Self-insured

Summary of change lists 2021 High Value Plan



05.32.950.1C (2/21)

High Value Plan – April 1, 2021 updates

There will be changes to the High Value Plan drug list that applies to your plan starting April 1, 2021. It's important that you review and understand the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for a medical exception, speak directly with your prescriber or you can call us at the toll-free number on your member ID card. We'll contact you and your prescriber with our decision. If your exception is approved, you only need to pay your plan copay or cost-share. This amount is based on your pharmacy plan design.

How to find a preferred medicine that's right for you

You can visit the website that's on your member ID card and sign into your account.

Кеу	
UPPERCASE	Brand-name medicine
lowercase italics	Generic medicine

Drugs moving from not covered to covered status

Disease state	Drug name
Gastrointestinal	ASACOL HD
Gout	MITIGARE
Menopause	VAGIFEM
Pain, Topical	lidocaine patch
Sleep Disorders	ramelteon, SILENOR

Utilization Management changes

Disease state	Drug name	Utilization Management
High Cholesterol	VASCEPA	Removing Prior Authorization requirement
Cancer	VELCADE	Adding Quantity Limits
Opioid Use Disorder	buprenorphine	Adding Prior Authorization and Quantity Limits
Sleep Disorders	NUVIGIL, PROVIGIL	Adding Prior Authorization and Quantity Limits

Drugs moving from covered to not covered status

Disease state	Drug name	Alternative(s)
Anticonvulsants	topiramate ER sprinkle capsules	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, rufinamide, topiramate, valproic acid, zonisamide
Gastrointestinal	hyoscyamine ER tablet	dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate ER capsules, hyoscyamine sulfate orally disintegrating tablet
	mesalamine delayed-release 800mg tablet	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD
	pantoprazole pak	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
Gout	colchicine capsule	colchicine tablet, MITIGARE
High Cholesterol	fenofibrate	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg 120 mg), fenofibric acid delayed-release
Infection	doxycycline hyclate 50mg tablet	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
	nitrofurantoin suspension (NDC 70408023932)	Nitrofurantoin alternate NDC
Menopause	estradiol vaginal tab	estradiol vaginal cream, IMVEXXY, VAGIFEM
	paroxetine 7.5mg capsule	paroxetine HCl
Skin Disorders	clocortolone cream, desoxymetasone ointment, hydrocortisone lotion, triamcinolone ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change.

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