

December 2022

**Important information
about your prescription
medications for 2023**

<Member first name> <Member last name>
<C/o>
<Member Address 1> <Member Address 2>
<City>, <State> <Zip>

Dear <Member first name> <Member last name>,

One of our top priorities is providing quality care and service. That's why we're changing the company that administers your prescription benefits on our behalf, starting January 1, 2023.

While this change will help us deliver greater benefits in the long run, it may affect one or more of your current prescriptions. We've enclosed more details to help make this transition as smooth as possible. Of course, we're here to help if you have any questions or need support.

Review your personalized list of changes

The enclosed list outlines changes to your medication coverage and any actions you should take. Share this letter with your health care provider to discuss these changes.

Use your new ID card when filling prescriptions

You'll also receive (or may have received) a new Blue Cross ID card that includes information you should share with your pharmacy when you fill prescriptions, starting on January 1, 2023.

Questions?

For answers to frequently asked questions and a list of covered medications for 2023, go to bcbsma.info/pharmacyupdate. Or, you can call Blue Cross Member Service at **1-888-494-8333 (TTY: 711), seven days a week, 8 a.m. to 8 p.m. E.T.**

Thank you for being a member of Blue Cross Blue Shield of Massachusetts.

Sincerely,



Mary Beth Erwin, MPH, RPh
Chief Pharmacy Officer and Vice President

Enclosure

Continued

CaremarkPCS Health, LLC ("CVS Caremark") is an independent company that has been contracted to administer pharmacy benefits and provide certain pharmacy services for Blue Cross Blue Shield of Massachusetts. CVS Caremark is part of the CVS Health family of companies. Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

Formulary Changes (36126A)

 Your medication will no longer be covered as of January 1, 2023. However, alternatives are available.

Medication not covered

<<DRUG_LBL_NM>>

Covered alternative medication

<<DRUG_ALT_MSG>>



WHAT SHOULD YOU DO?

Please talk to your health care provider about this change to your prescription.

- Ask them to write a new prescription for one of the covered alternatives, if appropriate.

You can request an exception.

- If you've already tried the covered alternatives listed above, or your health care provider feels you should continue taking the non-covered medication, you or your doctor can request an exception.
- To request an exception, your doctor should call our Pharmacy Operations department at 1-800-366-7778 (TTY: 711), Monday – Friday, 8am to 6pm ET.
- We'll only approve this request if we agree the medication is medically necessary to treat a condition.
- The medication must also meet any other prescription coverage requirements. If approved, you may pay a higher cost.

You're allowed a transition fill.

- While you work with your doctor to find a new medication, you'll be covered at your regular benefit for up to a 30-day transition fill once your current medication is removed from the Medicare Advantage plan formulary. When you use your transition fill, we'll send you a letter reminding you that your medication is no longer covered, and you'll have to pay full price for it if you continue to fill that prescription.



EXPLANATION: Why won't my medication be covered anymore?

There are other effective, lower-cost medications that are covered.

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NEED HELP?: Contact Blue Cross Member Service at 1-888-494-8333 (TTY: 711), seven days a week, 8 a.m. to 8 p.m. E.T. To look up your prescription drug benefits, sign in to bluecrossma.org.

Quantity Limits COM515



The quantity or dosage of your medication is changing as of January 1, 2023.

Which medication(s) will be affected?

This medication	Will be covered at
<<DRUG_LBL_NM>>	<<RETAIL_LIMIT>>



WHAT SHOULD YOU DO?

Please talk to your health care provider about this change to your prescription. They will need to either:

- Write a new prescription to change the dosage of your medication for the new, covered quantity limit; or
- Request an exception to this change to continue with the current quantity or dosage for your prescription by contacting our Pharmacy Operations department at 1-800-366-7778 (TTY: 711), Monday – Friday, 8am to 6pm ET.



EXPLANATION: Why is Blue Cross changing the quantity or dosage covered?

We review Food and Drug Administration recommendations, as well as manufacturer and clinical guidelines, to decide how we should cover the quantity and dosage of a medication. This helps us make sure we're covering your medication safely and effectively.

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NEED HELP?: Contact Blue Cross Member Service 1-888-494-8333 (TTY: 711), seven days a week, 8 a.m. to 8 p.m. E.T. To look up your prescription drug benefits, sign in to MyBlue at bluecrossma.org.

Formulary Disruption (tier changes) COM229

Your medication is changing tiers as of January 1, 2023.

Your medication is moving to a higher cost tier because there may be a less expensive medication available that we cover.

This medication

<<DRUG_LBL_NM>>

Is moving to

Tier <<MED_NEW_TIER>>



WHAT SHOULD YOU DO?

Please talk to your health care provider about this change to your prescription.

- Ask them if there is an alternative prescription that is right for you. If there is, request a new prescription for a lower cost medication, or:
- Pay the higher tier cost when you fill your prescription at the pharmacy on or after January 1, 2023.



EXPLANATION: Why is my medication changing tiers?

Our pharmacists and doctors regularly review medications that we cover (our formulary) and make changes to tiers based on the medication's cost, use, and other medications available.

NEED HELP?: Contact Blue Cross Member Service at 1-888-494-8333 (TTY: 711), seven days a week, 8 a.m. to 8 p.m. E.T. To look up your prescription drug benefits, sign in to bluecrossma.org.

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PRIOR AUTHORIZATION 36958A

Your medication requires authorization on January 1, 2023.

The medication listed below requires authorization before we'll cover it—even if we've covered it in the past.

Medication name

<<DRUG_LBL_NM>>



WHAT SHOULD YOU DO?

Please talk to your health care provider or call Member Service.

- Ask your health care provider to call Blue Cross to request authorization. We're ready to start taking your health care provider's request on December 1. Your health care provider must contact our Pharmacy Operations department before your next prescription refill (after January 1, 2023) to request approval for us to cover this medication. The phone number for your health care provider to call is at 800-366-7778 (TTY: 711), Monday – Friday, 8am to 6pm ET,. We'll notify you and your health care provider of our decision.
- Or call Blue Cross Member Service at **1-888-494-8333 (TTY: 711), seven days a week, 8 a.m. to 8 p.m. E.T.** to request an authorization.
- If you don't have an approved authorization, we won't cover your prescription, and you'll be responsible for the full cost.



EXPLANATION: Why does my medication require authorization?

Prior authorization helps us know that your doctor has determined that a medication is necessary to treat you, based on Food and Drug Administration and other clinical guidelines. You'll find out if the medication is covered under your plan *before* you fill the prescription.

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PHARMACY NETWORK CHANGES 39637C2

Your pharmacy will no longer be in the network as of January 1, 2023.

We're introducing a new network of more than 65,000 pharmacies nationwide that you can use—including CVS Pharmacy and many others, such as large retail chains and other neighborhood pharmacies. However, the pharmacy you currently use is no longer in the network.



WHAT SHOULD YOU DO?

One of the best ways to keep the cost of your medications low is to always fill your prescriptions at an in-network pharmacy or through mail order.

- Consider signing up for the CVS Caremark Mail Service Pharmacy. Sign in to MyBlue at bluecrossma.org, or:
- Choose a new pharmacy that's in the network of pharmacies you can use. Find one at bcbsma.info/pharmacyupdate.
- Call or visit your new pharmacy and provide them with your prescription information. Everything they need to transfer your prescription is on the label of your current prescription packaging.
- If you fill your medication at a pharmacy that's not in your plan's network, you'll have to pay the full cost of your medication.

NEED HELP?: Contact Blue Cross Member Service at 1-888-494-8333 (TTY: 711), seven days a week, 8 a.m. to 8 p.m. E.T. To look up your prescription drug benefits, sign in to bluecrossma.org.

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PHARMACY NETWORK CHANGES Preferred now Standard 39637C1

Your current pharmacy is no longer a Preferred pharmacy as of January 1, 2023.

We're introducing a new network of more than 65,000 pharmacies nationwide that you can use— including CVS Pharmacy and many others, such as large retail chains and other neighborhood pharmacies. The pharmacy that you currently use is no longer a Preferred pharmacy. If you stay at your current pharmacy, you'll have to pay a higher copay for the medication.



WHAT SHOULD YOU DO?

Find a new Preferred pharmacy in the CVS Caremark network

- Log in to bluecrossma.org or call Member Service at the number below. You can also enroll in the mail service pharmacy.
- Once you've selected a Preferred pharmacy, ask your pharmacy to transfer your prescription to the new pharmacy, or:
- Talk to your doctor about writing a new prescription for your medication, then have it filled at your new pharmacy.

NEED HELP?: Contact Blue Cross Member Service at 1-888-494-8333 (TTY: 711), seven days a week, 8 a.m. to 8 p.m. E.T. To look up your prescription drug benefits, sign in to bluecrossma.org.

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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).

Spanish/Español: 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).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone paraos Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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