MASSACHUSETTS

101 Huntington Avenue
Suite 1300
Boston, MA 02199-7611
bluecrossma.org

April 2026

or more of your prescriptions is changing on July 1, 2026.

Please share this letter with your provider.

MPC_032726-1J-1-ML
<Member first name> <Member last name>
<Member Address 1> <Member Address 2>
<City>, <State> <Zip>

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

Starting July 1, 2026, we require approval (prior authorization) for certain medications that are on the Standard Control with Advanced Control Specialty Formulary.

Medications that will require prior authorization before we can cover them

- <Medication 1> · <Medication 2>

Action required: Contact your provider about requesting authorization

Contact your provider's office before your next refill. How it works:

1. **Your provider requests prior authorization** from us electronically or by calling our Pharmacy Operations department at 1-800-366-7778.
2. **We review the request** and will notify both you and your provider of our decision.

If you fill the prescription without an approved authorization, you will be responsible for the medication's full price.

Why is this changing?

While these medications were previously covered without this step, we want to work with your doctor to make sure this medication is necessary, based on Food and Drug Administration and other clinical guidelines. It's a very common step in health care, designed to ensure treatments are both safe and effective.

Need more information?

- See instructions on the back of this letter to look up your prescription coverage.
- Visit https://planinfo.bluecrossma.com/customblue/2026/cityofboston.
- Call Member Service at 1-888-714-0189.

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

Sincerely,

Pharmacy Division, Blue Cross Blue Shield of Massachusetts

continued

Check My Pharmacy Dashboard for all your pharmacy needs

Use it to: Check the status of a prior authorization submitted by your provider, look up medications to see how they're covered, refill prescriptions, and more.

To access your dashboard, sign in to MyBlue at bluecrossma.org.

INSERT SCREENSHOT OF MY PHARMACY DASHBOARD

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 paraos Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

MPC_032726-1J-1-ML (4/26)