

2021

Part D Step Therapy Criteria

PREMERA BLUE CROSS MEDICARE ADVANTAGE HMO PLANS

- Premera Blue Cross Medicare Advantage **HMO**
- Premera Blue Cross Medicare Advantage **Classic (HMO)**
- Premera Blue Cross Medicare Advantage **Classic Plus (HMO)**
- Premera Blue Cross Medicare Advantage **Core (HMO)**
- Premera Blue Cross Medicare Advantage **Core Plus (HMO)**
- Premera Blue Cross Medicare Advantage **Total Health (HMO)**
- Premera Blue Cross Medicare Advantage **Charter + Rx (HMO)**
- Premera Blue Cross Medicare Advantage **Peak + Rx (HMO)**
- Premera Blue Cross Medicare Advantage **Sound + Rx (HMO)**

Customer Service

For more recent information or other questions, please contact Premera Blue Cross Medicare Advantage at **888-850-8526 (TTY/TDD: 711)** October 1–March 31, 8 a.m. to 8 p.m., 7 days a week April 1–Sept 30, 8 a.m. to 8 p.m., Monday through Friday.

Calls to this number are free. Customer Service also has free interpreter services available for non-English speakers.

WRITE:

Premera Blue Cross
Medicare Advantage Plans,
POBox 262548,
Plano, TX 75026

[Premera.com/ma](https://www.premera.com/ma)

Last updated 10/09/2020

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

PREMERA | 

BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ESOMEPRAZOLE

ESOMEPRAZOLE MAGNESIUM

Coverage will be provided if two of the following generic alternatives: omeprazole capsules, pantoprazole tablets, or lansoprazole capsules have been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group

Drug Names

Step Therapy Criteria

URINARY ANTISPASMODICS

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin, or trospium immediate-release has been tried (at least a 30 day supply in the prior 180 days).

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera 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 with: Civil Rights Coordinator — Complaints and Appeals, Premera Blue Cross Medicare Advantage Plans - Complaints & Appeals, PO Box 262527, Plano, TX 75026, Phone: 888-850-8526, Fax: 800-889-1076, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-850-8526 (TTY: 711).

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 888-850-8526 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-850-8526 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-850-8526 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-850-8526 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-850-8526 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-850-8526 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អប្រថាប់ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 888-850-8526 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。888-850-8526 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 888-850-8526 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-850-8526 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-850-8526 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 888-850-8526 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-850-8526 (TTY: 711).

ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ຈຳ ພາ ສາ ລາວ, ການ ບໍ ລິ ການ ຊ ັ ວ ຍ ເຫ ື ອ ດ ັ ນ ພາ ສາ, ໂດ ຍ ບ ັ ັ ສ ວ ື ອ ັ ນ ນ ັ ພ ັ ອ ມ ີ ທ ັ ນ. ໂທ 888-850-8526 (TTY: 711).