



Updates to your prescription benefits

Effective January 1, 2022

Advantage 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.

| | | |
|--|---------------------------------------|-------------------------------|
| | | |
| Tier 1 Lowest-cost medications | Tier 2 and 3 Mid-range cost | Tier 4 Highest-cost |

Prescription drugs moving to a lower tier

The following drugs are moving to a lower tier, making them a lower cost.

| Therapeutic Use | Medication Name | Tier Placement |
|----------------------------|-----------------------------|------------------|
| Cholesterol/Lipid lowering | niacin ER (generic Niaspan) | Tier 4 to Tier 2 |
| Sexual dysfunction | Imvexxy ¹ | Tier 3 to Tier 2 |

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 | Lower-Cost Option(s) |
|--------------------|------------------------|------------------|----------------------|
| Sexual dysfunction | Intrarosa ¹ | Tier 3 to Tier 4 | Imvexxy ¹ |

Prescription drugs excluded from benefit coverage^{2, 3}

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 January 1, 2022, 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) |
|------------------------------|---|--|
| Acne | Epiduo (adapalene-benzoyl peroxide) 0.1%-2.5% gel/ Epiduo Forte ⁴ | OTC benzoyl peroxide, OTC Differin gel, tretinoin cream (generic Retin-A) |
| Acne | Winlevi ⁵ | OTC Differin, tretinoin cream (generic Retin-A) |
| ADHD | Ritalin tablets (brand only) | methylphenidate tablets (generic Ritalin) |
| Allergies | Patanase (brand only) | olopatadine 0.6% nasal spray (generic Patanase) |
| Alzheimer's disease | Namenda (brand only) | memantine (generic Namenda) |
| Angina | Isordil Titradoso (brand only) | isosorbide dinitrate (generic Isordil Titradoso) |
| Benign prostatic hypertrophy | Proscar (brand only) | finasteride (generic Proscar) |
| Blood disorders | Agrylin (brand only) | anagrelide (generic Agrylin) |
| Cancer | Tykerb (brand only) ⁶ | lapatinib tablet (generic Tykerb) ⁶ |
| Cancer | Xalkori ⁶ | Alecensa ⁶ , Alunbrig ⁶ |
| Cancer | Zykadia ⁶ | Alecensa ⁶ , Alunbrig ⁶ |
| Cholesterol/Lipid lowering | Niaspan (brand only) | niacin extended-release (generic Niaspan) |
| Cholesterol/Lipid lowering | Pravachol (brand only) | pravastatin (generic Pravachol) |
| Contraceptive | Estrostep FE (brand only) ⁷ | norethindrone/ethinyl estradiol 1/20-1/30-1/35 [Tilia FE, Tri-Legest FE (generic Estrostep FE)] ⁷ |
| Contraceptive | Loestrin 1.5/30 (brand only) ⁷ | norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela, Hailey, Junel 1.5/30, Larin, Microgestin (generic Loestrin 1.5/30)] ⁷ |
| Contraceptive | Loestrin 1/20 (brand only) ⁷ | norethindrone/ethinyl estradiol 1 mg/20 mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)] ⁷ |
| Contraceptive | Loestrin FE 1.5/30 (brand only) ⁷ | norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, (generic Loestrin FE 1.5/30)] |
| Contraceptive | Mircette (brand only) ⁷ | desogestrel/ethinyl estradiol [Azurette, Bekyree, Kariva, Pimtrea, Simliya, Viorele, Volnea (generic Mircette)] ⁷ |
| Cough & cold | Hycodan (brand only) ⁵ | hydrocodone/homatropine (generic Hycodan) |
| Diabetes | Amaryl (brand only) | glimepiride (generic Amaryl) |

| Therapeutic Use | Medication Name | Alternative Treatment Option(s) |
|-------------------------|---|---|
| Gallstones | Actigall (brand only) | ursodiol (generic Actigall, generic Usro 250, generic Urso Forte) |
| Gallstones | Urso 250 (brand only) | ursodiol (generic Actigall, generic Usro 250, generic Urso Forte) |
| Gallstones | Urso Forte (brand only) | ursodiol (generic Actigall, generic Usro 250, generic Urso Forte) |
| Glaucoma | travoprost (generic Travatan Z) | latanoprost (generic Xalatan), Lumigan |
| Heart failure | Edecrin (brand only) | ethacrynic acid tablets (generic Edecrin) |
| Hereditary angioedema | Orladeyo ^{5, 6} | Haegarda ⁶ , Takhzyro ⁶ |
| High blood pressure | Accupril (brand only) | quinapril (generic Accupril) |
| High blood pressure | Dyrenium (brand only) | triamterene capsules (generic Dyrenium) |
| High blood pressure | Tarka (brand only) | trandolapril/verapamil extended-release tablet (generic Tarka) |
| High blood pressure | Toprol XL (brand only) | metoprolol succinate extended-release tablet (generic Toprol XL) |
| Hormone replacement | Femhrt (brand only) | norethindrone/ethinyl estradiol 0.5 mg/2.5 mcg [Fyavolv (generic Femhrt)] |
| Infections | Diflucan suspension, tablets (brand only) | fluconazole (generic Diflucan) |
| Infections | Kerydin (brand only) ⁶ | itraconazole (generic Sporanox), oral terbinafine (generic Lamisil), ciclopirox (generic Penlac), tavaborole (generic Kerydin) |
| Inflammatory conditions | Arava (brand only) | leflunomide (generic Arava) |
| Mental health | Remeron SolTab, tablets (brand only) | mirtazapine (generic Remeron) |
| Multiple sclerosis | Rebif/Rebif Rebidose ⁶ | dimethyl fumarate (generic Tecfidera) ⁶ , glatiramer acetate (generic Copaxone) ⁶ , Aubagio ⁶ , Avonex ⁶ , Bafiertam ⁶ , Betaseron ⁶ , Gilenya ⁶ , Plegridy ⁶ |
| Nausea & vomiting | Emend capsules (brand only) | aprepitant capsules (generic Emend) |
| Osteoporosis | Boniva tablet (brand only) | ibandronate (generic Boniva) |
| Overactive bladder | Ditropan XL (brand only) | oxybutynin extended-release tablet (generic Ditropan XL) |
| Overactive bladder | Gemtesa ⁵ | oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), Toviaz, Oxytrol OTC |
| Overactive bladder | Vesicare LS ⁵ | oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), Toviaz, Oxytrol OTC |

| Therapeutic Use | Medication Name | Alternative Treatment Option(s) |
|-------------------------|---|---|
| Pain | Prolate (oxycodone/acetaminophen 10 mg/300 mg) oral solution ⁵ | oxycodone/acetaminophen (generic Percocet) |
| Pain & inflammation | Cataflam (brand only) ⁵ | diclofenac tablets (generic Cataflam, generic Voltaren) |
| Pain & inflammation | Mobic (brand only) | meloxicam (generic Mobic) |
| Skin conditions | Carac (fluorouracil) 0.5% cream | fluorouracil 5% (generic Efudex), Fluoroplex 1% cream |
| Skin conditions | Cordran ointment (brand only) ⁶ | flurandrenolide 0.05% ointment (generic Cordran) |
| Skin conditions | Dovonex (brand only) | calcipotriene cream (generic Dovonex) |
| Skin conditions | Wynzora ⁵ | betamethasone (generic Diprosone) + calcipotriene (generic Dovonex), betamethasone/calcipotriene ointment (generic Taclonex), Enstilar, Taclonex Suspension |
| Thyroid replacement | Thyquidity ⁵ | levothyroxine (generic Synthroid), Tirosint-Sol ⁶ |
| Ulcers due to H. pylori | Helidac Therapy ⁵ | metronidazole (generic Flagyl) + tetracycline (generic Sumycin) + OTC bismuth subsalicylate or Omeclamox-Pak |
| Vitamin | Mephyton (brand only) | phytonadione (generic Mephyton) |

¹ Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

² Exclusion includes brand, generic and authorized generic products unless otherwise noted.

³ For benefits that do not exclude, step therapy (referred to as First Start in New Jersey) or prior authorization (sometimes referred to as precertification) may be required.

⁴ Typically excluded from coverage

⁵ Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our benefit

⁶ Step therapy or prior authorization may be required prior to coverage.

⁷ In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access uhcprovider.com>Drug List and Pharmacy>Additional Resources> Patient Protection and Affordable Care Act \$0 Cost-share Preventive Medications Exemption Requests (Commercial members) or call the toll-free number on the member's health plan ID card.

Advantage 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 January 1, 2022.

N Prior Authorization – Notification

Prior Authorization – Notification requires additional clinical information to verify members benefit coverage.

| Therapeutic Use | Medication Name |
|-----------------|---|
| Iron overload | Ferriprox/ Ferriprox twice-a-day 1000 mg ⁸ |

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 |
|---------------------|--------------------------------|
| Pain & inflammation | Indocin suspension/suppository |
| Sexual dysfunction | Intrarosa ⁹ |

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 |
|-----------------|-----------------|-------------------|
| Acne | Adapalene 0.1% | 28 pads per month |

⁸ New strength requiring notification.

⁹ Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

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

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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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ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

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.

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 ayang 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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