Updates to your prescription benefits

Effective Jan. 1, 2019

Within the Prescription Drug List (PDL), medications 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	**Tier 2**	**Tier 3**
Your lowest-cost medications	Your mid-range cost medications	Your highest-cost medications

Medications with new benefit coverage

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

Therapeutic Use	Medication Name	Tier Placement
Bowel Preparation	Clenpiq	3
COPD	Seebri Neohaler	3
	Trelegy Ellipta	
Diabetes[1]	Glyxambi	2
	Ozempic	3
	Tresiba	2
Multiple Sclerosis	glatiramer acetate (Mylan only generic Copaxone)	2
Opioid Induced Constipation	Symproic	2

Medications moving to a lower tier

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

Therapeutic Use	Medication Name	Tier Placement
COPD	Spiriva HandiHaler	3 ▸ 2
	Spiriva Respimat	
HIV	Cimduo	3 ▸ 2
	Symfi	
	Symfi Lo	

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Medications 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
Diabetes[1]	Levemir	2 ▸ 3	Basaglar, Tresiba
	Levemir Flextouch		
Pain & Inflammation	ketoprofen extended-release (generic Oruvail)	1 ▸ 3	ibuprofen (generic Motrin), ketoprofen (generic Orudis), naproxen (generic Aleve, Naprosyn)

Medications excluded from benefit coverage

We evaluate medications based on their total value, including how a medication works and how much it costs. When several medications work in the same way, we may choose to exclude the higher-cost option. Effective Jan. 1, 2019, the medications listed below may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification) and/or trial/failure[2] of another medication(s). You should review your benefit plan documents and pharmacy benefit coverage for a full list of medications that are excluded or that have programs or limits that apply.

Therapeutic Use	Medication Name	Lower-Cost Options
Acne	Ximino	minocycline immediate-release capsules (generic Minocin)
Diabetes[1]	Admelog	Humalog vial, Humalog KwikPen
	Admelog Solostar	
	Apidra	
	Apidra SoloSTAR	
	Farxiga	Invokana, Jardiance
	Fiasp	Humalog vial, Humalog KwikPen
	Fiasp FlexTouch	
	Novolin 70/30	Humulin 70/30 vial, Humulin 70/30 KwikPen
	Novolin 70/30 Relion	
	Novolin N	Humulin N vial, Humulin N KwikPen
	Novolin N Relion	
	Novolin R	Humulin R vial
	Novolin R Relion	
	Novolog	Humalog vial, Humalog KwikPen
	Novolog FlexPen	
	Novolog Mix 70/30	Humalog 75/25 vial, Humalog 75/25 KwikPen
	Novolog Mix 70/30 Prefilled FlexPen	
	Novolog Penfill	Humalog vial, Humalog KwikPen
	Qtern	Glyxambi
	Segluromet	Invokamet, Invokamet XR, Synjardy, Synjardy XR
	Steglatro	Invokana, Jardiance
	Steglujan	Glyxambi

Therapeutic Use	Medication Name	Lower-Cost Options
Elevated Phosphate Levels	Renvela tablets (Brand Only)	sevelamer tablets (generic Renvela)
Gaucher Disease	Zavesca (Brand Only)	miglustat (generic Zavesca)
Glaucoma	Vyzulta	latanoprost (Xalatan), Lumigan, Travatan Z
Hemophilia	Rebinyn	Alprolix, Benefix, Idelvion, Rixubus
HIV	Atripla	Cimduo, Isentress, Juluca, Symfi, Symfi Lo, Tivicay, Triumeq
	Norvir tablets (Brand Only)	ritonavir tablets (generic Norvir)
Multiple Sclerosis	Copaxone	glatiramer acetate (generic Copaxone)
Nasal Polyps	Xhance	fluticasone (generic Flonase)
Nausea and vomiting associated with pregnancy	Bonjesta	OTC doxylamine (Unisom) + pyridoxine (Vitamin B6)
	Diclegis	
Neuropathic Pain	Lyrica CR	gabapentin (generic Neurontin), duloxetine (generic Cymbalta), amitriptyline (generic Elavil), Lyrica
Opioid Induced Constipation	Movantik	Symproic
Oral Steroid	Decadron tablets (Brand Only)	dexamethasone
Pain & Inflammation	fenoprofen (generic Nalfon)	ibuprofen (generic Motrin), naproxen (generic Aleve, Naprosyn)
	Fenortho	
	Nalfon	
Seizures	Sabril powder pack (Brand Only)	vigabatrin powder pack (generic Sabril)
Skin Conditions	Impoyz	betamethasone dipropionate augmented 0.05% cream (generic Diprolene AF), fluocinonide 0.05% cream (generic Lidex cream)

Devices excluded from benefit coverage

The below devices are not approved by the Food and Drug Administration (FDA) as medications and may be excluded from benefit coverage.

Therapeutic Use	Device Name	Lower-Cost Options
Saliva Substitutes	Caphosol	Discuss with your doctor
	Neutrasal	
	Salivamax	
Wound Care	Wound care products	Discuss with your doctor

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Effective Jan. 1, 2019

Some medications may have programs or limits that apply. Below are the changes to the current programs and limits that will be effective Jan. 1, 2019.

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
Opioid Induced Constipation	Movantik

ST Step Therapy[2]

The below medications 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
Constipation	Amitiza	Must try one of the following depending on diagnosis: (1) Linzess (2) Symproic
COPD	Seebri Neohaler	Must try two of the following: (1) Spiriva Handihaler or Respimat (2) Incruse Ellipta (3) Tudorza Pressair
Diabetes[1]	Glyxambi	Must try one of the following: (1) Metformin (generic Glucophage, Glucophage XR) (2) Sulfonylurea (e.g. glimepiride) (3) Thiazolidinedione (e.g. pioglitazone)

SL Supply Limits

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

Therapeutic Use	Medication Name	New or Revised Limit
Acne	Cleocin-T solution	30 mL per copay
Cough & Cold	codeine/phenylephrine/promethazine syrup	120 mL per copay; Maximum of 360 mL per month
	codeine/promethazine syrup & solution	
	FlowTuss solution	
	Hycofenix solution	
	hydrocodone/homatropine syrup	
	Obredon solution	
	Tussionex suspension	
	Tuzistra XR suspension	
	Zutripro Oral solution	
Inflammatory Conditions	Taltz 80 mg	1 auto injector/syringe per month
Skin Conditions	diflorasone diacetate ointment	30 grams per copay
	Kenalog (triamcinolone acetonide) aerosol spray	63 grams per copay

[1] Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

[2] Referred to as First Start in New Jersey.

For additional information:

Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

Call the toll-free phone number on your health plan ID card to speak with a Customer Service representative.