



COUPE

Effective January 1, 2026

Changes in prescription drug eligibility for 90dayRx

As part of your insurance benefits, you may have access to the 90dayRx program. This may allow you to get a 90-day supply of your long-term prescription drugs at a lower cost. You can use this benefit with in- network mail and participating retail pharmacies. To use 90dayRx, first check if your pharmacy is in the network by visiting bluecrossmn.com. Then, provide your prescription for a 90-day supply of the eligible drug.

Starting January 1, 2026, some drugs might not be covered by the 90dayRx program. Check the list below. This list is reviewed regularly and may change. Not all plans follow this list, if you have questions or would like current information on drugs excluded from the 90dayRx program, call our Customer Service team at the number on the back of your ID card.

Drug brand names are shown in all capital letters, followed by the generic names in lower case.

Drugs NOT eligible for 90dayRx

DIABETES MEDICATIONS

Oral

RYBELSUS – semaglutide tab 3 mg
RYBELSUS – semaglutide tab 7 mg
RYBELSUS – semaglutide tab 14 mg

Non-insulin Injectables

BYDUREON BCISE – exenatide extended release
susp auto-injector 2 mg/0.85 ml
BYETTA – exenatide soln pen-injector 5 mcg/0.02
ml
BYETTA – exenatide soln pen-injector 10
mcg/0.04 ml
EXENATIDE – exenatide soln pen-injector 10
mcg/0.04 ml
liraglutide soln pen-injector 18 mg/3 ml (6 mg/ml)
(Victoza)
MOUNJARO – tirzepatide soln auto-injector 2.5
mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 5
mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 7.5
mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 10
mg/0.5 ml
MOUNJARO – tirzepatide soln auto-injector 12.5
mg/0.5 ml

Non-insulin Injectables (continued)

MOUNJARO – tirzepatide soln auto-injector 15
mg/0.5 ml
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5
mg/dose (2 mg/3 ml)
OZEMPIC – semaglutide soln pen-inj 1 mg/dose
(4 mg/3 ml)
OZEMPIC – semaglutide soln pen-inj 2 mg/dose
(8 mg/3 ml)
TRULICITY – dulaglutide soln pen-injector 0.75
mg/0.5 ml
TRULICITY – dulaglutide soln auto-injector 1.5
mg/0.5 ml
TRULICITY – dulaglutide soln auto-injector 3
mg/0.5 ml
TRULICITY – dulaglutide soln auto-injector 4.5
mg/0.5 ml
VICTOZA – liraglutide soln pen-injector 18 mg/3
ml (6 mg/ml)

Insulin Combinations

SOLIQUA 100/33 – insulin glargine-lixisenatide
sol pen-inj 100-33 unit-mcg/ml
XULTOPHY 100/3.6 – insulin degludec-liraglutide
sol pen-inj 100-3.6 unit-mg/ml

WEIGHT MANAGEMENT

SAXENDA – liraglutide (weight mngmt) soln pen-
inj 18 mg/3 ml (6 mg/ml)

WEGOVY – semaglutide (weight mngmt) soln
auto-injector 0.25 mg/0.5 ml

WEGOVY – semaglutide (weight mngmt) soln
auto-injector 0.5 mg/0.5 ml

WEGOVY – semaglutide (weight mngmt) soln
auto-injector 1 mg/0.5 ml

WEGOVY – semaglutide (weight mngmt) soln
auto-injector 1.7 mg/0.75 ml

WEGOVY – semaglutide (weight mngmt) soln
auto-injector 2.4 mg/0.75 ml

ZEPBOUND – tirzepatide (weight mngmt) soln
auto-injector 2.5 mg/0.5ml

ZEPBOUND – tirzepatide (weight mngmt) soln
auto-injector 5 mg/0.5ml

ZEPBOUND – tirzepatide (weight mngmt) soln
auto-injector 7.5 mg/0.5ml

ZEPBOUND – tirzepatide (weight mngmt) soln
auto-injector 10 mg/0.5ml

ZEPBOUND – tirzepatide (weight mngmt) soln
auto-injector 12.5 mg/0.5ml

ZEPBOUND – tirzepatide (weight mngmt) soln
auto-injector 15 mg/0.5ml

Notice of Nondiscrimination and Accessibility

At Coupe Health, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

Need these services? Call 1-833-749-1969, TTY 711.

Discrimination is against the law

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint with our Civil Rights Coordinator.

Nondiscrimination complaint forms and assistance with completing the form are available by calling **1-833-749-1969, TTY 711** or emailing HealthValet@coupehealth.com.

Email the completed form to Civil.Rights.Coord@coupehealth.com or send it by mail to:

Coupe Health
ATTN: Civil Rights Coordinator P3-2
PO Box 64560
Eagan, MN 55164-0560

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- by mail at: U.S. Department of Health and Human Services,
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil right complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ကညီကီဂျာ (Karen) ဟ်သးၵ်းဟ်သး- နမ့ၵ်းကတိၤ ကညီကီဂျာ န့ၣ်, နယုကီဂျာၣ်ဂီၢ်တိၤတိၤမၤစၢၤလၢတလၢ်ဘးလဲ သ့န့ၣ်လီၤ. နမ့ၢ်အိၣ်ဒီးတၢ်တလၢတပဲၤလၢ မဲၢ်တၢ်ထံၣ်, တၢ်န့ၢ်ဟး, မ့တမ့ၢ် တၢ်စးကတိၤတၢ်န့ၣ် ပဆဲးကျဲဆဲးကီၣ်တၢ်လၢ ကဲၣ်ကဲၣ်ထီၣ်လိာ်ထီၣ်အဂ့ၢ်ကတၢ်လၢနဂီၢ်သ့န့ၣ်လီၤ. တၢ်အံၤ ပၣ်ဃာ်ဒီး တၢ်စးၵ်းကါ နီၢ်ခိၣ်ကတိၤကီၣ်ဂျာအပၤလၢကီၣ်ဂျာထံတၢ်တဖၣ်, တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျါဖးဒိၣ်, မ့တမ့ၢ် ပၤမဲၢ်ဘီၣ်ဂျာအလံာ်, တၢ်ကလၢဒၢ, မ့တမ့ၢ် တၢ်မၤစၢၤလၢတဖၣ် လၢတလၢ်အဘးၵ်းလဲန့ၣ်လီၤ. ကိးလီၤတဲစိဆဲး 1-855-903-2583 (TTY 711) တက့ၢ်.	မြန်မာဘာသာ (Burmese) သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို B ဝေဟပါက၊ အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို B ဝေဟပါက B ပီ B ဝေဟပါက။ သင့်တွင် အမြင်အာရုံ B အကူအညီ B သို့မဟုတ် စကားပြောခြင်း ခံရမှုများမရှိပါ။ သင့်အတွက် အသံလျှောက်သံများဖြင့်လည်းကောင်း၊ အသံလျှောက်သံများဖြင့် အသံဖမ်းယူခြင်းများ သို့မဟုတ် အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးမှုများကို B ပါဝင်ပါသည်။ 1-855-903-2583 (TTY 711) သို့မဟုတ် B ဝေဟပါက။
OROMOO (Oromo) Xiyyeeffannoon haa kennamu:- Oromo Afaan kan dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa gaafachuu ni dandeessu. Rakkoo ilaalu, dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif mijatuun haala isiniif galuun mari'achuu ni dandeenya. Kunis of keessatti kan qabatu, hiiktota afaan mallattoo fayyadamuun maxxansa gurguddaa ykn bireeylii, waraabbiwwan sagalee ykn gargaarsota biroo kaffaltii tokkoo malee gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.	РУССКИЙ (Russian) ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете запросить бесплатные услуги языковой поддержки. Если у вас есть нарушение зрения, слуха или речи, мы можем общаться таким образом, который лучше всего подходит вам. Это может включать бесплатное использование переводчиков на языке жестов, предоставление документов крупным шрифтом или шрифтом Брайля, использование аудиозаписей или других вспомогательных средств. Звоните по телефону 1-855-903-2583 (TTY 711).
ພາສາລາວ (Lao) ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ, ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ຖ້າທ່ານມີຄວາມປົກຄຸມດ້ານສາຍຕາ, ການໄດ້ຍິນ ຫຼື ການປາກເວົ້າ, ພວກເຮົາສາມາດສ້າງສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ. ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ພາສາລາວ, ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ, ການບັນທຶກສຽງ ຫຼື ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ 1-855-903-2583 (TTY 711).	Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito ang paggamit ng mga interpreter ng sign language, pagbibigay ng mga dokumento na malalaki ang pagkaprinta o Braille, mga audio recording, o iba pang mga tulong nang walang bayad. Tumawag sa 1-855-903-2583 (TTY 711).
VIETNAMESE (Vietnamese) LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể giao tiếp theo cách phù hợp nhất với quý vị. Điều này có thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi số 1-855-903-2583 (TTY 711).	简体中文 (Chinese Simplified) 注意: 如果您说普通话, 则可以免费申请语言协助服务。如果您有视力、听力或语言障碍, 我们可以用最适合您的方式与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、录音或其他辅助工具。请致电 1-855-903-2583 (文字电话 711)。