

«CLIENTNAME» c/o Elixir 2181 E. Aurora Road, Suite 201 Twinsburg, OH 44087

ACTION REQUIRED Your 2021 formulary has been updated. See how this affects you!

«FIRSTNAME» «LASTNAME» «ADDR1» «ADDR2» «CITY», «STATE» «ZIP»

«Date»

Dear «FIRSTNAME»,

Elixir manages your prescription drug benefit on behalf of «CLIENTNAME». We're writing to tell you about important changes to your plan starting January 1, 2021. These changes help to ensure safe and effective medication usage and allow «CLIENTNAME» to continue to provide an affordable prescription drug benefit.

ACTION REQUIRED

To view changes to your formulary, including drugs that are now excluded and copay changes, please see the enclosed. Register/login to your Member Portal to view your medications and look up current drug prices. After January 1, register/login to your Member Portal to view your new plan year benefits. See register/login instructions in the Member Portal section below.

«If your medication listed has a preferred alternative, your claim will not be approved at the pharmacy.» We encourage you to work with your doctor to determine the preferred alternative that is right for you because it could save you money. If your doctor believes that you must use your current medication, you or your doctor must file a covered exception request with Elixir to get approval for the medication.

Always talk to your doctor before you stop taking or change the way you take any medication. If you have medical questions, please contact your healthcare provider.

SAVE TIME AND MONEY WITH YOUR MEMBER PORTAL

With a few simple choices, you may be able to lower your costs by selecting a preferred pharmacy, choosing 90-day fills, switching to a generic drug or using mail order. Find out more about these ways to save and manage your pharmacy benefits online with the Member Portal. To get started, go to elixirsolutions.com and select REGISTER. To use the mobile app, search ELIXIR in your device's App Store and download the app.

Have questions? Please call Elixir Customer Care at «800-361-4542» (TTY 711), 24 hours a day, seven days a week.

Sincerely,

Elixir on behalf of «CLIENTNAME» Online: elixirsolutions.com Phone: «800-361-4542» (TTY 711)

Enclosure

Select Formulary

Excluded Medications with Covered Alternatives

The medications shown in the chart below will not be covered under your prescription benefit. There are one or more preferred alternatives available proven to be safe and effective in treating the same condition. If you are currently receiving a prescription for a non-covered drug, your claim will not be approved at the pharmacy. We encourage you to work with your doctor to determine the preferred alternative that would be right for you.

Therapeutic Category	Formulary Alternative	Formulary Exclusion
Allergenic Extracts	Grastek[NP], Odactra[NP], Ragwitek[NP]	Oralair
Anaphylaxis	epinephrine auto-injector	Auvi-Q 0.15mg, Auvi-Q 0.3mg
Attention Deficit Hyperactivity Disorder (ADHD)	generic ADHD medications	Adderall, Adderall XR
Dermatology – Oral Acne	minocycline ER tablets	minocycline ER capsules, Ximino
Dermatology – Topical Acne	clindamycin phosphate, Epiduo Forte Gel, Epiduo	Retin-A
Dermatology – Topical Actinic Keratosis	fluorouracil 5% cream, imiquimod 5% cream, Picato[NP]	Aldara, Tolak
Dermatology – Topical Antifungal	ciclopirox, luliconazole	Luzu
Diabetes	Farxiga, Invokana, Invokamet, Invokamet XR, Xigduo XR	Jardiance, Synjardy, Syndardy XR
Gastrointestinal – Irritable Bowel Syndrome & Opioid Induced Constipation	Linzess, Symproic[NP]	Amitiza
Gastrointestinal – Proton Pump Inhibitors	generic proton pump inhibitors	Dexilant
Gastrointestinal – Ulcerative Colitis	balsalazide, mesalamine, sulfasalazine	Uceris Tablet
Growth Hormone	Omnitrope	Genotropin
Ophthalmic – Dry Eye Disease	Xiidra	Restasis
Potassium Binder	Lokelma[NP]	Veltassa
Respiratory – Long-Acting	Serevent, Striverdi[NP]	Arcapta
Respiratory – Short Acting	levalbuterol	Xopenex
Sleep Disorder (Insomnia)	Belsomra, Dayvigo, doxepin, eszopiclone, ramelteon, temazepam, triazolam, zolpidem	Ambien, Doral, Edluar, Halcion, Intermezzo, Lunesta, quazepam, Restoril, Rozerem, Silenor, Zolpimist

[NP] = Non-Preferred; Brand drugs = Capitalized; Generic drugs = lower case

Tiering Changes

The medications shown in the chart below will move to non-preferred status in 2021. You may continue to use these non-preferred drugs but, depending on your plan design, you may be responsible for paying a higher copay.

Therapeutic Category	Formulary Alternative	Non-Preferred Tier
Anaphylaxis	epinephrine auto-injector	Symjepi
Attention Deficit Hyperactivity Disorder (ADHD)	generic Adderall, generic Adderall XR	Mydayis
Dermatology –Topical Anti- Inflammatory	Diclofenac Epolamine Patch[NP]	Flector Patch
Gastrointestinal – Nausea/Vomiting	generic Diclegis, OTC doxylamine and pyridoxine	Bonjesta

[NP] = Non-Preferred; Brand drugs = Capitalized; Generic drugs = lower case