



This document was provided to The University of Health System by Blue Cross and Blue Shield. It has been edited for clarity.

The changes in this bulletin will be effective starting **January 1, 2022**. Members impacted by any of these changes will be sent a letter from Blue Cross and Blue Shield in November 2021.

### PREMIUM FORMULARY UPDATES

#### Exclusions

The following drugs will move to nonformulary status, effective January 1, 2022.

ALTERNATIVES	
ABSORICA CAP 10MG	isotretinoin cap
ABSORICA CAP 20MG	isotretinoin cap
ABSORICA CAP 25MG	isotretinoin cap
ABSORICA CAP 30MG	isotretinoin cap
ABSORICA CAP 35MG	isotretinoin cap
ABSORICA CAP 40MG	isotretinoin cap
AZOPT SUS 1% OP	brinzolamide ophth susp
BYSTOLIC TAB 10MG	nebivolol tab
BYSTOLIC TAB 2.5MG	nebivolol tab
BYSTOLIC TAB 20MG	nebivolol tab
BYSTOLIC TAB 5MG	nebivolol tab
CLEOCIN CRE 2% VAG	clindamycin 2% vaginal cream, metronidazole vaginal gel
CLEOCIN SUP 100MG	clindamycin 2% vaginal cream, metronidazole vaginal gel
CUPRIMINE CAP 250MG	penicillamine tab, DEPEN TITRA
FIRAZYR INJ 30MG/3ML	icatibant inj
LYRICA CR TAB 165MG	pregabalin ER tab
LYRICA CR TAB 330MG	pregabalin ER tab
LYRICA CR TAB 82.5MG	pregabalin ER tab

DRUG NAME	ALTERNATIVES
NUVESSA GEL 1.3%	clindamycin 2% vaginal cream, metronidazole vaginal gel
OTREXUP INJ 10MG	methotrexate, RASUVO
OTREXUP INJ 12.5/0.4	methotrexate, RASUVO
OTREXUP INJ 15MG	methotrexate, RASUVO
OTREXUP INJ 17.5/0.4	methotrexate, RASUVO
OTREXUP INJ 20MG	methotrexate, RASUVO
OTREXUP INJ 22.5/0.4	methotrexate, RASUVO
OTREXUP INJ 25MG	methotrexate, RASUVO
PENICILLAMINE CAP 250 MG	penicillamine tab, DEPEN TITRA
PRALUENT INJ 150MG/ML	REPATHA INJ
PRALUENT INJ 75MG/ML	REPATHA INJ
PROAIR HFA AER	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
PROAIR RESPI AER	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
TRAVATAN Z DRO 0.004%	travoprost ophth soln
VENTOLIN HFA AER	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)

#### Tier Changes

Effective January 1, 2022, the following drugs will move to a higher tier.

Drug	Tier Change
Cerezyme	Tier 2 to Tier 3
Erivedge	Tier 2 to Tier 3

Drug	Tier Change
Novoseven	Tier 2 to Tier 3

You can find information about your pharmacy benefit by visiting [www.MyHealthToolKitKC.com](http://www.MyHealthToolKitKC.com). There, choose the Education Center tab, select Enrollment Tools, then scroll down and click on the **Is your employer offering the Premium Formulary?** link.

If you can't find the answer to your question there, your health plan's customer service team can help. Just call 855-229-5717.

## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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Ni da doodago t'áá háida biká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzhíh nínízingo, kojí' béésh bee hólne' 1-844-516-6328. (Navajo)