brand removed from formulary	Generic Available	EVEROLIMUS 5 MG	5	2/1/22
PAXIL 10 MG/5 ML	Brand removed from formulary	Generic Available	PAROXETINE HCL 10 MG/5 ML	2	2/1/22
ZOMIG 5 MG	Brand removed from formulary	Generic Available	ZOLMITRIPTAN 5 MG	2	2/1/22
VIMPAT 100 MG	Brand removed from formulary	Generic Available	LACOSAMIDE 100 MG	2	6/1/22
VIMPAT 150 MG	Brand removed from formulary	Generic Available	LACOSAMIDE 150 MG	2	6/1/22
VIMPAT 200 MG	Brand removed from formulary	Generic Available	LACOSAMIDE 200 MG	2	6/1/22
VIMPAT 50 MG	Brand removed from formulary	Generic Available	LACOSAMIDE 50 MG	2	6/1/22
FERRIPROX 1000 MG	Brand removed from formulary	Generic Available	DEFERIPRONE 1000 MG	5	7/1/22

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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**).

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