



September 28, 2021

Rachel Bozadjian
8 HILLCREST RD
MEDFIELD, MA 02052

Dear Rachel Bozadjian:

Harvard Pilgrim's appreciates your continued membership. I'm writing to let you know about some changes to our prescription drug program for 2022.

Upcoming Formulary changes on enclosed list

Updates to our Value Formulary, effective January 1, 2022, are reflected on the enclosed list. "Formulary" refers to the set of drugs your plan covers - and at what cost level, or tier. Please review this list to see if any medications you currently take will be affected by the changes for 2022. You'll see that some drugs will change tiers; others will no longer be covered in 2022.

Learn more and stay current online

You also can check your plan's formulary list online at any time. Your member ID card shows what prescription drug ("Rx") program you have with us. On the front of your card, you'll see three, four or five Rx price tiers:

- If your card shows three price tiers, visit harvardpilgrim.org/2022Value3T
- If your card shows four price tiers, visit harvardpilgrim.org/2022Value4T
- If your card shows five price tiers, visit harvardpilgrim.org/2022Value5T

Questions?

If you have any questions about your coverage, please call Harvard Pilgrim's Member Services department at **(888) 333-4742**. Representatives are available Mondays, Tuesdays and Thursdays from 8 a.m. to 6 p.m.; Wednesdays from 10 a.m. to 6 p.m.; and Friday from 8 a.m. to 5:30 p.m. For TTY service, call **711**.

Sincerely,

A handwritten signature in black ink, appearing to read "Felix Rodriguez".

Felix A. Rodriguez
Director, Member Services

HPHC Value Formulary 2022

Medications being added to the Value formulary. These medications were not covered in 2021 but will be covered in 2022.

DRUG	2022 Tier		
	3-Tier Plan	4-Tier Plan	5-Tier Plan
Asmanex (ST)	3	3	4
Asmanex HFA (ST)	3	3	4
Cellcept (oral)	3	3	4
desloratadine ODT	2	2	3
desloratadine tablet	2	2	3
Duexis (PA)	3	4	5
Emverm	3	3	4
Ertaczo 2% cream (PA)	3	4	5
Farxiga	2	2	3
Ingrezza (PA)	3	3	4
Klor-Con/Eff 25meq tablet	1	1	2
naproxen-esomeprazole (PA)	2	2	3
Neupro (ST)	3	4	5
Oriahnn (PA)	3	3	4
orphenadrine/ASA/caffeine	1	1	2
Pred-G	3	3	4
Pred-G S.O.P	3	3	4
Rayaldee (PA)	3	3	4
Soolantra	3	3	4
sumatriptan-naproxen (ST)	2	2	3
varafenafil	2	2	3
Xigduo XR	2	2	3
Zylet	3	3	4

PA = Prior authorization required; ST = Step therapy required

Medications being moved to a lower tier on the Value formulary. You may pay less for these medications in 2022 than you did in 2021.

DRUG	2022 Tier		
	3-Tier Plan	4-Tier Plan	5-Tier Plan
amitriptyline 10mg, 25mg, 50mg tablet	1	1	1
bupropion 100mg, 150mg SR tablet	1	1	1
bupirone 15mg tablet	1	1	1
chlorthalidone 5mg capsule	1	1	1
cyanocobalamin 1000mcg inj	1	1	1
duloxetine 20mg capsule	1	1	1
Emgality 120mg/mL	2	2	3
estradiol 1mg, 2mg tablet	1	1	1
eszopiclone 2mg, 3mg tablet	1	1	1
Euthyrox, Levoyyl, Unithroid, Levo-T, levothyroxine 25mcg, 75mcg, 88mcg, 125mcg, 137mcg, 175mcg tablet	1	1	1
gabapentin 400mg capsule	1	1	1
hydralazine 10mg, 25mg, 50mg tablet	1	1	1
lithium 300mg ER tablet	1	1	1
lithium 600mg capsule	1	1	1
methotrexate 2.5mg tablet	1	1	1
metoprolol 37.5mg tablet	1	1	1

Medications being moved to a lower tier
(continued)

DRUG	2022 Tier		
	3-Tier Plan	4-Tier Plan	5-Tier Plan
mirtazapine 30mg tablet	1	1	1
montelukast 4mg chew	1	1	1
olanzapine 7.5mg, 15mg tablet	1	1	1
omeprazole 10mg capsule	1	1	1
oxybutynin 5mg tablet	1	1	1
phentermine 30mg, 37.5mg capsule	1	1	1
phentermine 37.5mg tablet	1	1	1
potassium CL 10meq CR tablet	1	1	1
potassium CL 8meq ER capsule	1	1	1
pramipexole 0.125mg tablet	1	1	1
pregabalin capsule	1	1	1
prenatal 27-1mg tablet	1	1	1
prenatal vit tab low iron	1	1	1
preplus 27-1mg tablet	1	1	1
quetiapine 200mg, 300mg, 400mg tablet	1	1	1
quinapril 5mg, 10mg tablet	1	1	1
ropinirole 0.25mg, 0.5mg, 4mg tablet	1	1	1
sertraline 20mg/mL concentrate	1	1	1
topiramate 100mg tablet	1	1	1
trazodone 150mg tablet	1	1	1
verapamil 120mg tablet	1	1	1
zaleplon capsule	1	1	1

Medications being moved to a higher tier on the Value formulary. You may pay more for these medications in 2022 than you did in 2021. Some movements to a higher tier apply only to the 5-Tier plan(s).

DRUG	2022Tier		
	3-Tier Plan	4-Tier Plan	5-Tier Plan
Ajovy	3	3	4
amantadine syrup	1	1	2
anastrozole 1mg tablet	1	1	2
atorvastatin 40mg, 80mg tablet	1	1	2
brimonidine 0.2%	1	1	2
Butalbital/APAP 50-300mg tablet	2	2	3
clopidogrel 75mg tablet	1	1	2
Denta 5000 Plus	3	3	4
Dentagel	3	3	4
diflorasone 0.05%	2	2	3
doxepin 10mg/mL concentrate	1	1	2
Doxepin 5% cream	3	3	4
Dupixent	3	4	5
famotidine 40mg tablet	1	1	2
fenoprofen	3	3	4
fenortho	3	3	4
finasteride 5mg tablet	1	1	2
fluvastatin	2	2	3
Forteo	3	4	5
gabapentin solution	1	1	2
guanfacine 1mg, 2mg tablet	1	1	2
haloperidol 2mg/ml concentrate	1	1	2
Klor-Con Pak 20meq	2	2	3
letrozole 2.5mg tablet	1	1	2
losartan 25mg, 50mg, 100mg tablet	1	1	2

Medications being moved to a higher tier
(continued)

DRUG	2022 Tier		
	3-Tier Plan	4-Tier Plan	5-Tier Plan
losartan/HCL 100-12.5mg, 100-25mg, 50-12.5mg tablet	1	1	2
meclofenamate capsule	2	2	3
medroxyprogesterone 2.5mg tablet	1	1	2
metformin 500mg ER tablet	1	1	2
methamphetamine tablet	3	3	4
methylprednisone 4mg tablet	1	1	2
misoprostol 100mcg tablet	1	1	2
montelukast 10mg tablet	1	1	2
naproxen DR 375mg tablet	1	1	2
Nitro-Time	1	1	2
omeprazole 40mg capsule	3	3	4
pantoprazole 20mg, 40mg tablet	1	1	2
paroxetine 10mg, 20mg, 30mg tablet	1	1	2
phenobarbital 100mg tablet	1	1	2
potassium chloride 20meq powder	2	2	3
potassium CL 10meq ER capsule	1	1	2
pravastatin 20mg tablet	1	1	2
prednisolone 15mg/5ml solution	1	1	2
Prenatabs Rx	3	3	4
prochlorperazine 5mg, 10mg tablet	1	1	2
ramipril 1.25mg, 2.5mg, 10mg capsule	1	1	2
Vinate One	3	3	4
Zileuton ER	3	3	4

Medications that will no longer be covered on the Value formulary. The following medications will no longer be covered as of January 1, 2022. Your prescriber may submit an exception request on your behalf for coverage of medications that are medically necessary for your care but are not included in the Value formulary.

Note: Shaded drugs have a covered interchangeable generic alternative.

Alinia tablet
Atripla
Avita 0.025%
Azopt
Banzel 40mg/mL suspension
Bethkis
Ciprodex
Covaryx / HS
Daraprim
Dermazene cream
Desonate 0.05% gel
Dymista
EEMT / HS
Emtriva capsule
Halog 0.1% ointment
Hysingla ER
Invokamet
Invokamet XR
Invokana
Kerydin
Kuvan
Lotemax 0.5% gel
Monurol Pak Granules
Moviprep
Nexium granules
Northera
Pacerone
Proglycem
Protonix Pak
Riomet solution
Samsca 30mg tablet
Saphris
Sklice 0.5% lotion
sulfacetamide sod/sulfur 10-5% emulsion

Medications that will no longer be covered

(continued)

Note: Shaded drugs have a covered interchangeable generic alternative.

Symfi

Symfi Lo

Taytulla

Tecfidera

Trianex 0.05% ointment

Truvada

Tudorza

Tykerb

Zembrace

Zytiga 500mg tablet