



# Updates to your prescription benefits

Effective September 1, 2021

## Access 4-Tier PDL update summary

Within the Prescription Drug List (PDL), prescription drugs are grouped by tier. The tier indicates the amount you pay when you fill a prescription. Please reference the chart to the right as you review the following updates to the PDL.

 <b>Tier 1</b> Lowest-cost medications	 <b>Tier 2 and 3</b> Mid-range cost	 <b>Tier 4</b> Highest-cost
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## Prescription drugs with new benefit coverage

The following drugs were previously not covered under most benefit plans and are now eligible for coverage.

Therapeutic Use	Medication Name	Tier Placement
Hemophilia	SevenFACT	4
Parkinson's disease	Ongentys	4

## Prescription drugs excluded from benefit coverage<sup>2, 3</sup>

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 exclude the higher-cost option. Effective September 1, 2021, the drugs listed below may be excluded from coverage or you may need to get a prior authorization. Sign into your online account to check which drugs your plan covers and if there are any actions you need to take.

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
<b>ADHD</b>	Desoxyn (brand only)	methamphetamine (generic Desoxyn)
<b>Alzheimer's disease</b>	Aricept 5 mg, 10 mg (brand only)	donepezil (generic Aricept)
<b>Arrhythmias</b>	Rythmol SR (brand only)	propafenone extended-release capsules (generic Rythmol)
<b>Blood clots</b>	Arixtra (brand only)	fondaparinux (generic Arixtra)
<b>Cholesterol/Lipid lowering</b>	Praluent <sup>1</sup>	Repatha <sup>1</sup>
<b>Cholesterol/Lipid lowering</b>	Zocor (brand only)	simvastatin (generic Zocor)
<b>Contraceptive</b>	Loestrin FE 1/20 (brand only)	norethindrone/ethinyl estradiol [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, Tarina FE (generics for Loestrin FE 1/20)]
<b>Dry eye disease</b>	Eysuvis <sup>4</sup>	loteprednol 0.5% ophthalmic suspension (generic Lotemax)
<b>Dry mouth</b>	Evoxac (brand only)	cevimeline (generic Evoxac)
<b>Endocrine disorders</b>	DDAVP injection, tablets (brand only)	desmopressin (generic DDAVP)
<b>Eye inflammation</b>	Lotemax 0.5% ophthalmic suspension (brand only)	loteprednol 0.5% ophthalmic suspension (generic Lotemax)
<b>Eye inflammation</b>	Pred Forte 1% (brand only)	prednisolone 1% ophthalmic suspension (generic Pred Forte)
<b>GI disorders</b>	Gimoti <sup>4</sup>	metoclopramide (generic Reglan)
<b>Heart failure</b>	Aldactone (brand only)	spironolactone (generic Aldactone)
<b>Heart failure</b>	Inspra (brand only)	eplerenone (generic Inspra)
<b>Hepatitis B</b>	Hepsera (brand only)	adefovir (generic Hepsera)
<b>High blood pressure</b>	Altace (brand only)	ramipril (generic Altace)
<b>High blood pressure</b>	Atacand HCT (brand only)	candesartan/hydrochlorothiazide (generic Atacand HCT)
<b>High blood pressure</b>	Avalide (brand only)	irbesartan/hydrochlorothiazide (generic Avalide)
<b>High blood pressure</b>	Catapres-TTS (brand only)	clonidine patch (generic Catapres-TTS)
<b>High blood pressure</b>	Conjupri <sup>4</sup>	amlodipine (generic Norvasc)
<b>High blood pressure</b>	Coreg (brand only)	carvedilol (generic Coreg)
<b>High blood pressure</b>	Hyzaar (brand only)	losartan/hydrochlorothiazide (generic Hyzaar)
<b>High blood pressure</b>	Procardia XL (brand only)	nifedipine extended-release tablet (generic Procardia XL)

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
HIV	Lexiva (brand only)	fosamprenavir (generic Lexiva)
HIV	Trizivir (brand only)	abacavir/lamivudine/zidovudine (generic Trizivir)
Hormone replacement	Estrace tablets (brand only)	estradiol tablets (generic Estrace)
Hypoglycemia	Proglycem (brand only)	diazoxide (generic Proglycem)
Inflammation	Gastrocrom (brand only)	cromolyn oral concentrate (generic Gastrocrom)
Inflammatory conditions	Otrexup	methotrexate tablets, Rasuvo
Inflammatory conditions	RediTrex <sup>4</sup>	methotrexate tablets, Rasuvo
Mental health	Pamelor (brand only)	nortriptyline (generic Pamelor)
Mental health	Paxil (brand only)	paroxetine (generic Paxil)
Migraines	Amerge (brand only)	naratriptan (generic Amerge)
Migraines	Zomig ZMT (brand only)	zolmitriptan orally disintegrating tablet (generic Zomig)
Muscle spasms	Soma 350 mg tablets (brand only)	carisoprodol 350 mg tablets (generic Soma)
Myasthenia gravis	Mestinon Timespan (brand only)	pyridostigmine extended-release tablet (generic Mestinon Timespan)
Nausea & vomiting	Transderm Scop (brand only)	scopolamine transdermal patch (generic Transderm Scop)
Nausea & vomiting	Zofran tablets (brand only)	ondansetron (generic Zofran)
Oral steroid	Alkindi Sprinkle <sup>4</sup>	hydrocortisone tablet (generic Cortef)
Pain	Qdolo <sup>4</sup>	tramadol (generic Ultram)
Pain	Ultram (brand only)	tramadol (generic Ultram)
Pain & inflammation	Arthrotec (brand only)	diclofenac/misoprostol (generic Arthrotec)
Pain & inflammation	Naprosyn oral suspension, tablets (brand only)	naproxen (generic Naprosyn)
Psoriasis	Soriatane (brand only)	acitretin (generic Soriatane)
Skin conditions	Impeklo <sup>4</sup>	betamethasone 0.05% augmented gel (generic Diprolene), clobetasol propionate 0.05% gel (generic Temovate), clobetasol 0.05% solution (generic Temovate)
Skin conditions	Prudoxin (brand only)	betamethasone dipropionate cream 0.05% (generic Diprosone), desoximetasone cream 0.05% (generic Topicort), fluocinonide cream 0.05% (generic Lidex), mometasone furoate cream 0.1% (generic Elocon), triamcinolone acetonide cream 0.5% (generic Aristocort)

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Sleep	Rozerem (brand only)	ramelteon (generic Rozerem)
Tardive dyskinesia	Ingrezza	Austedo
Viral infections	Valcyte oral solution (brand only)	valganciclovir oral solution (generic Valcyte)

<sup>1</sup> Step therapy or prior authorization may be required prior to coverage.

<sup>2</sup> Exclusion includes brand, generic and authorized generic products unless otherwise noted.

<sup>3</sup> For benefits that do not exclude, step therapy or prior authorization may be required.

<sup>4</sup> Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

# Access 4-Tier PDL clinical programs update summary

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective September 1, 2021.

## MN Medical Necessity

Medical Necessity is a type of Prior Authorization that evaluates the clinical appropriateness of a medication, such as condition being treated, type of medication, frequency of use, and duration of therapy. The following medications have a new or revised Medical Necessity program.

Therapeutic Use	Medication Name
Parkinson's disease	Tasmar (tolcapone)

## SL Supply Limits

Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified time frame. The drugs below will now be part of the Supply Limits program.

Therapeutic Use	Medication Name	New Supply Limit
Infections	Dificid 40 mg/mL	136 mL per 10 days
Weight loss	Saxenda 18 mg/3mL (6 mg/mL) <sup>5</sup>	15 mL (5 pens)

<sup>5</sup> Medication typically excluded from coverage.

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**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

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

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** Toll free **1-800-368-1019**, **1-800-537-7697** (TDD)

**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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## Multi-language interpreter services

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請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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.

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ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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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'izí 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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