



MASSACHUSETTS

UNDERSTANDING PHARMACY FORMULARY CHANGES

Regular Reviews Ensure That Covered Medications Are Both Clinically Appropriate and Cost Effective

Clinical experts review medications on a regular basis to ensure that the formularies we offer — the Blue Cross Blue Shield of Massachusetts Formulary, and the Standard Control with Advanced Control Specialty Formulary — continue to provide value for you and your employees. Any changes may be based on a medication's effectiveness and affordability. Learn more about changes to each formulary below.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FORMULARY

Our formulary is usually updated in January and July, but changes can occur at other times of the year. When changes occur, medications may:

- No longer be covered (exceptions may be granted)
- Be excluded from coverage (exceptions won't be granted)
- Switch tiers
- Have new quantity or dosing limits
- Require Prior Authorization
- Require Step Therapy
- Be added to the list of covered medications
- Be designated as preferred

STANDARD CONTROL WITH ADVANCED CONTROL SPECIALTY FORMULARY

CVS Caremark[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, updates its Standard Control with Advanced Control Specialty Formulary every January, April, July, and October. When changes occur, medications may:

- No longer be covered (exceptions may be granted)
- Switch tiers
- Have new quantity or dosing limits
- Require Prior Authorization
- Require Step Therapy
- Be added to the list of covered medications
- Be designated as preferred

HOW WE'LL NOTIFY YOU ABOUT FORMULARY CHANGES

You'll be notified of any formulary changes at least 60 days before they take effect. Look for the changes in the *Important Administrative Information* newsletter that we send out quarterly, and on the Employer Portal at bluecrossma.com/employer. Members directly affected by the changes will be notified by letter at least 30 days before the changes take effect.

KNOW WHAT'S COVERED WITH THE MEDICATION LOOKUP TOOL

You and your employees can use this tool to:



SEARCH FOR ANY MEDICATION

See if it's covered
by your plan



GET DETAILED INFORMATION

Including the medication's
strength, tier, and how
it's dispensed



VIEW ADDITIONAL COVERAGE REQUIREMENTS

Such as Prior Authorization,
Step Therapy, and Quality
Care Dosing



SEE COVERED ALTERNATIVES

For non-covered
medications

Get started at bluecrossma.org/medication.

Learn More

For more information, talk to your account executive.



MASSACHUSETTS

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).