



Updates to your prescription benefits

Effective August 1, 2024

Your PDL update summary

Dear Valued Plan Participant:

We want to alert you about upcoming changes to the Prescription Drug List (PDL) for your plan.

These changes include copay costs or coverage requirements. Review the list of changes below to learn if any of your medications will be impacted.

To help outline changes in cost or coverage, prescriptions drugs are grouped by tiers. A tier indicates the amount you pay when you fill a prescription. Please reference the chart below as you review the following changes to the PDL for your plan.

| | | |
|---|--|---|
|  Tier 1 Lowest-cost medications |  Tier 2 Mid-range cost |  Tier 3 Highest-cost |
|---|--|---|

Prescription drugs with limited coverage^{1,2}

We evaluate prescription drugs based on their total value, including how a drug works and how much it costs. When several drugs work in the same way, we may choose to limit coverage of the higher-cost option. Effective August 1, 2024, the drugs listed below may have limited coverage. You may need to get a prior authorization or try preferred alternative treatment options prior to approval of coverage.

Sign into your online account to see if there are any actions you need to take.

| Therapeutic use | Medication name | Alternative treatment option(s) |
|-----------------|--------------------------|------------------------------------|
| Acne | Finacea gel (brand only) | azelaic acid gel (generic Finacea) |

| Therapeutic use | Medication name | Alternative treatment option(s) |
|-------------------------------------|---|--|
| ADHD | Adderall XR (brand only) | amphetamine/dextroamphetamine extended-release 24hr (generic Adderall XR), dexamethylphenidate extended-release (generic Focalin XR), lisdexamfetamine dimesylate (generic Vyvanse), methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA) |
| ADHD | Concerta (brand only) | methylphenidate extended-release osmotic release (generic Concerta), amphetamine/dextroamphetamine extended-release 24 hr (generic Adderall XR), dexamethylphenidate extended-release (generic Focalin XR), lisdexamfetamine dimesylate (generic Vyvanse), methylphenidate extended-release (generic Metadate CD, Metadate ER, Ritalin LA) |
| ADHD | Vyvanse (brand only) | lisdexamfetamine dimesylate (generic Vyvanse) |
| Allergies | Ryaltris ³ | olopatadine (generic Patanase) plus an over-the-counter nasal steroid (e.g., Nasonex Allergy), or over-the-counter Astepro Allergy plus an over-the-counter nasal steroid (e.g., Nasonex Allergy) |
| Asthma | Flovent Diskus inhaler | Arnuity Ellipta, QVAR RediHaler |
| Asthma | Flovent HFA inhaler | Arnuity Ellipta, QVAR RediHaler |
| Asthma | Fluticasone propionate HFA inhaler ³ (Flovent HFA authorized brand alternative) | Arnuity Ellipta, QVAR RediHaler |
| Asthma | Pulmicort Flexhaler | Arnuity Ellipta, QVAR RediHaler |
| Asthma/COPD | Advair Diskus inhaler (brand only) | fluticasone propionate/salmeterol (generic Advair Diskus) |
| Asthma/COPD | Fluticasone/salmeterol aerosol HFA inhaler ³ (Advair HFA authorized brand alternative) | fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta, Symbicort |
| Asthma/COPD | Fluticasone/Vilanterol Ellipta ³ (Breo Ellipta authorized brand alternative) | fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta, Symbicort |
| Benign prostatic hyperplasia | Entadfi ³ | finasteride (generic Proscar) plus tadalafil (generic Cialis) |
| Cancer | Imbruvica 140 mg, 280 mg (tablet only) | Imbruvica capsules |
| Cancer | Targretin capsule (brand only) | bexarotene capsule (generic Targretin) |
| Cancer | Targretin gel (brand only) | bexarotene gel (generic Targretin) |
| Cancer | Votrient (brand only) | pazopanib (generic Votrient) |

| Therapeutic use | Medication name | Alternative treatment option(s) |
|----------------------------|---------------------------------------|---|
| Chest pain | BiDil (brand only) | isosorbide dinitrate/hydralazine (generic BiDil) |
| Cholesterol/lipid lowering | Ezetimibe/Atorvastatin ³ | simvastatin/ezetimibe (generic Vytorin), ezetimibe (generic Zetia) plus atorvastatin (generic Lipitor) |
| Diabetes | Humalog Tempo Pen ³ | Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen |
| Diabetes | Humalog vial | Insulin Lispro vial (unbranded Humalog) |
| Diabetes | Kombiglyze XR (brand only) | saxagliptin/metformin extended-release (generic Kombiglyze XR) |
| Diabetes | Lyumjev Tempo Pen ³ | Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen |
| Diabetes | Onglyza (brand only) | saxagliptin (generic Onglyza) |
| Diabetes | Rezvoglar Kwikpen ³ | Lantus, Toujeo |
| Dry eye disease | Miebo ³ | Restasis single dose vials, Xiidra |
| Endocrine disorders | Buphenyl (brand only) | sodium phenylbutyrate (generic Buphenyl) |
| Endocrine disorders | Javygtor ³ | sapropterin (generic Kuvan) |
| Endocrine disorders | Lanreotide 120 mg/0.5 mL ³ | Somatuline Depot |
| Endocrine disorders | Olpruva ³ | sodium phenylbutyrate (generic Buphenyl) |
| Endocrine disorders | Pheburane ³ | sodium phenylbutyrate (generic Buphenyl) |
| Gout | Allopurinol 200 mg ³ | allopurinol 100 mg or 300 mg (generic Zyloprim) |
| Growth hormone | Sogroya ³ | Norditropin Flexpro, Nutropin AQ NuSpin, Ngenla, Skytrofa |
| Heart failure | Inpefa ³ | Jardiance |
| Hereditary angioedema | Sajazir | icatibant acetate (generic Firazyr) |
| High blood pressure | Edarbi | candesartan (generic Atacand), irbesartan (generic Avapro), losartan (generic Cozaar), olmesartan (generic Benicar), telmisartan (generic Micardis), valsartan (generic Diovan) |
| High blood pressure | Edarbyclor | candesartan HCT (generic Atacand HCT), irbesartan HCT (generic Avalide), losartan HCT (generic Hyzaar), olmesartan HCT (Benicar HCT), valsartan HCT (generic Diovan HCT) |
| HIV | Prezista (brand only) | darunavir (generic Prezista) |
| Inflammatory bowel disease | Lialda (brand only) | mesalamine delayed-release (generic Delzicol), mesalamine delayed-release (generic Lialda), Apriso |
| Inflammatory bowel disease | Uceris rectal foam (brand only) | budesonide rectal foam (generic Uceris) |

| Therapeutic use | Medication name | Alternative treatment option(s) |
|----------------------------|--|---|
| Inflammatory conditions | Abrilada ³ | Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira |
| Inflammatory conditions | Adalimumab-fkjp ³ | Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira |
| Inflammatory conditions | Hulio ³ | Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira |
| Inflammatory conditions | Hyrimoz ³ | Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira |
| Inflammatory conditions | Idacio ³ | Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira |
| Inflammatory conditions | Yuflyma ³ | Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira |
| Inflammatory conditions | Yusimry ³ | Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira |
| Mental health | Latuda (brand only) | lurasidone (generic Latuda) |
| Mental health | Saphris (brand only) | asenapine maleate sublingual tablet (generic Saphris) |
| Multiple sclerosis | Aubagio (brand only) | teriflunomide (generic Aubagio) |
| Multiple sclerosis | Gilenya 0.5 mg (brand only) | fingolimod (generic Gilenya) |
| Muscle spasms | methocarbamol 1000 mg ³ | methocarbamol 500 mg (generic Robaxin) |
| Narcolepsy | Sodium oxybate [(Amneal), authorized generic Xyrem] ³ | armodafinil (generic Nuvigil), modafinil (generic Provigil), Lumryz, Sodium Oxybate [(Hikma) authorized generic Xyrem], Sunosi, Xywav |
| Narcolepsy | Xyrem | armodafinil (generic Nuvigil), modafinil (generic Provigil), Sodium Oxybate [Xyrem authorized generic (Hikma)], Sunosi, Wakix, Xywav |
| Neutropenia | Fylneta ³ | Neulasta, Udenyca |
| Neutropenia | Stimufend ³ | Neulasta, Udenyca |
| Neutropenia | Ziextenzo | Neulasta, Udenyca |
| Oral steroid | Cortisone ³ | hydrocortisone (generic Cortef) |
| Oral steroid | Millipred | prednisone tablets, prednisolone tablets |
| Overactive bladder | Oxybutynin 5 mg/5 mL oral solution ³ | oxybutynin oral syrup (generic Ditropan) |
| Pulmonary fibrosis | Esbriet (brand only) | pirfenidone (generic Esbriet) |
| Pulmonary hypertension | Liqrev ³ | sildenafil (generic Revatio) |
| Sleep | Zolpidem tartrate capsule ³ | zolpidem tablets (generic Ambien, generic Ambien CR) |
| Ulcers, heartburn & reflux | Konvomep ³ | lansoprazole orally disintegrating tablet (generic Prevacid Solu-tab), Nexium Suspension, OTC - Nexium, Prevacid, Prilosec, Zegerid |
| Wilson's disease | Cuvrior ³ | trientine (generic Syprine) |

Prescription drugs moving to a higher tier

The following medications are moving to a higher tier. Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

| Therapeutic Use | Medication name | Tier placement | Alternative treatment option(s) |
|-------------------------|--|------------------|---|
| Asthma/COPD | Fluticasone propionate/ salmeterol inhaler (Airduo Respiclick authorized brand alternative) | Tier 2 to Tier 3 | Discuss alternative treatment options with your provider |
| Cancer | Brukinsa | Tier 2 to Tier 3 | Discuss alternative treatment options with your provider |
| Inflammatory conditions | Olumiant | Tier 2 to Tier 3 | Discuss alternative treatment options with your provider |

¹ Limited coverage includes brand, generic and authorized generic products unless otherwise noted.

² For benefits that have limited coverage, step therapy or prior authorization may be required.

³ Newly released medication which had limited coverage at the time of launch and will continue to have limited coverage under our pharmacy benefit.

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UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

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XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

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توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nit'izíí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'á'ígíí bee hodíílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

Learn more



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