



Updates to your prescription benefits

Effective May 1, 2021

Traditional 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 to the right as you review the following updates to the PDL.

 Tier 1 Lowest-cost medications	 Tier 2 Mid-range cost	 Tier 3 Highest-cost
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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	1
Cancer	capecitabine (generic Xeloda)	1
Endocrine Disorders	Orfadin capsules (Brand Only) ¹	1
Endocrine Disorders	Orfadin suspension ¹	2
Hormone Replacement	estradiol vaginal cream (generic Estrace)	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)
Cholesterol/Lipid Lowering	Niacor (niacin)	niacin extended-release (generic 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

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
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 (Frova)
Migraines	Zomig tablets (Brand Only)	zolmitriptan tablets (generic Zomig)
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 ¹	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

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
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)	sulcralfate (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.

Traditional 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 January 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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Salt Lake City, UT 84130

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Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

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알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

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CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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