



2021 5-TIER GROUP FORMULARY

(List of covered drugs)

Group MedicareBlueSM Rx (PDP)

Effective January 1, 2021

Please read: This document contains information about the drugs we cover in this plan.

Formulary ID: 00021181 Version 9

This formulary was updated on **3/1/2021**. For more recent information or other questions, please contact Group MedicareBlue Rx customer service.



Enrolled members call **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain times (TTY hearing impaired users call **711**)



Visit **YourMedicareSolutions.com/GroupPlans**

Note to existing members: This formulary has changed since last year. Please review this document to make sure it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us” or “our,” it means Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Group MedicareBlue Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of **March 1, 2021**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

WHAT IS THE GROUP MEDICAREBLUE RX FORMULARY?

A formulary is a list of covered drugs selected by Group MedicareBlue Rx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Group MedicareBlue Rx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Group MedicareBlue Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

CAN THE FORMULARY (DRUG LIST) CHANGE?

Most changes in drug coverage happen on January 1, but Group MedicareBlue Rx may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the following cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Group MedicareBlue Rx Formulary?”

Drugs removed from the market. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier, or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the

member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described previously. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **March 1, 2021**. To get updated information about the drugs covered by Group MedicareBlue Rx, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formulary will be updated monthly and posted on our website. To view the most recent formulary, visit **YourMedicareSolutions.com/GroupPlans**.

HOW DO I USE THE FORMULARY?

There are two ways to find your drug within the formulary.

Medical condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat

a heart condition are listed under the category, “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this booklet. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

Group MedicareBlue Rx covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** Group MedicareBlue Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Group MedicareBlue Rx before you fill your prescriptions. If you don't get approval, Group MedicareBlue Rx may not cover the drug.
- **Quantity limits:** For certain drugs, Group MedicareBlue Rx limits the amount of the drug that Group MedicareBlue Rx will cover. For example, the plan provides 30 capsules per prescription for *glimepiride*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, Group

MedicareBlue Rx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Group MedicareBlue Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Group MedicareBlue Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Group MedicareBlue Rx to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the formulary?” in the following section for information about how to request an exception.

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

If your drug is not included in this formulary (list of covered drugs), you should first contact customer service and ask if your drug is covered. If you learn that Group MedicareBlue Rx does not cover your drug, you have two options:

- You can ask customer service for a list of similar drugs that are covered by Group MedicareBlue Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Group MedicareBlue Rx.
- You can ask Group MedicareBlue Rx to make an exception and cover your drug. See below for information about how to request an exception.

HOW DO I REQUEST AN EXCEPTION TO THE FORMULARY?

You can ask Group MedicareBlue Rx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Group MedicareBlue Rx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Group MedicareBlue Rx will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make a decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, a decision will be made no later than 24 hours after we receive a supporting statement from your doctor or other prescriber.

WHAT DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you have a level of care change, such as being discharged from a hospital to your home or from a long-term care facility to your home or a similar change in care setting, you may have to fill new prescriptions for the drugs you were taking in the hospital or long-term care facility. We have processes in place to make sure you can continue taking your prescriptions and not have a gap in your drug therapy.

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided

automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

FOR MORE INFORMATION

For more detailed information about your Group MedicareBlue Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Group MedicareBlue Rx, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**. Or, visit **Medicare.gov**.

GROUP MEDICAREBLUE RX FORMULARY

The formulary that begins on page 6 provides coverage information about the drugs covered by Group MedicareBlue Rx. If you have trouble finding your drug in the list, turn to the Index at the back of this booklet.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower case italics (e.g., *glipizide*). The next column tells you into which cost-sharing tier the drug is categorized. The information in the Requirement/Limits column tells you if Group MedicareBlue Rx has any special requirements for coverage of your drug.

Group MedicareBlue Rx covers five tiers of drugs:

Tier 1: Preferred generic drugs

Tier 1 is the lowest tier and generally contains the lowest cost generics.

Tier 2: Generic drugs

Tier 2 contains generics.

Tier 3: Preferred brand drugs

Tier 3 contains preferred brand drugs and non-preferred generic drugs.

Tier 4: Non-preferred drugs

Tier 4 contains non-preferred brand drugs and non-preferred generic drugs.

Tier 5: Specialty drugs

Tier 5 contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.

Please refer to your plan's Summary of Benefits or Evidence of Coverage (including Chapter 4: What you pay for your Part D prescription drugs (Schedule of Coverage and Limitations)) for information on prescription drug copayments and coinsurance amounts. The amount you pay will depend on your plan option.

The key below can assist you as you look for the information for your drug.

KEY

Upper case = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Preferred generic drugs

2 = Tier 2: Generic drugs

3 = Tier 3: Preferred brand drugs

4 = Tier 4: Non-preferred drugs

5 = Tier 5: Specialty drugs

B/D = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

LA = Limited access

NM = Not available by mail order

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

Note: This plan covers tier 1 and tier 2 drugs in the coverage gap. The key above will help you identify the tier 1 and tier 2 drugs in the Formulary. Please refer to the Group MedicareBlue Rx Evidence of Coverage and Chapter 4: What you pay for your prescription drugs (Schedule of Coverage and Limitations) for more information about this coverage.

NOTICE OF RIGHTS

NONDISCRIMINATION AND ACCESSIBILITY

Group MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Group MedicareBlue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Group MedicareBlue Rx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call customer service at 1-877-838-3827, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

If you believe that Group MedicareBlue Rx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing to:

Group MedicareBlue Rx Compliance Officer
3400 Yankee Drive, R400
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, the Group MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-838-3827 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-838-3827 (TTY: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-838-3827 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-838-3827 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-838-3827 (TTY: 711)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-838-3827 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-838-3827 (TTY: 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-877-838-3827 (መስማት ለተሳናቸው: 711)፡

Karen: ဟံသုဉ်ဟံသး- နမုာ်ကတိာ်/ကညိ /ကျိာ်ဆယိံ./နမၤန့ၢ်/ကျိာ်ဆတၢ်မၤစၢၤလၢ/တလၢာ်ဘျုးလၢာ်စ့ၤ/နီတမံၤဘျုးသ့န့ၢ် လိာ်./ကိး 1-877-838-3827 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-838-3827 (TTY: 711).

Mon-Khmer, Cambodian: របប័តន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលទ្ធផល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-838-3827 (TTY: 711)។

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-838-3827 (رقم هاتف الصم والبكم: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-838-3827 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-838-3827 (TTY: 711)번으로 전화해 주십시오.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-838-3827 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Do you have a question or need more information?

This formulary was updated on **3/1/2021**. For more recent information or other questions, please contact Group MedicareBlue Rx.



Enrolled members call **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain times (TTY hearing impaired users call **711**)



Visit **YourMedicareSolutions.com/GroupPlans**

Your Medicare prescription drug coverage is through a stand-alone Medicare prescription drug plan, Group MedicareBlue Rx.

Group MedicareBlue Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare.

Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association