



Updates to your prescription benefits

Effective January 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
Cancer	abiraterone 250 mg (generic Zytiga) ¹	1
Diabetes	Accu-Chek Guide/Guide Me Blood Glucose Meter and Test Strips	3
Multiple Sclerosis	Bafiertam ¹	2
Neutropenia	Ziextenzo	3

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
ADHD	Vyvanse	Tier 2 to Tier 3	methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
Asthma ²	Alvesco	Tier 1 to Tier 3	Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler
Asthma ²	Asmanex HFA/ Asmanex Twisthaler	Tier 1 to Tier 3	Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler
Asthma ²	QVAR Redihaler	Tier 1 to Tier 3	Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler
Diabetes ²	Basaglar KwikPen	Tier 1 to Tier 3	Lantus, Toujeo
Diabetes ²	Invokamet	Tier 2 to Tier 3	Synjardy, Synjardy XR
Diabetes ²	Invokamet XR	Tier 2 to Tier 3	Synjardy, Synjardy XR
Diabetes ²	Invokana	Tier 2 to Tier 3	Jardiance
Diabetes ²	Tresiba	Tier 2 to Tier 3	Lantus, Toujeo
Diabetes ²	Tresiba FlexTouch	Tier 2 to Tier 3	Lantus, Toujeo
Hereditary Angioedema	Berinert	Tier 2 to Tier 3	Firazyr, Ruconest
Thyroid Hormone Replacement ²	Synthroid (brand Only)	Tier 2 to Tier 3	levothyroxine (generic Synthroid)

Prescription drugs excluded from benefit coverage^{3, 4}

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 January 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)
Allergies	Zerviate 0.24% ⁵	OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine ophthalmic solution (generic Patanol), Lastacaft
Asthma	ProAir Digihaler ⁵	Ventolin HFA
Cancer	abiraterone 500 mg (generic Zytiga)	Use 2 of the abiraterone 250 mg (generic Zytiga)
Cancer	Afinitor 2.5 mg, 5 mg, 7.5 mg tablet (brand only)	everolimus (generic Afinitor)
Cancer	Zytiga 250 mg (brand only)	abiraterone 250 mg (generic Zytiga)
Cancer	Zytiga 500 mg	Use 2 of the abiraterone 250 mg (generic Zytiga)
COPD	Incruse Ellipta	Spiriva Respimat/HandiHaler

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Diabetes	True Metrix and Truetrack Blood Glucose Meters	OneTouch Verio Flex Blood Glucose Monitoring System, Contour Next Blood Glucose Monitoring System, Accu-Chek Guide/Guide Me Blood Glucose Monitoring System
Diabetes	True Metrix and Truetrack Blood Glucose Test Strips	OneTouch Verio Test Strips, Contour Next Test Strips, Accu-Chek Guide Test Strips
Hemophilia	Esperoct ⁵	Advate, Kogenate FS, Kovaltry, NovoEight, Nuwiq, Recombinate
High Blood Pressure	Bystolic	atenolol (generic Tenormin), bisoprolol (generic Zebeta), metoprolol (generic Lopressor)
High Blood Pressure	Inderal XL	propranolol (generic Inderal), propranolol extended-release (generic Inderal LA)
High Blood Pressure	Innopran XL	propranolol (generic Inderal), propranolol extended-release (generic Inderal LA)
HIV	Truvada (brand only)	emtricitabine-tenofovir disoproxil fumarate (generic Truvada)
Migraine	Nurtec ODT ⁵	almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig), Ubrelyv
Multiple Sclerosis	Tecfidera	dimethyl fumarate (generic Tecfidera), Bafiertam
Muscle Spasms	cyclobenzaprine 7.5 mg (Fexmid)	cyclobenzaprine 5 mg, 10 mg (generic Flexeril)
Myasthenia Gravis	Mestinon 60 mg tablet (brand only)	pyridostigmine (generic Mestinon)
Neutropenia	Nyvepria ⁵	Neulasta, Ziextenzo
Osteoporosis	Forteo	Teriparatide, Tymlos
Pain	tramadol HCL 100 mg ⁵	Use 2 of the tramadol 50 mg (generic Ultram)
Pain	Zohydro ER (brand only)	hydrocodone extended-release capsule (generic Zohydro ER), morphine sulfate (generic MS Contin), Xtampza ER
Pain & Inflammation	diclofenac 1% gel (Voltaren)	OTC Voltaren Arthritis Pain 1% gel
Testosterone Replacement	Jatenzo ⁵	Androderm, Testim
Ulcers due to H. pylori	Talicia ⁵	amoxicillin (generic Amoxil) + omeprazole (generic Prilosec) + rifabutin (generic Mycobutin) OR Omeclamox
Wilson's Disease	Cuprimine (brand only)	penicillamine (generic Cuprimine, Depen Titratabs)

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

² Typically excluded from coverage. For benefits that do not exclude, step therapy or prior authorization may be required.

³ Exclusion includes brand, generic and authorized generic products unless otherwise noted.

⁴ For benefits that do not exclude, step therapy or prior authorization may be required.

⁵ 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
Diabetes	Adlyxin
Diabetes	Bydureon/Bydureon BCise
Diabetes	Byetta
Diabetes	Ozempic
Diabetes	Rybelsus
Diabetes	Trulicity
Diabetes	Victoza

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
Asthma	albuterol tablets

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
Hemophilia	Esperoct ⁷	Must try three of the following: (1) Advate (2) Kogenate FS (3) Kovaltry (4) NovoEight (5) Nuwiq (6) Recombinate
Migraines	Nurtec ODT ⁷	Must try Ubrelvy plus two of the following: almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig)
Osteoporosis	Forteo ⁷	Must try both: (1) Tymlos (2) Teriparatide
Pain	levorphanol tartrate	Must try three of the following: (1) hydromorphone (generic Dilaudid) (2) morphine immediate-release (3) oxycodone (generic Roxicodone) (4) oxymorphone (generic Opana)
Skin Conditions - Infections	Veregen	Must try one of the following: (1) imiquimod (generic Aldara) (2) podofilox (generic Condylox)

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	Revised Supply Limit
Endocrine	Jynarque 15 mg Therapy Pack	56 tablets per month	
Endocrine	Jynarque 30/15 mg Therapy Pack	56 tablets per month	
Endocrine	tolvaptan 30 mg (generic Samsca) tablets	62 tablets per month	
Inflammatory Conditions	Dupixent 200 mg/1.4mL pre-filled syringe		2 syringes/month
Inflammatory Conditions	Dupixent 300 mg/2mL pre-filled syringe		2 syringes/month

⁶ Referred to as First Start in New Jersey.

⁷ Typically excluded from coverage. For benefits that do not exclude, step therapy or prior authorization may be required.

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P.O. Box 30608
Salt Lake City, UT 84130

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Phone: Toll free **1-800-368-1019**, **1-800-537-7697** (TDD)

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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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

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請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

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

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

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ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

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توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

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

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nit'izíí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'á'ígíí bee hodíílnih.

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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