



FREEDOM TO FLOURISH



Department of
Administrative Services

Retiree Open Enrollment for 2026 Benefits

October 15 – December 7, 2025

Open Enrollment for 2026

This is an opportunity to:

- Change your health and/or dental plan
- Add family member(s)
- Remove family member(s)

Important Reminders:

- Applications must be postmarked by December 7, 2025
- Benefit elections are effective January 1, 2026

Important Note: If you are not making any changes you do not need to do anything. Your current choices will roll over to 2026.

What we will cover

- Things to Remember
- Retiree Options
- Prescription Coverage
- Resources



Things to Remember

Things to Remember

- If you drop your State of Iowa health or dental plans, there is no provision to rejoin the group.
- If you are Medicare eligible and enroll in an outside supplement or advantage plan, you must contact the State of Iowa as your cancellation is not automatically forwarded.
- If your spouse is covered under the State of Iowa's health or dental plans at the time of your death, your spouse can continue coverage.

Things to Remember

- You may remove a spouse or dependent at any time.
- You can only enroll a family member during a qualified life event or annual Open Enrollment period.
- **If you are becoming Medicare eligible in 2026**, there is no need to do anything during Open Enrollment. You will be sent a packet of information approximately three months prior to turning 65.

Things to Remember

- **If you or any of your dependents become Medicare eligible when on retiree insurance, you MUST enroll in Medicare Parts A and B, and Medicare becomes the primary payer at the time of eligibility. If you do not enroll in Medicare Parts A or B, you will be responsible for the portion of your health care costs that Medicare would pay.**

Benefit Options

Retiree Options

- Health Insurance
- Group MedicareBlue Rx for Iowa
- Dental Insurance

Retiree Health Options

(When No One Covered is Eligible for Medicare)

- Iowa Choice – Single or Family Coverage
- National Choice – Single or Family Coverage

Retiree Health Options

(When One Individual is Medicare Eligible and Others are not Eligible for Medicare)

- Iowa Choice – Single or Family
MedicareBlue Rx for reduced premium
- National Choice – Single or Family
MedicareBlue Rx for reduced premium

Retiree Health Options

(When All Covered are Medicare Eligible)

- Iowa Choice – Single or Family
MedicareBlue Rx for reduced premium
- National Choice – Single or Family
MedicareBlue Rx for reduced premium
- Group Program F – Single plan only
Dependent can enroll if Medicare eligible
- Group Program N – Single plan only
Dependent can enroll if Medicare eligible

Group Medicare Blue Rx for Iowa

- There is no need to re-enroll if you want to continue with your current coverage
- With Iowa or National Choice:
 - There is a premium reduction for those who are Medicare eligible and sign up for this plan.
 - If you cancel your Group MedicareBlue Rx, retirees will pay the higher premium rate

Group Medicare Blue Rx for Iowa

With Group Program F or Group Program N

- You are not required to stay on our Part D plan. There is no premium reduction tied to having both plans.
- 2026 out of pocket costs will be \$2100 for prescriptions on the formulary.

These out-of-pocket limits do not apply to Part B drugs provided by a medical professional in an outpatient hospital setting. Chemotherapy treatments, for example, may fall into this category.

Dental Insurance

- Family and single plans only
- Can continue dental insurance without health insurance
- Can drop spouse or dependents at any time
- You can only enroll a family member during a qualified life event or annual Open Enrollment.

Prescription Coverage on State of Iowa Plans

Prescriptions. Things to consider

Prior Authorization (PA) - Every drug provider has criteria for prior authorization

Quantity Limits (QL)

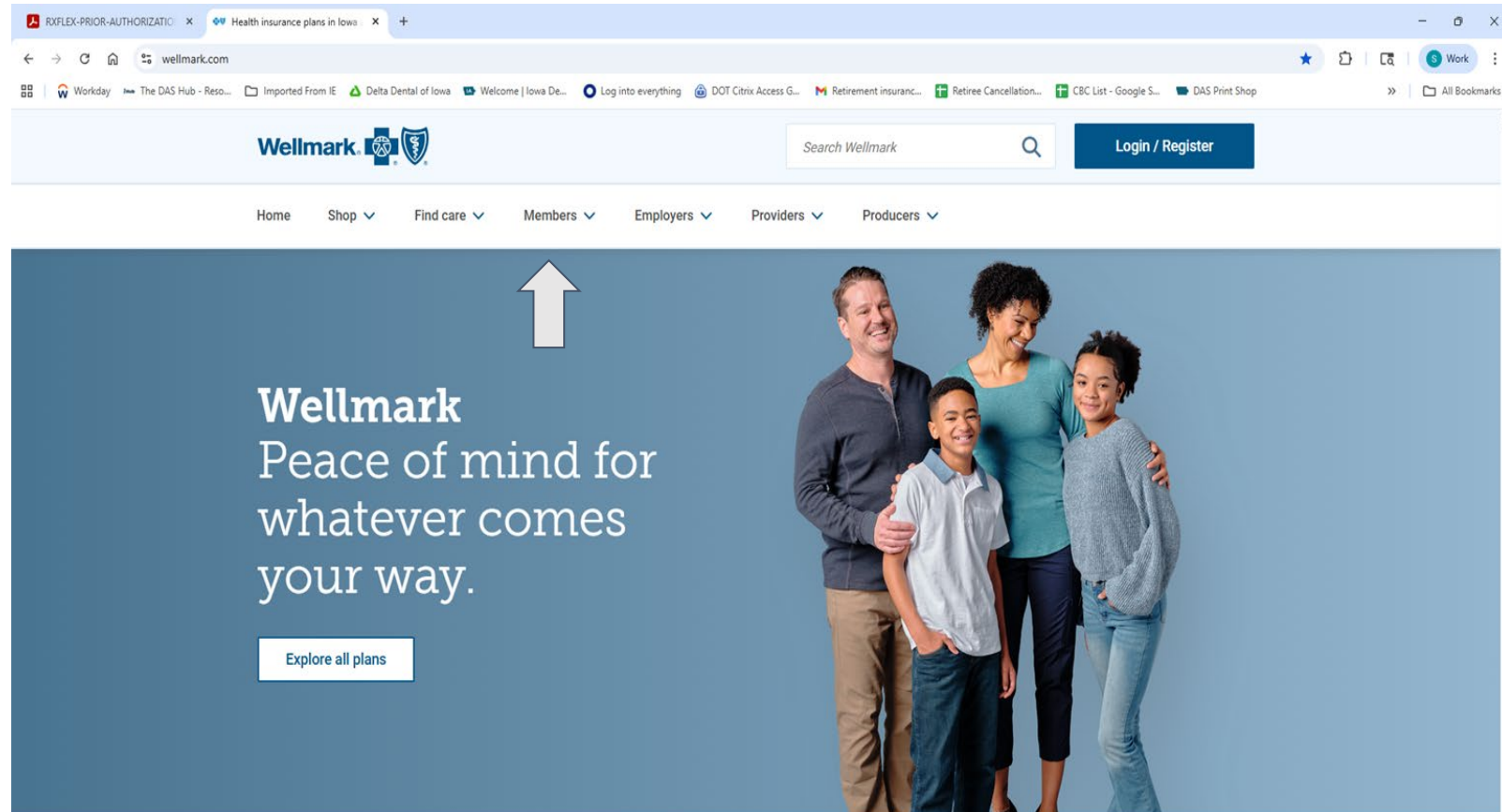
- A quantity limit is the highest amount of a prescription drug that can be given to you by your pharmacy in a period of time. For example, you might be prescribed a drug that requires you take 2 tablets a day, or 60 tablets per month.

Exceptions

A beneficiary can request a formulary exception if their insurance doesn't cover a drug not on their formulary.

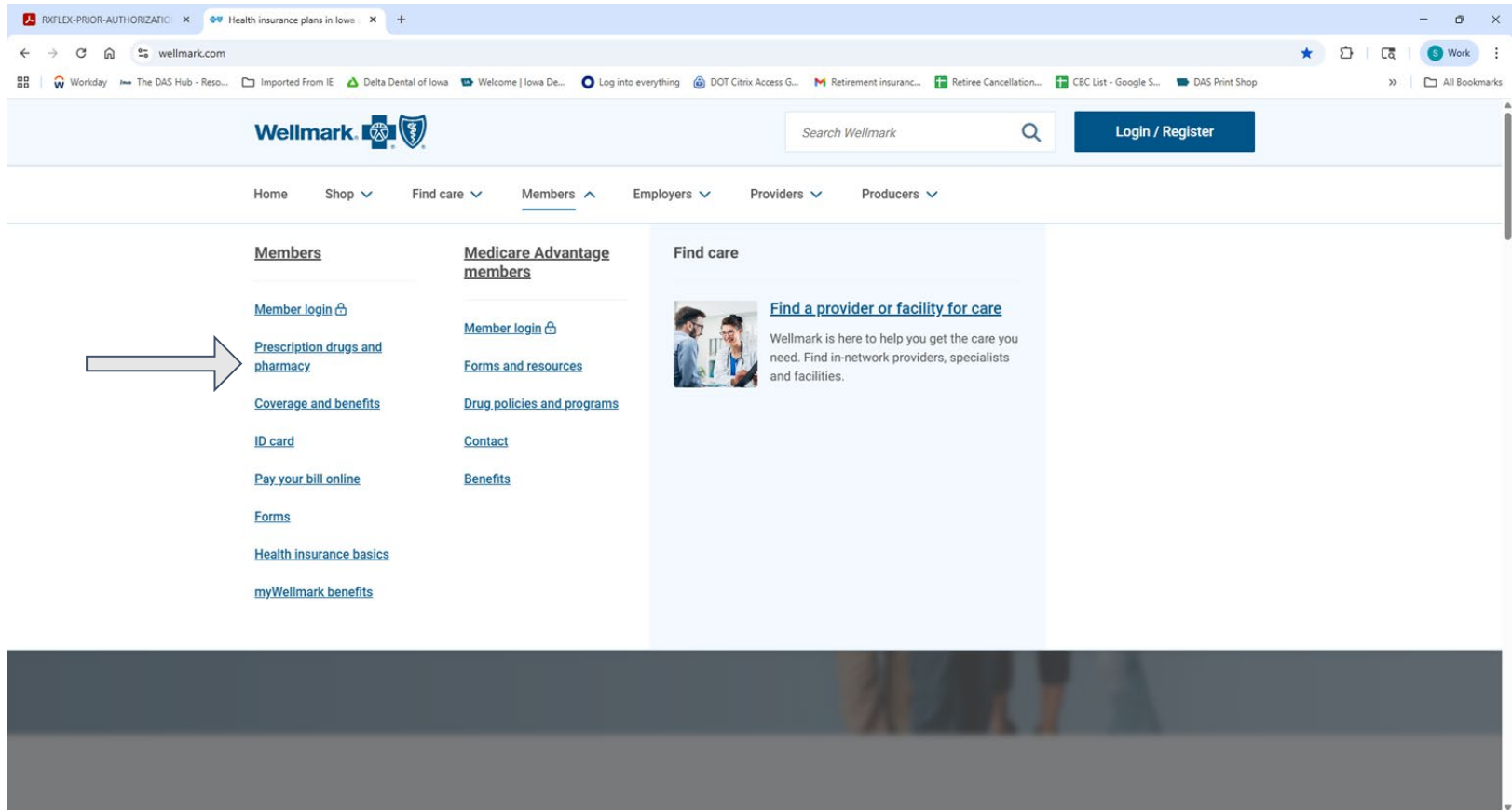
Iowa Choice and National Choice

- www.wellmark.com
- Members



Iowa Choice and National Choice

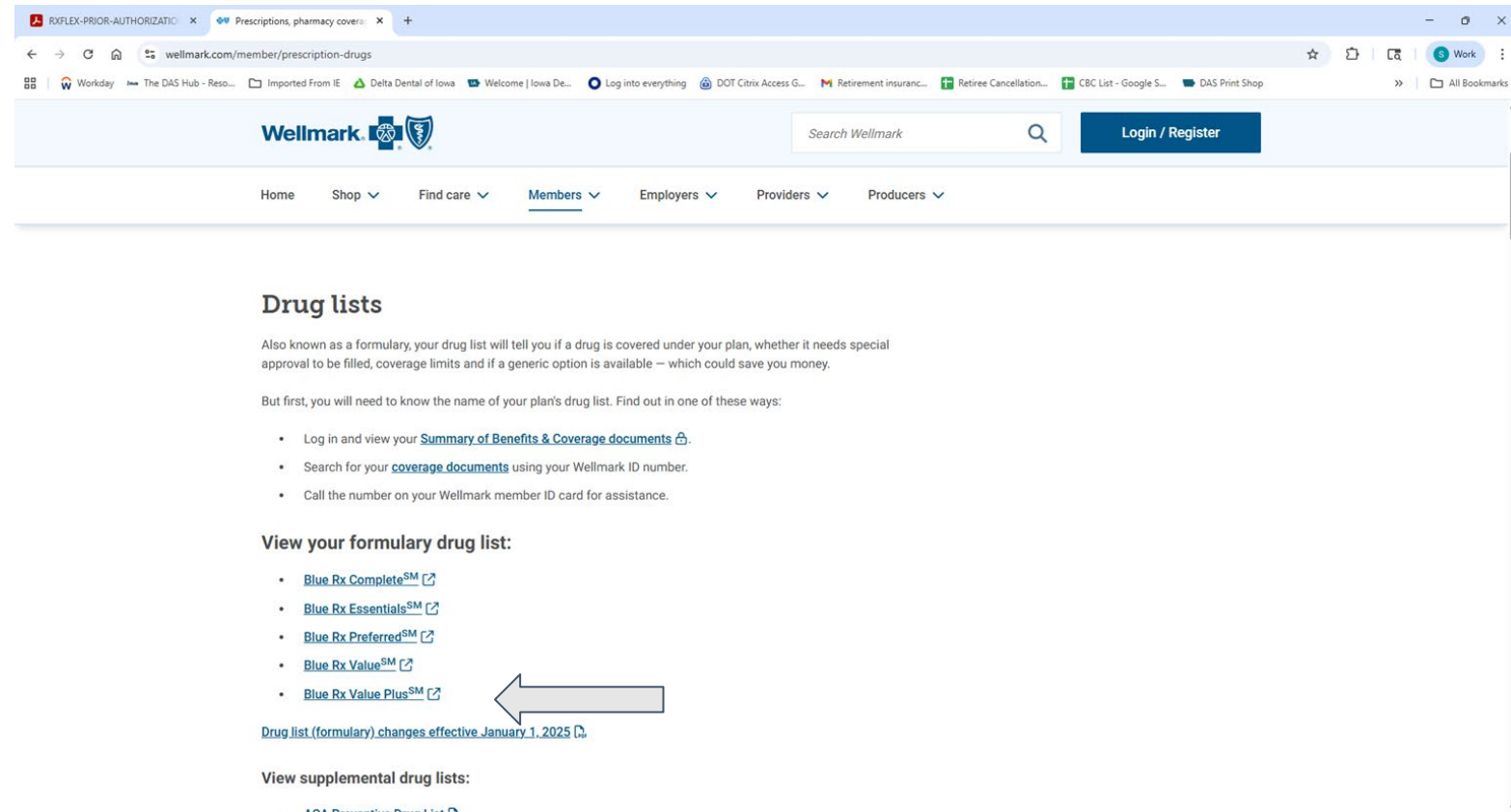
- www.wellmark.com



Iowa Choice and National Choice

Prescription Drug Lists

Blue Rx Value Plus



The screenshot shows the Wellmark website's 'Drug lists' page. The page header includes the Wellmark logo, a search bar, and a 'Login / Register' button. The main navigation bar lists 'Home', 'Shop', 'Find care', 'Members', 'Employers', 'Providers', and 'Producers'. The 'Drug lists' section explains that a drug list (formulary) indicates drug coverage and special requirements. It provides three ways to find the drug list: logging in to view the 'Summary of Benefits & Coverage documents', searching for 'coverage documents' with a Wellmark ID, or calling the member ID card for assistance. Below this, the 'View your formulary drug list:' section lists five plans: 'Blue Rx Complete', 'Blue Rx Essentials', 'Blue Rx Preferred', 'Blue Rx Value', and 'Blue Rx Value Plus'. A large arrow points to 'Blue Rx Value Plus'. At the bottom, there is a link for 'Drug list (formulary) changes effective January 1, 2025' and a section for 'View supplemental drug lists:'.

Drug lists

Also known as a formulary, your drug list will tell you if a drug is covered under your plan, whether it needs special approval to be filled, coverage limits and if a generic option is available — which could save you money.

But first, you will need to know the name of your plan's drug list. Find out in one of these ways:

- Log in and view your [Summary of Benefits & Coverage documents](#).
- Search for your [coverage documents](#) using your Wellmark ID number.
- Call the number on your Wellmark member ID card for assistance.

View your formulary drug list:

- [Blue Rx CompleteSM](#)
- [Blue Rx EssentialsSM](#)
- [Blue Rx PreferredSM](#)
- [Blue Rx ValueSM](#)
- [Blue Rx Value PlusSM](#)

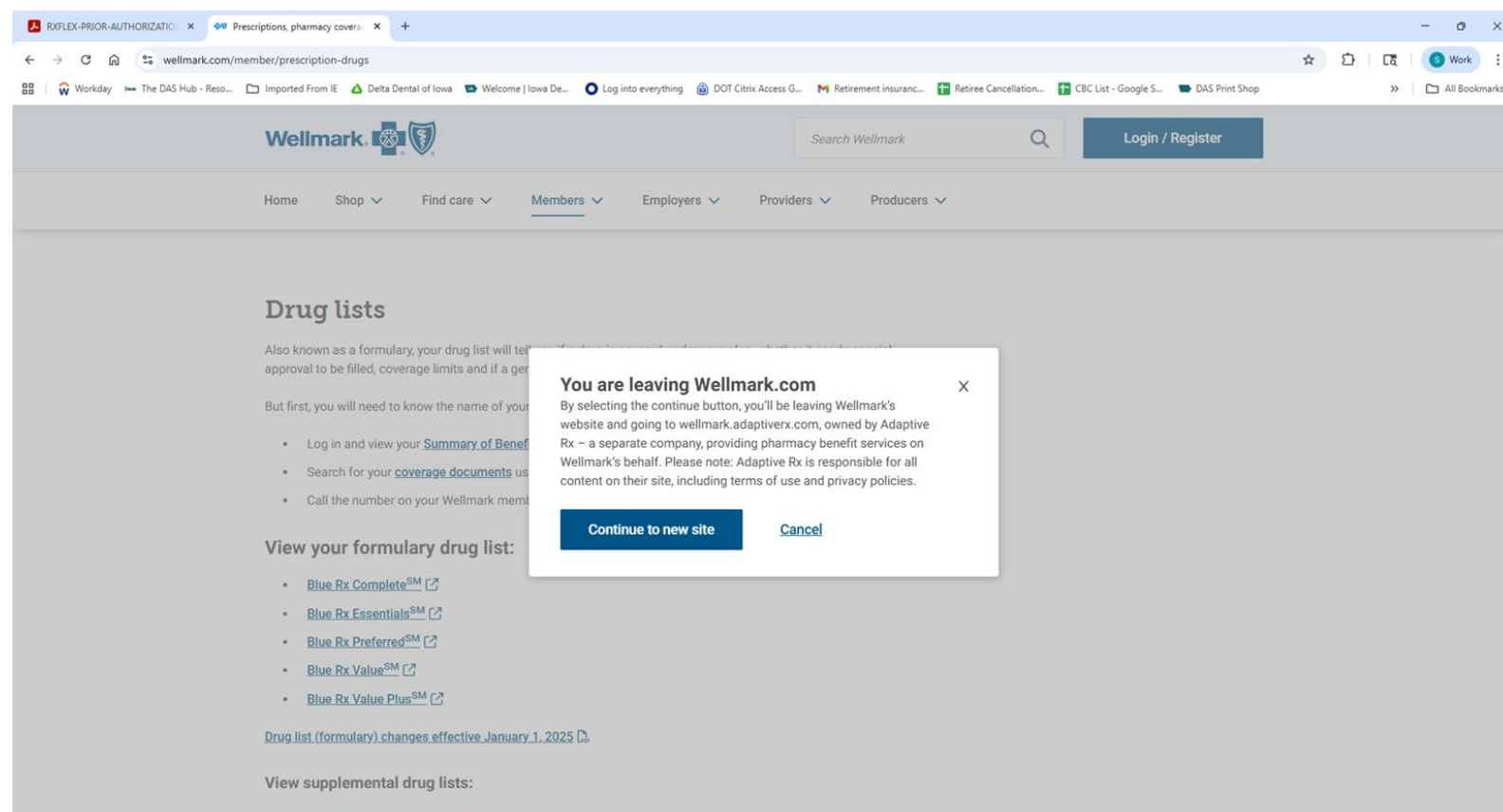
[Drug list \(formulary\) changes effective January 1, 2025](#)

View supplemental drug lists:

- [ACA Prescription Drug List](#)

Iowa Choice and National Choice

Continue To New Site



Iowa Choice and National Choice

Blue Rx Value Plus Formulary



Drug Name Search

Enter a drug name to begin

By Therapeutic Class

Please select a therapy subclass to continue

A

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS

ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINE MIXTURES

AMPHETAMINES

ANALEPTIC COMBINATIONS

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ANOREXIANTS NON-AMPHETAMINE

ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS

ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS

Blue Rx Value PlusSM

Welcome

We cover both brand name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs. Members may be required to pay more for a prescription when a brand-name product is dispensed.

What is a Formulary?

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

	Tier Designation		
	Tier 1	Tier 2	Tier 3
Blue Rx Value Plus 3 Tier	Tier 1	Tier 2	Tier 3
Blue Rx Value Plus 2 Tier	Tier 1	Tier 2 and Tier 3 combined	
Blue Rx Value Plus 1 Tier	Tier 1, Tier 2, and Tier 3 combined		

Printable Files

To view a version of your Formulary Drug List with a screen reader, please click Printable Formulary below.

The following files require Adobe Acrobat. [Download Adobe Acrobat](#)

[Printable Formulary](#)
[Prior Authorization](#)

How to Search For Drugs

- Use the alphabetical list to search by the first letter of your medication.
- Search by typing part of the generic (chemical) and brand (trade) names.
- Search by selecting the therapeutic class of the medication you are looking for.

How to Request an Exception

Legend



[Cookie Settings](#)

Last Updated: Oct 2, 2024

IOWATM
Department of
Administrative Services

Iowa Choice and National Choice

Blue Rx Value Plus Formulary

The screenshot shows the Blue Rx Value Plus Formulary website. On the left, a sidebar lists drug categories: ANALEPTICS, ANOREXIANT COMBINATIONS, ANOREXIANTS NON-AMPHETAMINE, ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS, and ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS. A large arrow points from this sidebar to the main content area. The main content area has a header with links for 'Printable Formulary' and 'Prior Authorization'. Below this is a section titled 'How to Search For Drugs' with three bullet points: 'Use the alphabetical list to search by the first letter of your medication.', 'Search by typing part of the generic (chemical) and brand (trade) names.', and 'Search by selecting the therapeutic class of the medication you are looking for.' A large arrow points from this section to the right. Below 'How to Search For Drugs' is a section titled 'How to Request an Exception' with a paragraph and three bullet points: 'You can ask us to cover your drug even if it is not on our formulary.', 'You can ask us to waive coverage restrictions or limits on your drug.', and 'You can ask us to provide a higher level of coverage for your drug.' Below this is a section titled 'Common Drug Exclusions' with a paragraph and five bullet points: 'OTC drugs or their equivalents unless otherwise specified in the formulary listing.', 'Drug products used for cosmetic purposes', 'Experimental drug products, or any drug product used in an experimental manner', 'Replacement of a lost or stolen drug', and 'Foreign drugs or drugs not approved by the United States Food & Drug Administration (FDA)'. At the bottom of the main content area is a 'Notice of Nondiscrimination' with links to various languages: Español, 中文, Tiếng Việt, Hrvatski, Deutsch, العربية, हिन्दी, Français, Pennsylvanisch Deutsch, 日本語, Tagalog, unDusdm, Русский, नेपाली, ལྷོ་ཁྱེད་, Nasarare, Afaan Oromo, Український, and Diné. A 'Legend' button is at the bottom right. The footer includes 'Cookie Settings' and 'Last Updated: Oct 2, 2024'.

ANALEPTICS
ANOREXIANT COMBINATIONS
ANOREXIANTS NON-AMPHETAMINE
ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS

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[Printable Formulary](#)
[Prior Authorization](#)

How to Search For Drugs

- Use the alphabetical list to search by the first letter of your medication.
- Search by typing part of the generic (chemical) and brand (trade) names.
- Search by selecting the therapeutic class of the medication you are looking for.

How to Request an Exception

You can ask us 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 your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug.
- You can ask us to provide a higher level of coverage for your drug.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician'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, we must give you a decision no later than 72 hours after we get your prescribing physician's supporting statement.

Common Drug Exclusions

Due to benefit design parameters, some plan sponsors may choose to exclude certain drug classes. Prior authorization is generally not available for drugs that are specifically excluded by benefit design. Common excluded drugs may include, but are not limited to:

- OTC drugs or their equivalents unless otherwise specified in the formulary listing.
- Drug products used for cosmetic purposes
- Experimental drug products, or any drug product used in an experimental manner
- Replacement of a lost or stolen drug
- Foreign drugs or drugs not approved by the United States Food & Drug Administration (FDA)

[Notice of Nondiscrimination](#)

[Español](#) | [中文](#) | [Tiếng Việt](#) | [Hrvatski](#) | [Deutsch](#) | [العربية](#) | [हिन्दी](#) | [Français](#) | [Pennsylvanisch Deutsch](#) | [日本語](#) | [Tagalog](#) | [unDusdm](#) | [Русский](#) | [नेपाली](#) | [ལྷོ་ཁྱེད་](#) | [Nasarare](#) | [Afaan Oromo](#) | [Український](#) | [Diné](#)

[Cookie Settings](#) Last Updated: Oct 2, 2024

[Legend](#)

Iowa Choice and National Choice

Prior Authorization for Blue Rx Value Plus Formulary

Prescriptions, pharmacy covers: x RxFlex Formulary Drug Search: x RXFLEX-PRIOR-AUTHORIZATION: x

Adobe Acrobat: PDF edit, convert, sign tools chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://wellmark.adaptiverx.com/web/pdf?key=8F02B26A288102C278AC82D14C006C6FC54D480F8040986846145B963486FDD6

Workday The DAS Hub - Reso... Imported From IE Delta Dental of Iowa Welcome | Iowa De... Log into everything DOT Citrix Access G... Retirement insuranc... Retiree Cancellation... CBC List - Google S... DAS Print Shop All Bookmarks

wellmark.ad... / RXFLEX-PRIOR...X-VALUE-PLUS

DRUGS THAT REQUIRE A PRIOR AUTHORIZATION

aripiprazole	ADVAIR DISKUS
ABECMA	ADVAIR HFA
ABRILADA (1 PEN)	ADZENYS ER
ABRILADA (2 PEN)	ADZENYS XR-ODT
ABRILADA (2 SYRINGE)	ADZYNMA
ACANYA	AFREZZA
acid reducer	AGAMREE
ACIPHEX SPRINKLE	AIMOVIG
ACIPHEX	AIRDUO DIGHALER
ACTEMRA	AIRDUO RESPICLICK 113/14
ACTEMRA ACTPEN	AIRDUO RESPICLICK 232/14
ACTHAR	AIRDUO RESPICLICK 55/14
ACTHAR GEL	AJOVY
ACZONE	AKLIEF
ADAKVEO	ALDACTAZIDE
ADALIMUMAB-AACF (2 PEN)	ALDACTONE
ADALIMUMAB-AACF (2 SYRINGE)	ALDURAZYME
ADALIMUMAB-AACF(CDIUCHS STRT)	ALHEMO
ADALIMUMAB-AACF(PS/UV STARTER)	ALKINDI SPRINKLE
ADALIMUMAB-AATY (1 PEN)	ALREX
ADALIMUMAB-AATY (2 PEN)	ALTRENO
ADALIMUMAB-AATY (2 SYRINGE)	ALVAIZ
ADALIMUMAB-ADAZ	ALVESCO
ADALIMUMAB-ADBM (2 PEN)	ALYFTREX
ADALIMUMAB-ADBM (2 SYRINGE)	ALYGLO
ADALIMUMAB-ADBM(CDIUCHS STRT)	ALYMSYS
ADALIMUMAB-ADBM(PS/UV STARTER)	alyq
ADALIMUMAB-FKJP (2 PEN)	ambrisentan
ADALIMUMAB-FKJP (2 SYRINGE)	AMITIZA
ADALIMUMAB-RYVK (2 SYRINGE)	AMJEVITA
adapalene	AMJEVITA-PED 15KG TO <30KG
adapalene-benzoyl peroxide	amphet-dextroamphet 3-bead er
ADBRY	AMPHETAMINE ER
ADCIRCA	amphetamine sulfate
ADDERALL XR	amphetamine-dextroamphet er
ADEMPAS	AMTAGVI
ADLYXIN	AMVUTTRA
ADLYXIN STARTER PACK	AMZEEQ
ADMELOG	anastrozole
ADMELOG SOLOSTAR	ANDROGEL
ADSTILADRI	ANDROGEL PUMP

PAGE 1 LAST UPDATED 09/2025

Iowa Choice and National Choice

Blue Rx Value Plus Formulary

Wellmark

Drug Name Search

Enter a drug name to begin

By Therapeutic Class

Please select a therapy subclass to continue

A

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS

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[Prior Authorization](#)

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How to Request an Exception

Legend

Cookie Settings Last Updated: Sep 2, 2025

Iowa Choice and National Choice

Blue Rx Value Plus Formulary

Prescriptions, pharmacy coverage | Reflex Formulary Drug Search

wellmarkadaptiverx.com/webSearch/index?key=BF02B26A288102C27BAC82D14C006C6FC54D480F80409B682A96D6A826A242AA

Workday | The DAS Hub - Reso... | Imported From IE | Delta Dental of Iowa | Welcome | Iowa De... | Log into everything | DOT Citrix Access G... | Retirement insurance... | Retiree Cancellation... | CBC List - Google S... | DAS Print Shop

Wellmark

Drug Name Search

Enter a drug name to begin
NOVO

NOVOEIGHT
NOVOFINE AUTOCOVER PEN NEEDLE
NOVOFINE PEN NEEDLE
NOVOFINE PLUS PEN NEEDLE
NOVOLIN 70/30
NOVOLIN 70/30 FLEXPEN
NOVOLIN 70/30 FLEXPEN RELION
NOVOLIN 70/30 RELION
NOVOLIN N
NOVOLIN N FLEXPEN
NOVOLIN N FLEXPEN RELION
NOVOLIN N RELION
NOVOLIN R
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ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS

OREXIAN
GONISTS
PTAKE INHIBITOR
GIANIS

Drug Details

START OVER

ANTIDIABETICS > HUMAN INSULIN

DRUG NAME	TIER	EDITS	ALTERNATIVES	DETAILS
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG 100 UNIT/ML SOLUTION	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG RELION 100 UNIT/ML SOLUTION	T2	PV Preventive	Find Alternative Drugs	Q

Legend

Privacy | Terms

Cookie Settings | Last Updated: Sep 2, 2025

Iowa Choice and National Choice Blue Rx Value Plus Formulary

Prescriptions, pharmacy coverage | RxFormulary Drug Search |

wellmark.adaptiverx.com/webSearch/index?key=8F02B26A288102C278AC82D14C006C6FC54D480F80409B682A96D6A826A242AA

Workday | The DAS Hub - Reso... | Imported From IE | Delta Dental of Iowa | Welcome | Iowa De... | Log into everything | DOT Citrix Access G... | Retirement insuranc... | Retiree Cancellation... | CBC List - Google S... | DAS Print Shop

Wellmark

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NOVOLOG

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Please select a therapy subclass to continue

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NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	T2	PV Preventive	Find Alternative Drugs	Q
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	T2	PV Preventive	Legend	Q

TIERING

- T1 - TIER 1
- T2 - TIER 2
- T3 - TIER 3
- SP-P - SPECIALTY PREFERRED
- SP-NP - SPECIALTY NON-PREFERRED
- PH - PHARMACY DURABLE MEDICAL EQUIPMENT
- SM - SPECIALTY MEDICAL
- P&T - NOT COVERED AWAITING P&T REVIEW
- NF - Non-Formulary

EDITS

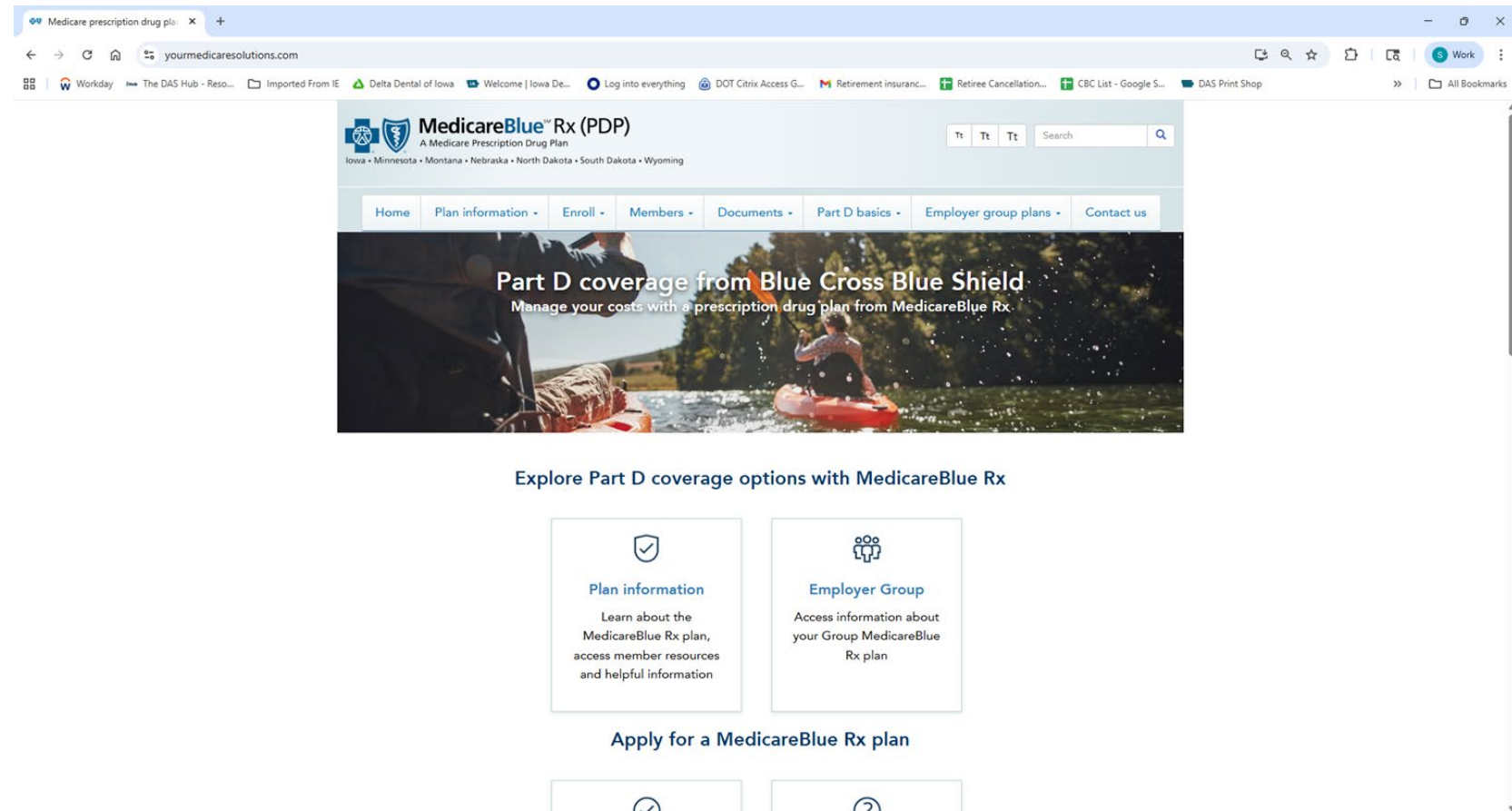
- Q - Quantity Limit
- AL - Age Limit
- S - Specialty Drug
- QLV - Quantity Limit (Varies)
- PA - Prior Authorization
- PAV - Prior Authorization Varies
- PV - Preventive
- PA - Prior Authorization
- SBC - Specialty Biosimilars and Specialty Generics
- MN-PA - Medically Necessary Prior Authorization
- PA-Q - Post-Quantity Limit Prior Authorization
- CV - Coverage Varies

Brand Names generic names

Cookie Settings | Last Updated: Sep 2, 2025

Group MedicareBlue Rx for Iowa

<https://www.yourmedicare resolutions.com/>



Group MedicareBlue Rx for Iowa

- Employer group plans
- 2026 Group documents

The screenshot shows the MedicareBlue Rx (PDP) website for Iowa. The browser address bar displays 'yourmedicareolutions.com'. The website header includes the MedicareBlue Rx logo and a search bar. The main navigation menu has links for Home, Plan information, Enroll, Members, Documents, Part D basics, Employer group plans, and Contact us. The 'Employer group plans' dropdown menu is open, showing options: Group benefit solutions, Group prescription information, 2026 Group documents, 2025 Group documents, Group coverage tools, and Group contact information. The main content area features a banner for 'Part D coverage from Blue Cross B' with the text 'Manage your costs with a prescription drug plan from Me'. Below the banner, there is a section titled 'Explore Part D coverage options with MedicareBlue Rx' with two cards: 'Plan information' (Learn about the MedicareBlue Rx plan, access member resources and helpful information) and 'Employer Group' (Access information about your Group MedicareBlue Rx plan). At the bottom, there is a link to 'Apply for a MedicareBlue Rx plan'.

https://www.yourmedicareolutions.com/EmployerGroupPlans/EmployerGroupDocs2026

Group MedicareBlue Rx for Iowa

2026 Group documents

Medicare prescription drug plan x +

yourmedicare.com/EmployerGroupPlans/EmployerGroupDocs2026

HOME / EMPLOYER GROUP PLANS / 2026 EMPLOYER GROUP DOCUMENTS

2026 Group Documents

Visit our [Member Document Tool](#) to access your plan specific documents

When you have questions about your benefits, our documents section can help. Explore important plan documents below to learn how to use your benefits, find out what's covered, download forms and more.

Pre-enrollment documents

- [Pre-enrollment checklist](#)
- [Important Plan Document Flyer](#)

View our [Star Rating](#) from Medicare. The Star Rating is updated by Medicare each year.

Formulary (drug list)

- [4-Tier Formulary](#) (Updated 10/01/2025)
- [5-Tier Formulary](#) (Updated 10/01/2025)

Pharmacy directory

Use the [plan pharmacy locator tool](#) to find a pharmacy near you.

Additional pharmacies can be found in the listings below.

- [Iowa](#) (Updated 10/01/2025)
- [Minnesota](#) (Updated 10/01/2025)
- [Nebraska](#) (Updated 10/01/2025)
- [North Dakota](#) (Updated 10/01/2025)
- [South Dakota](#) (Updated 10/01/2025)

Automatic payment documents

Group members that receive a monthly invoice from Group MedicareBlue Rx can sign up for automatic payments.

- [Group plans Electronic funds transfer \(EFT\) form](#) or sign up for EFT online.

Drug claim forms

- [Learn how to use the claim form](#)

Group MedicareBlue Rx for Iowa

2026 Group documents

The screenshot shows a web browser window with the URL yourmedicareolutions.com/EmployerGroupPlans/EmployerGroupDocs2026. The page content is as follows:

- Group plans Electronic funds transfer (EFT) form or sign up for EFT online.**
- Drug claim forms**
 - [Learn how to use the claim form](#) ←
 - [Part D prescription drug claim form](#)
- Coverage determinations**
 - [Online coverage decision form](#)
 - [Printable coverage decision form](#)
- Coverage redeterminations**
 - [Online redetermination form](#)
 - [Printable redetermination form](#)
- Prior authorization criteria information**
 - [4-tier prior authorization criteria \(Updated 10/01/2025\)](#)
 - [5-tier prior authorization criteria \(Updated 10/01/2025\)](#) ←
- Hospice exception forms**

Form to be used by Hospice Provider ONLY to confirm that the member is under hospice care and a medication is unrelated to the terminal illness or related conditions. Complete/review information, sign and date the form. Fax signed forms to Prime Therapeutics at 800-693-6703.

 - [Hospice exception form](#)
- Drug policies and programs**
 - [Plan transition drug supply policy](#)
 - [Medication Therapy Management program Medication List](#)
 - [Medication Therapy Management program Recommended to-Do List](#)
- Appointing a representative and confidential information documents**
 - [Appoint a representative](#)
 - [Authorization to release information form](#)
 - [Confidential communication request form](#)

Group MedicareBlue Rx for Iowa

Prior Authorization

2026 PRIOR AUTHORIZATION CRITERIA	
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Abrapronone Acetate	208
Abiraterone	208
Accutane	120
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Acyclovir	11
Adempas	181
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What are the key takeaways from this content? Summarize

By using AI Assistant, you agree to the Generative AI User Guidelines.

Group MedicareBlue Rx for Iowa

2026 Group documents

The screenshot shows a web browser window with the URL yourmedicareblue.com/EmployerGroupPlans/EmployerGroupDocs2026. The page content is organized into several sections:

- 5-tier prior authorization criteria (Updated 10/01/2025)**
- Hospice exception forms**
Form to be used by Hospice Provider ONLY to confirm that the member is under hospice care and a medication is unrelated to the terminal illness or related conditions. Complete/review information, sign and date the form. Fax signed forms to Prime Therapeutics at 800-693-6703.
[Hospice exception form](#)
- Drug policies and programs**
[Plan transition drug supply policy](#)
[Medication Therapy Management program Medication List](#)
[Medication Therapy Management program Recommended to-Do List](#)
- Appointing a representative and confidential information documents**
[Appoint a representative](#)
[Authorization to release information form](#)
[Confidential communication request form](#)
[Our privacy practices](#)
- Medicare resources**
[Medicare & You 2026: The official U.S. government Medicare handbook](#)
[How Medicare Works: An information guide to help you make the most of your Medicare coverage \(updated 11/30/24\)](#)

At the bottom of the page, there is a navigation bar with links: [About us](#), [Terms of use](#), [Privacy policy](#), [Fraud, waste and abuse](#), and [Agent portal](#).

Below the navigation bar, there is a paragraph of text: "MedicareBlueSM Rx (PDP) and Group MedicareBlueSM Rx are prescription drug plans with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal and enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare."

Below the paragraph, there is a paragraph of text: "Coverage is available to residents of the service area or 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*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; Blue Cross and Blue Shield of Nebraska*; Blue Cross Blue Shield of North Dakota*; Wellmark Blue

Group MedicareBlue Rx for Iowa

2026 Group documents

Medicare prescription drug plan x +

yourmedicare.com/EmployerGroupPlans/EmployerGroupDocs2026

HOME / EMPLOYER GROUP PLANS / 2026 EMPLOYER GROUP DOCUMENTS

2026 Group Documents

Visit our [Member Document Tool](#) to access your plan specific documents

When you have questions about your benefits, our documents section can help. Explore important plan documents below to learn how to use your benefits, find out what's covered, download forms and more.

Pre-enrollment documents

- [Pre-enrollment checklist](#)
- [Important Plan Document Flyer](#)

View our [Star Rating](#) from Medicare. The Star Rating is updated by Medicare each year.

Formulary (drug list)

- [4-Tier Formulary \(Updated 10/01/2025\)](#)
- [5-Tier Formulary \(Updated 10/01/2025\)](#)

Pharmacy directory

Use the [plan pharmacy locator tool](#) to find a pharmacy near you.

Additional pharmacies can be found in the listings below.

- [Iowa \(Updated 10/01/2025\)](#)
- [Minnesota \(Updated 10/01/2025\)](#)
- [Nebraska \(Updated 10/01/2025\)](#)
- [North Dakota \(Updated 10/01/2025\)](#)
- [South Dakota \(Updated 10/01/2025\)](#)

Automatic payment documents

Group members that receive a monthly invoice from Group MedicareBlue Rx can sign up for automatic payments.

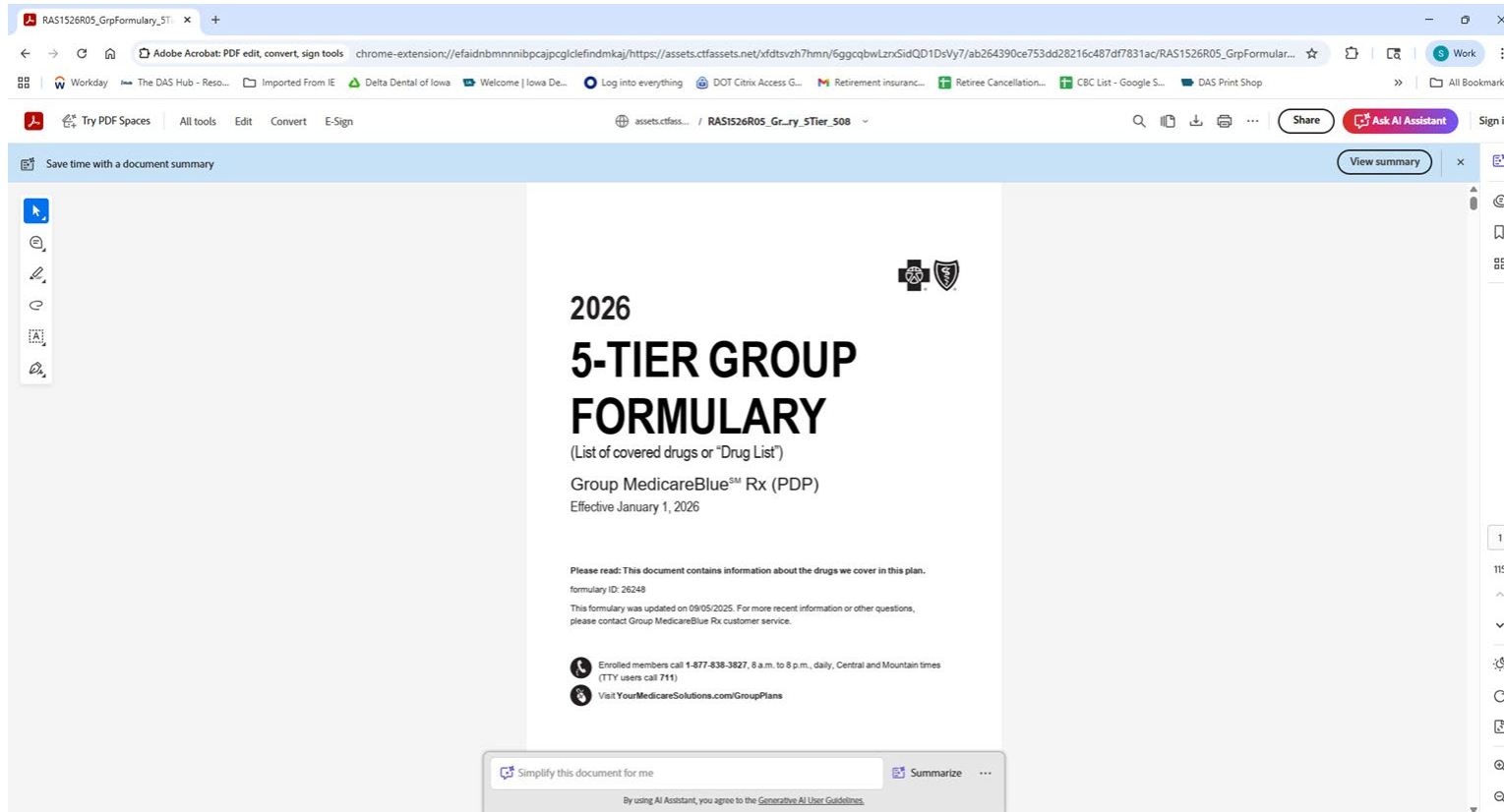
- [Group plans Electronic funds transfer \(EFT\) form or sign up for EFT online.](#)

Drug claim forms

- [Learn how to use the claim form](#)

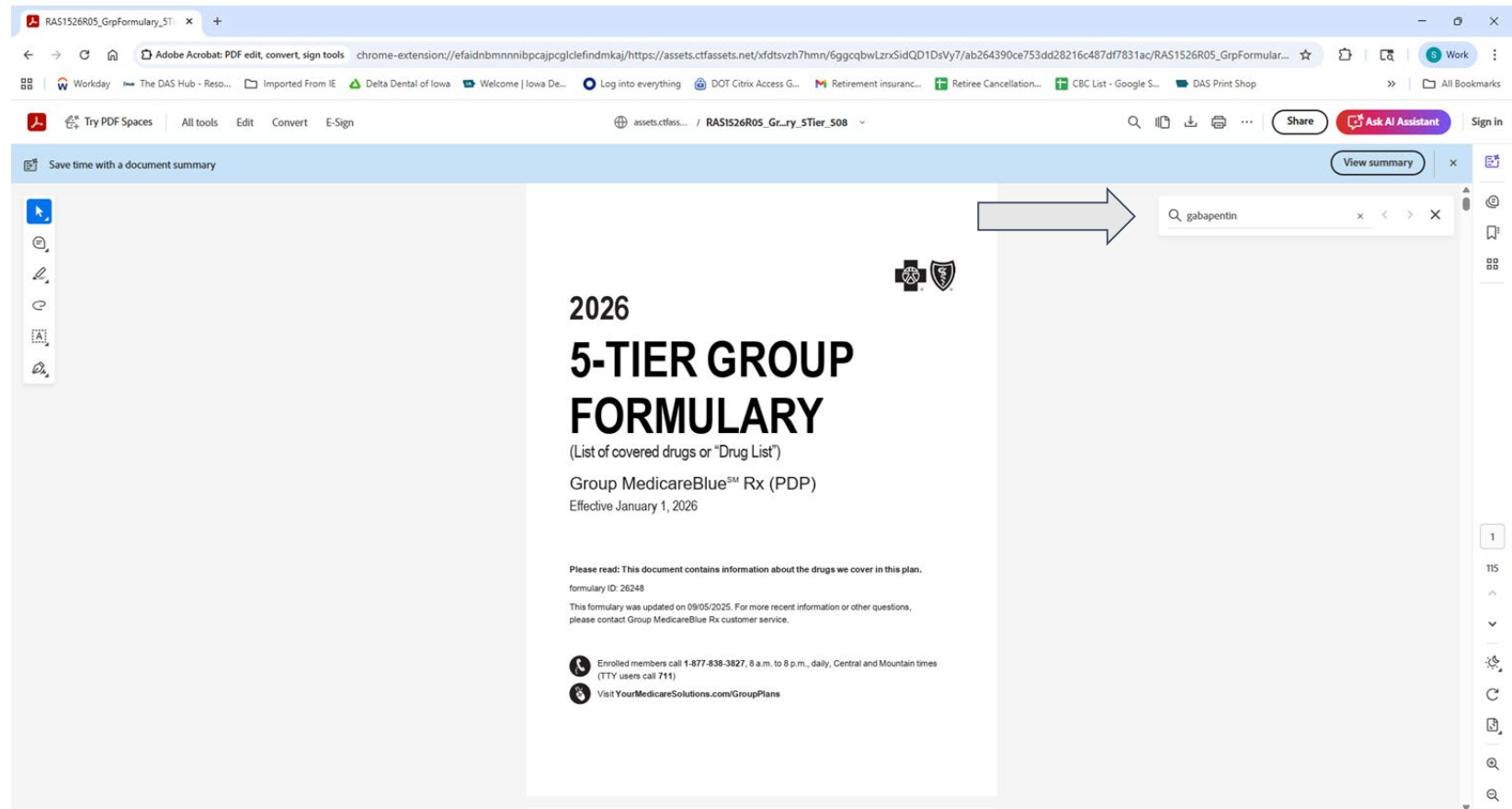
Group MedicareBlue Rx for Iowa

2026 Five-Tier Group Formulary



Group MedicareBlue Rx for Iowa

2026 Five-Tier Group Formulary



Group MedicareBlue Rx for Iowa

2026 Five-Tier Group Formulary

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Gabapentin

Drug Name	Drug Tier	Requirements/Limits
diazepam rectal gel delivery system 10 mg, 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	2	
divalproex sodium tab er 24 hr 250 mg, 500 mg	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
eslicarbazepine acetate tab 200 mg, 400 mg	5	QL (30 tablets/30 days)
eslicarbazepine acetate tab 600 mg, 800 mg	5	QL (60 tablets/30 days)
ethosuximide cap 250 mg	3	
ethosuximide soln 250 mg/5ml	4	
fibamate susp 600 mg/5ml	4	
fibamate tab 400 mg, 600 mg	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susap 0.5 mg/ml	4	QL (2 bottles/28 days)
gabapentin cap 100 mg	2	QL (1080 capsules/30 days)
gabapentin cap 300 mg	2	QL (360 capsules/30 days)
gabapentin cap 400 mg	2	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	3	QL (2160 mls/30 days)
gabapentin tab 600 mg	2	QL (180 tablets/30 days)
gabapentin tab 800 mg	2	QL (135 tablets/30 days)
lacosamide oral solution 10 mg/ml	4	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	4	
lamotrigine tab chewable dispersible 5 mg, 25 mg	3	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	2	
levetiracetam oral soln 100 mg/ml	3	
levetiracetam tab er 24hr 500 mg, 750 mg	3	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	2	
mephosuximide cap 300 mg	4	
NAYZLAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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2026

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg, 300 mg, 600 mg	3	
perampanel tab 2 mg	4	QL (30 tablets/30 days)
perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml	4	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	2	
phenylek - phenytoin sodium extended cap 200 mg, 300 mg	2	

Group MedicareBlue Rx for Iowa

2026 Five-Tier Group Formulary

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Search: Gabapentin 8 of 12

fluocinolone acetonide soln 0.01%.....	55	FYCOMPA.....	16
fluocinonide cream 0.05%.....	55	G.....	
fluocinonide emulsified base cream 0.05%.....	55	gabapentin cap 100 mg.....	16
fluocinonide gel 0.05%.....	55	gabapentin cap 300 mg.....	16
fluocinonide oint 0.05%.....	55	gabapentin cap 600 mg.....	16
fluocinonide soln 0.05%.....	55	gabapentin oral soln 250 mg/5ml.....	16
fluorometholone ophth susp 0.1%.....	77	gabapentin tab 600 mg.....	16
FLUCOROURACIL.....	55	gabapentin tab 800 mg.....	16
fluorouracil cream 5%.....	55	GALANTAMINE HYDROBROMIDE.....	16
fluorouracil soln 5%.....	55	galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....	16
FLUXETINE DR.....	19	galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....	18
fluoxetine hcl cap 10 mg.....	19	gabrela - norethindrone & ethinyl estradiol chex tab 0.8 mg-25 mcg.....	64
fluoxetine hcl cap 20 mg.....	19	galitrey - norethindrone acetate tab 5 mg.....	72
fluoxetine hcl cap 40 mg.....	19	GAMMAGARD LIQUID.....	72
fluoxetine hcl solution 20 mg/5ml.....	19	GAMMUNEX-C.....	72
fluphenazine decanoate inj 25 mg/ml.....	33	GARDASIL 9.....	72
FLUPHENAZINE HCL.....	33	GAUZE PADS 2" X 2".....	40
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	33	gavlyte-c - peg 3350-act-na bicarb-na sulfate for soln 240 gm.....	58
FLUPHENAZINE HYDROCHLORIDE.....	33	gavlyte-c - peg 3350-act-na bicarb-na sulfate for soln 240 gm.....	58
flurbiprofen sodium ophth soln 0.03%.....	77	gavlyte-c - peg 3350-act-na bicarb-na sulfate for soln 240 gm.....	58
flurbiprofen tab 100 mg.....	8	gavlyte-c - peg 3350-act-na bicarb-na sulfate for soln 240 gm.....	58
FLUTICASONE PROPIONATE.....	80	GAUZE.....	25
fluticasone propionate cream 0.05%.....	55	gelfoam tab 250 mg.....	25
fluticasone propionate nasal susp 50 mcg/act.....	80	pentafloz tab 600 mg.....	48
fluticasone propionate oint 0.005%.....	55	GENTEC.....	40
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	80	gentelac - lactulose (encephalopathy) solution 10 gm/5ml.....	58
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	47	gentral - cyclosporine modified cap 25 mg, 100 mg.....	72
fluvastatin sodium cap 20 mg.....	19	gentral - cyclosporine modified oral soln 100 mg/ml.....	72
fluvastatin sodium cap 40 mg.....	19	gentran in saline inj 1.2 mg/ml.....	13
fosamprenavir calcium tab 700 mg (base equiv).....	36	GENTAMICIN SULFATE 9% SODIUM CHLORIDE.....	55
fosfomycin tromethamine powd pack 3 gm (base equivalent).....	13	gentamicin sulfate cream 0.1%.....	13
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....	48	gentamicin sulfate inj 40 mg/ml.....	55
fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	48	gentamicin sulfate oint 0.1%.....	55
FOTIVA.....	25	gentamicin sulfate ophth soln 0.3%.....	77
FRUZADLA.....	25	GEVOTIA.....	36
FULPHILA.....	44	GILOTRIF.....	25
furosemide inj 10 mg/ml.....	48	glatramer acetate soln prefilled syringe 20 mg/ml.....	52
furosemide oral soln 10 mg/ml.....	48	glatramer acetate soln prefilled syringe 40 mg/ml.....	52
furosemide oral soln 8 mg/ml.....	48	RUZEON.....	
furosemide tab 20 mg, 40 mg, 80 mg.....	48		
RUZEON.....	36		

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2026

Resources

Resources - Wellmark Applications

Your 2025 Health Plan	Your 2026 Retiree Health Care Options			
	Iowa Choice	National Choice	Program F	Program N
Iowa Choice	No action	New application	New application	New application
National Choice	New application	No action	New application	New application
Program F	New application	New application	No action	New application
Program N	New application	New application	New application	No action

Important Note: If you are not making any changes you do not need to do anything. Your current choices will roll over to 2026.

Resources - Group MedicareBlue Rx

Your 2025 Health Plan	Your 2026 Retiree Health Care Options			
	Iowa Choice	National Choice	Program F	Program N
Iowa Choice	No action	No action	New application	New application
National Choice	No action	No action	New application	New application
Program F	New application	New application	No action	No action
Program N	New application	New application	No action	No action

Important Note: If you are not making any changes you do not need to do anything. Your current choices will roll over to 2026.

Resources - Applications

- DAS 2026 Retiree Open Enrollment webpage at:
<https://das.iowa.gov/retiree-open-enrollment>
- Email stateretirees@iowa.gov
- State of Iowa Retiree Benefits – 866-895-2464
- Wellmark Customer Service – 800-622-0043

If you are not making any changes you do not need to do anything. Your current choices will roll over to 2026.

Resources - Contacts

- **Wellmark, Blue Cross Blue Shield of Iowa – Customer Service:**
800-622-0043
- **Senior Health Insurance Information Program (SHIIP)**
 - For assistance, call 800-351-4664, email shiip@iid.iowa.gov, or visit the website at www.shiip.iowa.gov.

Resources - More Contacts

- **Department of Administrative Services – Human Resources Enterprise**
stateretirees@iowa.gov 866-895-2464
- **MedicareBlue Rx – Customer Service**
877-838-3827

Where to send applications

Retirees send application to:

Mail: Iowa Dept. of Administrative Services
Human Resources Enterprise
Hoover Bldg. - Level A
1305 E Walnut Street
Des Moines, IA 50319

Email: stateretirees@iowa.gov or
susan.piel@iowa.gov

Fax: 515-242-6450



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