



Updates to your prescription benefits

Effective May 1, 2021

Advantage 3-Tier PDL update summary

Within the Prescription Drug List (PDL), prescription drugs are grouped by tier. The tier indicates the amount you pay when you fill a prescription. Please reference the chart below as you review the following updates to the PDL.

| | | |
|---|--|---|
|  Tier 1 Lowest-cost medications |  Tier 2 Mid-range cost |  Tier 3 Highest-cost |
|---|--|---|

Prescription drugs with new benefit coverage

The following drugs were previously not covered under most benefit plans and are now eligible for coverage.

| Therapeutic Use | Medication Name | Tier Placement |
|---------------------|--|----------------|
| Blood Disorders | trientine hydrochloride (generic Syprine) ¹ | 3 |
| Cancer | capecitabine (generic Xeloda) | 1 |
| Endocrine Disorders | Orfadin capsules (Brand Only) ¹ | 2 |
| Endocrine Disorders | Orfadin suspension ¹ | 2 |
| Hormone Replacement | estradiol vaginal cream (generic Estrace) | 3 |

Prescription drugs moving to a lower tier

The following drugs are moving to a lower tier, making them a lower cost.

| Therapeutic Use | Medication Name | Tier Placement |
|-----------------|---|------------------|
| Asthma | albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA) | Tier 3 to Tier 2 |

Prescription drugs moving to a higher tier

The following medications are moving to a higher tier. Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

| Therapeutic Use | Medication Name | Tier Placement | Lower-Cost Options |
|-------------------------------------|-----------------------|------------------|--|
| Bladder Pain | Elmiron ¹ | Tier 2 to Tier 3 | amitriptyline (generic Elavil) |
| Endocrine Disorders | Signifor ¹ | Tier 2 to Tier 3 | ketokonazole tablet (generic Nizoral) |
| HIV | Fuzeon ¹ | Tier 2 to Tier 3 | Discuss alternative treatment options with your provider. |
| Parkinson's Disease | Apokyn ¹ | Tier 2 to Tier 3 | Inbrija ¹ , Kynmobi ¹ |
| Supportive Care for Cystic Fibrosis | Cayston ¹ | Tier 2 to Tier 3 | tobramycin 300 mg/4 mL nebulized solution (generic Bethkis) ¹ |

Prescription drugs excluded from benefit coverage^{2, 3}

We evaluate prescription drugs based on their total value, including how a drug works and how much it costs. When several drugs work in the same way, we may choose to exclude the higher-cost option. Effective May 1, 2021, the drugs listed below may be excluded from coverage or you may need to get a prior authorization. Sign into your online account to check which drugs your plan covers and if there are any actions you need to take.

| Therapeutic Use | Medication Name | Alternative Treatment Option(s) |
|------------------------------|--|--|
| Acne | Arazlo ⁴ | OTC Differin, tretinoin cream |
| Asthma | AirDuo Digihaler ⁴ | fluticasone/salmeterol (generic AirDuo Respiclick), Advair Diskus/HFA, Breo Ellipta, Symbicort |
| Asthma | ArmonAir Digihaler ⁴ | Arnuity Ellipta, Flovent Diskus/HFA, Pulmicort Flexhaler |
| Asthma | Proair HFA (Brand Only) | albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA) |
| Asthma | Proair RespiClick | albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA) |
| Asthma | Proventil HFA (Brand Only) | albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA) |
| Asthma | Ventolin HFA | albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA) |
| Benign Prostatic Hypertrophy | Uroxatral (Brand Only) | alfuzosin (generic Uroxatral) |
| Blood Disorders | Amicar (Brand Only) | aminocaproic acid (generic Amicar) |
| Blood Disorders | Syprine (Brand Only) ¹ | trientine (generic Syprine) ¹ |
| Cancer | Aromasin (Brand Only) | exemestane (generic Aromasin) |
| Cancer | Fareston (Brand Only) | toremifene (generic Fareston) |
| Cancer | Tarceva (Brand Only) ¹ | erlotinib (generic Tarceva) ¹ |
| Cancer | Temodar capsules (Brand Only) ¹ | temozolomide (generic Temodar) ¹ |
| Cancer | Xeloda (Brand Only) | capecitabine (generic Xeloda) |

| Therapeutic Use | Medication Name | Alternative Treatment Option(s) |
|----------------------------|--|---|
| Cholesterol/Lipid Lowering | Niacor (niacin) | Niaspan |
| Cholesterol/Lipid Lowering | Vascepa (icosapent ethyl) ¹ | atorvastatin (generic Lipitor), fenofibrate 54 mg, 145 mg, 160 mg tablets (generic Lofibra, Triglide, Tricor), omega-3 ethyl esters (generic Lovaza), rosuvastatin (generic Crestor), simvastatin (generic Zocor) |
| Contraceptives | Phexxi ^{1, 4} | OTC spermicides |
| Contraceptives | Seasonique (Brand Only) | levonorgestrel/ethinyl estradiol [Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Simpesse (generics for Seasonique)] |
| Contraceptives | Twirla ⁴ | Xulane (generic Ortho Evra) |
| Diabetes | Riomet (Brand Only) | metformin oral solution (generic Riomet) |
| Diabetes | Semglee ⁴ | Lantus, Toujeo |
| Endocrine Disorders | Bynfezia Pen ^{1, 4} | octreotide (generic Sandostatin) ¹ |
| Endocrine Disorders | Kuvan (Brand Only) ¹ | sapropterin (generic Kuvan) ¹ |
| Endocrine Disorders | Mycapssa ^{1, 4} | octreotide (generic Sandostatin) ¹ , Somatuline Depot |
| Endocrine Disorders | Nityr ¹ | Orfadin ¹ |
| Endocrine Disorders | Sensipar (Brand Only) ¹ | cinacalcet (generic Sensipar) ¹ |
| Glaucoma | Travatan Z (Brand Only) | travoprost (generic Travatan Z) |
| High Blood Pressure | Atacand (Brand Only) | candesartan (generic Atacand) |
| High Blood Pressure | Avapro (Brand Only) | irbesartan (generic Avapro) |
| High Blood Pressure | Cozaar (Brand Only) | losartan (generic Cozaar) |
| High Blood Pressure | Lotrel (Brand Only) | amlodipine/benazepril (generic Lotrel) |
| HIV | Sustiva capsules (Brand Only) | efavirenz (generic Sustiva) |
| Hormone Replacement | Estrace vaginal cream (Brand Only) | estradiol tablets (generic Estrace), estradiol vaginal cream (generic Estrace vaginal cream) |
| Inflammatory Bowel Disease | Ortikos ⁴ | budesonide extended-release (generic Entocort EC) |
| Iron Overload | Jadenu granule, tablet (Brand Only) ¹ | deferasirox (generic Jadenu) ¹ |
| Mental Health | Paxil CR (Brand Only) | paroxetine extended-release (generic Paxil CR) |
| Migraines | Frova (Brand Only) | frovatriptan (generic Frova) |
| Migraines | Zomig tablets (Brand Only) | zolmitriptan tablets (generic Zomig) |

| Therapeutic Use | Medication Name | Alternative Treatment Option(s) |
|-------------------------------------|---|--|
| Nausea and Vomiting | Varubi | aprepitant capsule (generic Emend) |
| Oral Steriod | Hemady ⁴ | dexamethasone tablet |
| Oral Steriod | Zcort 7-day ⁴ | dexamethasone tablet |
| Osteoporosis | Actonel (Brand Only) | alendronate (generic Fosamax), ibandronate (generic Boniva), risedronate (generic Actonel) |
| Pain | Norco (Brand Only) | hydrocodone/acetaminophen (generic Norco) |
| Pain | Roxicodone (Brand Only) | oxycodone immediate-release (generic Roxicodone) |
| Pain and Inflammation | Licart ⁴ | OTC Voltaren gel |
| Pain and Inflammation | Relafen (Brand Only) | nabumetone (generic Relafen) |
| Prenatal Vitamin | Azeschew Prenatal/ Postnatal ⁴ | Brand and generic prenatal vitamins |
| Prenatal Vitamin | Prenara ⁴ | Brand and generic prenatal vitamins |
| Prenatal Vitamin | Prenatrix ⁴ | Brand and generic prenatal vitamins |
| Pulmonary Arterial Hypertension | Letairis (Brand Only) ¹ | ambrisentan (generic Letairis) ¹ |
| Pulmonary Arterial Hypertension | Revatio suspension (Brand Only) ¹ | sildenafil (generic Revatio) ¹ |
| Skin Conditions | Elidel (Brand Only) ¹ | pimecrolimus (generic Elidel) ¹ , tacrolimus (generic Protopic) ¹ |
| Skin Conditions | Halog 0.1% solution ⁴ | fluocinonide 0.05% gel/solution (generic Lidex), desoximetasone 0.05% gel (generic Topicort) |
| Skin Conditions | Halog cream (Brand Only) ¹ | betamethasone dipropionate augmented 0.05% cream (generic Diprolene AF), fluocinonide 0.05% cream (generic Lidex cream), halcinonide 0.1% cream (Halog) ¹ |
| Skin Conditions | Zonalon (Brand Only) ¹ | doxepin cream (generic Zonalon) ¹ |
| Sleep Disorders | Doral (quazepam) | temazepam (generic Restoril) |
| Supportive Care for Cystic Fibrosis | Bethkis (Brand Only) ¹ | tobramycin 300 mg /4 mL (generic Bethkis) ¹ |
| Transplant | Zortress (Brand Only) | everolimus (generic Zortress) |
| Ulcers | Carafate (Brand Only) | sulcrafate (generic Carafate) |
| Ulcers, Heartburn & Reflux | Prevacid Solutab (Brand Only) ¹ | lansoprazole delayed-release orally disintegrating tablet (generic Prevacid Solutab) ¹ |

¹ Step therapy or prior authorization may be required prior to coverage.

² Exclusion includes brand, generic and authorized generic products unless otherwise noted.

³ For benefits that do not exclude, step therapy or prior authorization may be required.

⁴ Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

Advantage 3-Tier PDL clinical programs update summary

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective May 1, 2021.

N Prior Authorization – Notification

Prior Authorization – Notification requires additional clinical information to verify members benefit coverage.

| Therapeutic Use | Medication Name |
|---------------------|-----------------|
| Cancer | Zolinza |
| HIV | Fuzeon |
| Parkinson's Disease | Apokyn |

MN Medical Necessity

Medical Necessity is a type of Prior Authorization that evaluates the clinical appropriateness of a medication, such as condition being treated, type of medication, frequency of use, and duration of therapy. The following medications will now require Medical Necessity for coverage.

| Therapeutic Use | Medication Name |
|---------------------|-----------------------|
| Dry Mouth | Caphosol ⁵ |
| Parkinson's Disease | Apokyn |
| Skin Conditions | Hyclodex ⁵ |
| Skin Conditions | Penlen ⁵ |

ST Step Therapy⁶

The medications below will be added to the Step Therapy program. You must try one or more other medications before the medication below may be covered.

| Therapeutic Use | Medication Name | Step 1 Medication |
|-----------------|-----------------|-------------------|
| Bladder Pain | Elmiron | amitriptyline |

SL Supply Limits

Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified time frame. The drugs below will now be part of the Supply Limits program.

| Therapeutic Use | Medication Name | New Supply Limit |
|---------------------|-----------------|-------------------------|
| ADHD | Dexedrine 5mg | 310 capsules per month |
| ADHD | Dexedrine 10 mg | 124 capsules per month |
| ADHD | Dexedrine 15 mg | 124 capsules per month |
| Infections | Vfend 40 mg/mL | 300 mL per co-payment |
| Parkinson's Disease | Apokyn 10 mg/mL | 30 cartridges per month |

⁵ Medication typically excluded from coverage.

⁶ Referred to as First Start in New Jersey.

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200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

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