



Updates to your prescription benefits

Effective January 1, 2024

Essential 4-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 and 3 Mid-range cost	 Tier 4 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
ADHD	amphetamine/dextroamphetamine extended-release (generic Adderall XR)	Tier 2
ADHD	methylphenidate hydrochloride extended-release (generic Concerta)	Tier 2
Asthma	QVAR RediHaler	Tier 2
Asthma/COPD	fluticasone/salmeterol Diskus [Wixela Inhub (generic Advair Diskus)]	Tier 3
Cancer	bexarotene capsules (generic Targretin)	Tier 3
Cancer	bexarotene gel (generic Targretin)	Tier 4

Therapeutic use	Medication name	Tier placement
Diabetes	Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)	Tier 2
Diabetes	Insulin Lispro KwikPen (unbranded Humalog KwikPen)	Tier 2
Diabetes	Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)	Tier 2
Diabetes	Insulin Lispro vial (unbranded Humalog)	Tier 2
Inflammatory bowel disease	mesalamine delayed-release (generic Delzicol)	Tier 2
Neutropenia	Udenyca	Tier 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
Inflammatory bowel disease	Apriso (brand only)	Tier 2 to Tier 1
Neutropenia	Neulasta	Tier 4 to Tier 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	Alternative treatment option(s)
Asthma/COPD	Fluticasone propionate/salmeterol Resplick (Airduo Resplick authorized brand alternative)	Tier 2 to Tier 3	Arnuity Ellipta, QVAR RediHaler
Cancer	Brukinsa ¹	Tier 3 to Tier 4	Discuss alternative treatment options with your provider
Cancer	gefitinib (generic Iressa) ¹	Tier 3 to Tier 4	Discuss alternative treatment options with your provider
Cystinosis	Cystagon	Tier 2 to Tier 3	Discuss alternative treatment options with your provider
Pulmonary arterial hypertension	sildenafil citrate oral suspension (generic Revatio) ¹	Tier 3 to Tier 4	sildenafil tablets (generic Revatio)
Sleep-wake disorder	tasimelteon (generic Hetlioz) ¹	Tier 3 to Tier 4	Non-prescription melatonin
Wilson's disease	penicillamine (generic Depen Titratabs)	Tier 2 to Tier 3	Discuss alternative treatment options with your provider

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 January 1, 2024, 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	Finacea gel (brand only)	azelaic acid gel (generic Finacea)
ADHD	Adderall XR (brand only)	amphetamine/dextroamphetamine extended-release 24 hr (generic Adderall XR)
ADHD	Concerta (brand only)	methylphenidate extended-release osmotic release (generic Concerta)
Asthma	Flovent Diskus	Arnuity Ellipta, QVAR RediHaler
Asthma	Flovent HFA	Arnuity Ellipta, QVAR RediHaler
Asthma	Fluticasone propionate HFA (Flovent HFA authorized brand alternative) ⁴	Arnuity Ellipta, QVAR RediHaler
Asthma	Pulmicort Flexhaler	Arnuity Ellipta, QVAR RediHaler
Asthma/COPD	Advair Diskus inhaler (brand only)	fluticasone propionate/salmeterol (generic Advair Diskus)
Asthma/COPD	Fluticasone/salmeterol aerosol HFA inhaler (Advair HFA authorized brand alternative) ⁴	fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta, Symbicort
Asthma/COPD	Fluticasone/Vilanterol Ellipta (Breo Ellipta authorized brand alternative) ⁴	fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta, Symbicort
Cancer	Targretin capsule (brand only)	bexarotene capsule (generic Targretin)
Cancer	Targretin gel (brand only)	bexarotene gel (generic Targretin)
Chest pain	BiDil (brand only)	isosorbide dinitrate/hydralazine (generic BiDil)
Cholesterol/lipid lowering	Ezetimibe/Atorvastatin ⁴	ezetimibe (generic Zetia) plus atorvastatin (generic Lipitor)
Diabetes	Humalog Tempo Pen ⁴	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen
Diabetes	Humalog vial	Insulin Lispro vial (unbranded Humalog)
Diabetes	Kombiglyze XR (brand only)	saxagliptin/metformin extended-release (generic Kombiglyze XR)
Diabetes	Lyumjev Tempo Pen ⁴	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen
Diabetes	Onglyza (brand only)	saxagliptin (generic Onglyza)
Diabetes	Rezvoglar KwikPen ⁴	Lantus, Toujeo

Therapeutic use	Medication name	Alternative treatment option(s)
High blood pressure	Edarbi	candesartan (generic Atacand), irbesartan (generic Avapro), losartan (generic Cozaar), olmesartan (generic Benicar), telmisartan (generic Micardis), valsartan (generic Diovan)
High blood pressure	Edarbyclor	candesartan HCT (generic Atacand HCT), irbesartan HCT (generic Avalide), losartan HCT (generic Hyzaar), olmesartan HCT (Benicar HCT), valsartan HCT (generic Diovan HCT)
HIV	Prezista (brand only)	darunavir (generic Prezista)
Infections	Ciprodex (brand only)	ciprofloxacin/dexamethasone otic suspension (generic Ciprodex)
Inflammatory bowel disease	Uceris rectal foam (brand only)	budesonide rectal foam (generic Uceris)
Inflammatory conditions	Abrilada ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Adalimumab-fkjp ^{1,4,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Hulio ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Hyrimoz ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Idacio ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Yuflyma ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Yusimry ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Multiple sclerosis	Aubagio (brand only) ¹	teriflunomide (generic Aubagio) ¹
Neutropenia	Ziextenzo	Neulasta, Udenyca
Oral steroid	Cortisone ⁴	hydrocortisone (generic Cortef)
Overactive bladder	Oxybutynin 5 mg/5 ml oral solution ⁴	oxybutynin oral syrup (generic Ditropan)
Ulcers, heartburn & reflux	Konvomep ⁴	lansoprazole orally disintegrating tablet (generic Prevacid Solu-tab) ¹ , Nexium Suspension ¹ , OTC - Nexium, Prevacid, Prilosec, Zegerid

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.

Essential 4-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, 2024.

ST Step Therapy^{5,6}

The medications below have a new or revised Step Therapy program. You must try one or more other medications before the medications below may be covered.

Therapeutic use	Medication name	Step 1 Medication
Cancer	Mekinist plus Tafinlar	Where both combinations have similar indications members new to therapy must try: Zelboraf plus Cotellic

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
Blood disorders	Promacta 12.5 mg	62 packets/month
Blood disorders	Promacta 25 mg	186 packets/month

⁵ Referred to as First Start in New Jersey.

⁶ Applies to new utilizers only. Current utilizers on these medications will have continuation of therapy.

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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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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។

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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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