

Agent Alert

MedicareBlueSM Solutions



October 1, 2019

In this Agent Alert:

- October 2019 formulary updates
- 2020 Part D IRMAA amounts

October 2019 formulary updates

Attached with this message are the October 2019 formulary updates. These updates also appear on updated PDFs of the formularies and on YourMedicareSolutions.com. A key to the tier names and utilization management abbreviations is included with chart.

2020 Part D IRMAA amounts

The Part D income-related monthly adjustment amount (Part D-IRMAA) is an amount in addition to the monthly Part D premium for individuals whose modified gross income exceeds certain thresholds. Unlike Part D premium amounts, Part D IRMAA adjustment amounts are collected by the federal government and not the plan.

The additional amounts a member may have to pay in 2020 based on income are below.

If you filed an individual tax return and your income in 2018 was:	If you were married but filed a separate tax return and your income in 2018 was:	If you filed a joint tax return and your income in 2018 was:	This is the monthly cost of your extra Part D amount (to be paid in addition to your plan premium):
Less than or equal to \$87,000	Less than or equal to \$87,000	Less than or equal to \$174,000	\$0
Greater than \$87,000 and less than or equal to \$109,000		Greater than \$174,000 and less than or equal to \$218,000	\$12.20
Greater than \$109,000 and less than or equal to \$136,000		Greater than \$218,000 and less than or equal to \$272,000	\$31.50
Greater than \$136,000 and less than or equal to \$163,000		Greater than \$272,000 and less than or equal to \$326,000	\$50.70
Greater than \$163,000 and less than or equal to \$500,000	Greater than \$87,000 and less than or equal to \$413,000	Greater than \$326,000 and less than or equal to \$750,000	\$70.00
Greater than \$500,000	Greater than \$413,000	Greater than \$750,000	\$76.40

Agent Alert

MedicareBlue™ Solutions



October 1, 2019

Questions or have an enrollment? Call a Broker Help Desk

If you have questions, want to enroll an applicant by telephone or help a member make a change, please contact the appropriate agent/broker help line:

MedicareBlue Rx pre-enrollment toll free at **1-866-464-3919**

MedicareBlue Rx post-enrollment toll free at **1-866-849-2498**

MedicareBlue Rx coverage is 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

For agent use only. Not for use with the public.

Agent Alert

MedicareBlue™ Solutions



October 1, 2019

In this Agent Alert:

- October 2019 formulary updates
- 2020 Part D IRMAA amounts

October 2019 formulary updates

Attached with this message are the October 2019 formulary updates. These updates also appear on updated PDFs of the formularies and on YourMedicareSolutions.com. A key to the tier names and utilization management abbreviations is included with chart.

2020 Part D IRMAA amounts

The Part D income-related monthly adjustment amount (Part D-IRMAA) is an amount in addition to the monthly Part D premium for individuals whose modified gross income exceeds certain thresholds. Unlike Part D premium amounts, Part D IRMAA adjustment amounts are collected by the federal government and not the plan.

The additional amounts a member may have to pay in 2020 based on income are below.

If you filed an individual tax return and your income in 2018 was:	If you were married but filed a separate tax return and your income in 2018 was:	If you filed a joint tax return and your income in 2018 was:	This is the monthly cost of your extra Part D amount (to be paid in addition to your plan premium):
Less than or equal to \$87,000	Less than or equal to \$87,000	Less than or equal to \$174,000	\$0
Greater than \$87,000 and less than or equal to \$109,000		Greater than \$174,000 and less than or equal to \$218,000	\$12.20
Greater than \$109,000 and less than or equal to \$136,000		Greater than \$218,000 and less than or equal to \$272,000	\$31.50
Greater than \$136,000 and less than or equal to \$163,000		Greater than \$272,000 and less than or equal to \$326,000	\$50.70
Greater than \$163,000 and less than or equal to \$500,000	Greater than \$87,000 and less than or equal to \$413,000	Greater than \$326,000 and less than or equal to \$750,000	\$70.00
Greater than \$500,000	Greater than \$413,000	Greater than \$750,000	\$76.40

Agent Alert

MedicareBlue™ Solutions



October 1, 2019

Questions or have an enrollment? Call a Broker Help Desk

If you have questions, want to enroll an applicant by telephone or help a member make a change, please contact the appropriate agent/broker help line:

MedicareBlue Rx pre-enrollment toll free at **1-866-464-3919**

MedicareBlue Rx post-enrollment toll free at **1-866-849-2498**

MedicareBlue Rx coverage is 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

For agent use only. Not for use with the public.

Change Description	Product Name	MBRx Standard & Premier	Group MBRx	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Clinical Rationale
Add	ATROPINE SUL SOL 1% OP	Add tier 3	Add tier 2	OPHTHALMIC	MISCELLANEOUS	Provides an additional treatment option for cycloplegia, mydriasis, and amblyopia.
Delete (drug discontinued)	BIVIGAM INJ 10%	Delete	Delete	IMMUNOLOGIC AGENTS	IMMUNOGLOBULINS	Product discontinued
Add (line extension)	CLINOLIPID EMU 20%	Add tier 4, PA	Add tier 3, PA	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Clinical line extension
Add (line extension)	DOCETAXEL INJ 160/8ML	Add tier 5, PA	Add tier 4, PA	ANTINEOPLASTIC AGENTS	ANTIMITOTIC, TAXOIDS	Clinical line extension
Add (line extension)	ERYTHROMYCIN TAB 250MG EC	Add tier 4	Add tier 1	ANTI-INFECTIVES	ERYTHROMYCINS/MACROLIDES	Clinical line extension
Add (line extension)	ERYTHROMYCIN TAB 333MG EC	Add tier 4	Add tier 1	ANTI-INFECTIVES	ERYTHROMYCINS/MACROLIDES	Clinical line extension
Add (line extension)	ERYTHROMYCIN TAB 500MG EC	Add tier 4	Add tier 1	ANTI-INFECTIVES	ERYTHROMYCINS/MACROLIDES	Clinical line extension
Delete (drug discontinued)	FLUCONAZOLE/ INJ DEX 200	Delete	Delete	ANTI-INFECTIVES	ANTIFUNGALS	Product discontinued
Delete (drug discontinued)	FLUCONAZOLE/ INJ DEX 400	Delete	Delete	ANTI-INFECTIVES	ANTIFUNGALS	Product discontinued
Add generic FIRAZYR INJ 30MG/3ML	ICATIBANT INJ 30MG/3ML	Add tier 5, PA, QL	Add tier 4, PA, QL	HEMATOLOGIC	MISCELLANEOUS	Generic availability; brand already listed
Delete (drug discontinued)	MOEXIPR/HCTZ TAB 15-12.5	Delete	Delete	CARDIOVASCULAR	ACE INHIBITOR COMBINATIONS	Product discontinued
Delete (drug discontinued)	MOEXIPR/HCTZ TAB 15-25MG	Delete	Delete	CARDIOVASCULAR	ACE INHIBITOR COMBINATIONS	Product discontinued
Delete (drug discontinued)	MOEXIPR/HCTZ TAB 7.5-12.5	Delete	Delete	CARDIOVASCULAR	ACE INHIBITOR COMBINATIONS	Product discontinued
Delete (drug discontinued)	MONONESSA TAB	Delete	Delete	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	Product discontinued
Delete (drug discontinued)	MORPHINE SUL INJ 2MG/ML	Delete	Delete	ANALGESICS	OPIOID ANALGESICS, CII	Product discontinued
Delete (drug discontinued)	MORPHINE SUL INJ 4MG/ML	Delete	Delete	ANALGESICS	OPIOID ANALGESICS, CII	Product discontinued
Delete (drug discontinued)	MORPHINE SUL INJ 5MG/ML	Delete	Delete	ANALGESICS	OPIOID ANALGESICS, CII	Product discontinued
Add generic LYRICA CAP	PREGABALIN CAP 100MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 150MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 200MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 225MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 25MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 300MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed

Abbreviations	
LA = Limited access	PA = Prior authorization
NA = Not applicable	QL = Quantity limit
NF = Non-formulary	ST = Step therapy

Tier names: Standard and Premier
Tier 1: Preferred generic
Tier 2: Generic
Tier 3: Preferred brand
Tier 4: Non-preferred drug
Tier 5: Speciality

Tier names: Group
Tier 1: Generic
Tier 2: Preferred brand
Tier 3: Non-preferred brand
Tier 4: Speciality

Change Description	Product Name	MBRx Standard & Premier	Group MBRx	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Clinical Rationale
Add generic LYRICA CAP	PREGABALIN CAP 50MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 75MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA SOLN	PREGABALIN SOLN 20 MG/ML	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Delete/Tier change	SUPRAX CAP 400MG	Delete	Delete	ANTI-INFECTIVES	CEPHALOSPORINS	Generic availability; brand replaced by generic
Add (line extension)	SYMDEKO TAB 50-75MG	Add Tier 5, PA, LA	Add Tier 4, PA, LA	RESPIRATORY	MISCELLANEOUS	Clinical line extension; new formulation
Add	XPOVIO PAK 100MG	Add Tier 5, PA, LA	Add Tier 4, PA, LA	ANTINEOPLASTIC AGENTS	MISCELLANEOUS	Provides an additional treatment option for relapsed or refractory multiple myeloma.
Add	XPOVIO PAK 60MG	Add Tier 5, PA, LA	Add Tier 4, PA, LA	ANTINEOPLASTIC AGENTS	MISCELLANEOUS	Provides an additional treatment option for relapsed or refractory multiple myeloma.
Add	XPOVIO PAK 80MG (Once weekly)	Add Tier 5, PA, LA	Add Tier 4, PA, LA	ANTINEOPLASTIC AGENTS	MISCELLANEOUS	Provides an additional treatment option for relapsed or refractory multiple myeloma.
Add	XPOVIO PAK 80MG (Twice weekly)	Add Tier 5, PA, LA	Add Tier 4, PA, LA	ANTINEOPLASTIC AGENTS	MISCELLANEOUS	Provides an additional treatment option for relapsed or refractory multiple myeloma.

Abbreviations

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS/caremark.
This document contains confidential and proprietary information of CVS/Caremark and may not be distributed or copied, in whole or in part, without written permission from CVS/caremark.
©2019 CVS/Caremark. All rights reserved.
For agent use only. Not for use with the public.

Change Description	Product Name	MBRx Standard & Premier	Group MBRx	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Clinical Rationale
Add	ATROPINE SUL SOL 1% OP	Add tier 3	Add tier 2	OPHTHALMIC	MISCELLANEOUS	Provides an additional treatment option for cycloplegia, mydriasis, and amblyopia.
Delete (drug discontinued)	BIVIGAM INJ 10%	Delete	Delete	IMMUNOLOGIC AGENTS	IMMUNOGLOBULINS	Product discontinued
Add (line extension)	CLINOLIPID EMU 20%	Add tier 4, PA	Add tier 3, PA	NUTRITIONAL/SUPPLEMENTS	IV NUTRITION	Clinical line extension
Add (line extension)	DOCETAXEL INJ 160/8ML	Add tier 5, PA	Add tier 4, PA	ANTINEOPLASTIC AGENTS	ANTIMITOTIC, TAXOIDS	Clinical line extension
Add (line extension)	ERYTHROMYCIN TAB 250MG EC	Add tier 4	Add tier 1	ANTI-INFECTIVES	ERYTHROMYCINS/MACROLIDES	Clinical line extension
Add (line extension)	ERYTHROMYCIN TAB 333MG EC	Add tier 4	Add tier 1	ANTI-INFECTIVES	ERYTHROMYCINS/MACROLIDES	Clinical line extension
Add (line extension)	ERYTHROMYCIN TAB 500MG EC	Add tier 4	Add tier 1	ANTI-INFECTIVES	ERYTHROMYCINS/MACROLIDES	Clinical line extension
Delete (drug discontinued)	FLUCONAZOLE/ INJ DEX 200	Delete	Delete	ANTI-INFECTIVES	ANTIFUNGALS	Product discontinued
Delete (drug discontinued)	FLUCONAZOLE/ INJ DEX 400	Delete	Delete	ANTI-INFECTIVES	ANTIFUNGALS	Product discontinued
Add generic FIRAZYR INJ 30MG/3ML	ICATIBANT INJ 30MG/3ML	Add tier 5, PA, QL	Add tier 4, PA, QL	HEMATOLOGIC	MISCELLANEOUS	Generic availability; brand already listed
Delete (drug discontinued)	MOEXIPR/HCTZ TAB 15-12.5	Delete	Delete	CARDIOVASCULAR	ACE INHIBITOR COMBINATIONS	Product discontinued
Delete (drug discontinued)	MOEXIPR/HCTZ TAB 15-25MG	Delete	Delete	CARDIOVASCULAR	ACE INHIBITOR COMBINATIONS	Product discontinued
Delete (drug discontinued)	MOEXIPR/HCTZ TAB 7.5-12.5	Delete	Delete	CARDIOVASCULAR	ACE INHIBITOR COMBINATIONS	Product discontinued
Delete (drug discontinued)	MONONESSA TAB	Delete	Delete	ENDOCRINE AND METABOLIC	CONTRACEPTIVES	Product discontinued
Delete (drug discontinued)	MORPHINE SUL INJ 2MG/ML	Delete	Delete	ANALGESICS	OPIOID ANALGESICS, CII	Product discontinued
Delete (drug discontinued)	MORPHINE SUL INJ 4MG/ML	Delete	Delete	ANALGESICS	OPIOID ANALGESICS, CII	Product discontinued
Delete (drug discontinued)	MORPHINE SUL INJ 5MG/ML	Delete	Delete	ANALGESICS	OPIOID ANALGESICS, CII	Product discontinued
Add generic LYRICA CAP	PREGABALIN CAP 100MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 150MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 200MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 225MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 25MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 300MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed

Abbreviations	
LA = Limited access	PA = Prior authorization
NA = Not applicable	QL = Quantity limit
NF = Non-formulary	ST = Step therapy

Tier names: Standard and Premier
Tier 1: Preferred generic
Tier 2: Generic
Tier 3: Preferred brand
Tier 4: Non-preferred drug
Tier 5: Speciality

Tier names: Group
Tier 1: Generic
Tier 2: Preferred brand
Tier 3: Non-preferred brand
Tier 4: Speciality

Change Description	Product Name	MBRx Standard & Premier	Group MBRx	THERAPEUTIC CATEGORY template	THERAPEUTIC CLASS template	Clinical Rationale
Add generic LYRICA CAP	PREGABALIN CAP 50MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA CAP	PREGABALIN CAP 75MG	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Add generic LYRICA SOLN	PREGABALIN SOLN 20 MG/ML	Add tier 3, QL	Add tier 1, QL	CENTRAL NERVOUS SYSTEM	ANTICONVULSANTS	Generic availability; brand already listed
Delete/Tier change	SUPRAX CAP 400MG	Delete	Delete	ANTI-INFECTIVES	CEPHALOSPORINS	Generic availability; brand replaced by generic
Add (line extension)	SYMDEKO TAB 50-75MG	Add Tier 5, PA, LA	Add Tier 4, PA, LA	RESPIRATORY	MISCELLANEOUS	Clinical line extension; new formulation
Add	XPOVIO PAK 100MG	Add Tier 5, PA, LA	Add Tier 4, PA, LA	ANTINEOPLASTIC AGENTS	MISCELLANEOUS	Provides an additional treatment option for relapsed or refractory multiple myeloma.
Add	XPOVIO PAK 60MG	Add Tier 5, PA, LA	Add Tier 4, PA, LA	ANTINEOPLASTIC AGENTS	MISCELLANEOUS	Provides an additional treatment option for relapsed or refractory multiple myeloma.
Add	XPOVIO PAK 80MG (Once weekly)	Add Tier 5, PA, LA	Add Tier 4, PA, LA	ANTINEOPLASTIC AGENTS	MISCELLANEOUS	Provides an additional treatment option for relapsed or refractory multiple myeloma.
Add	XPOVIO PAK 80MG (Twice weekly)	Add Tier 5, PA, LA	Add Tier 4, PA, LA	ANTINEOPLASTIC AGENTS	MISCELLANEOUS	Provides an additional treatment option for relapsed or refractory multiple myeloma.

Abbreviations

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS/caremark.
This document contains confidential and proprietary information of CVS/Caremark and may not be distributed or copied, in whole or in part, without written permission from CVS/caremark.
©2019 CVS/Caremark. All rights reserved.
For agent use only. Not for use with the public.