

Updates to your prescription benefits.

Effective May 1, 2020 and July 1, 2020

Traditional 3-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.



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	Effective Date
Cholesterol/Lipid Lowering	Ezallor Sprinkle	3	5/1/2020
Contraceptives	Slynd	3	5/1/2020
Diabetes	Lantus	1	7/1/2020
	Lantus SoloSTAR		
	Toujeo Max SoloSTAR		
	Toujeo SoloSTAR	2	

Prescription drugs excluded from benefit coverage

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 May 1, 2020 or July 1, 2020, 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)	Effective Date
ADHD	Adhansia XR	methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta	5/1/2020
	Evekeo ODT	amphetamine/dextroamphetamine immediate-release (generic Adderall), dextroamphetamine immediate-release (generic Zenzedi)	
	Jornay PM	methylphenidate extended-release capsules (generic Medatade CD, Ritalin LA), Adderall XR, Concerta	
BPH	Rapaflo (Brand only)	silodosin (generic Rapaflo)	5/1/2020
Contraceptives	Annovera	NuvaRing	5/1/2020
Diabetes	Basaglar KwikPen	Lantus, Toujeo	7/1/2020
	Janumet	Kazano, Kombiglyze XR, Jentadueto, Jentadueto XR	
	Janumet XR		
	Januvia	Nesina, Onglyza, Tradjenta	
	Levemir	Lantus, Toujeo	
	Levemir FlexTouch		
	Tresiba		
	Tresiba FlexTouch		
Gout	Uloric (Brand only)	allopurinol (generic Zyloprim), febuxostat (generic Uloric)	5/1/2020
Hereditary angioedema	icatibant (generic Firazyr)	Firazyr	5/1/2020
Infections	Noxafil tablets (Brand only)	posaconazole tablets (generic Noxafil)	5/1/2020
Migraines	Tosymra (sumatriptan)	sumatriptan (generic Imitrex) injection, nasal spray, or tablets	5/1/2020
Myasthenia gravis	pyridostigmine 30 mg Tablets	pyridostigmine [1/2 of 60 mg (generic Mestinon)]	5/1/2020
Neuromuscular disorder	Firdapse	Ruzurgi	7/1/2020

Therapeutic Use	Medication Name	Alternative Treatment Option(s)	Effective Date
Oral steroid	Dxevo 11-day (dexamethasone)	dexamethasone	5/1/2020
	HiDex 6-day (dexamethasone)		
Pain and inflammation	Qmiiz ODT (meloxicam)	meloxicam (generic Mobic)	5/1/2020
Prenatal vitamin	Azesco (prenatal vitamin)	Brand and generic prenatal vitamins	5/1/2020
	Pregenna (prenatal vitamin)		
	Trinaz (prenatal vitamin)		
	Zalvit (prenatal vitamin)		
Skin conditions	Clobex 0.05% spray (Brand only)	clobetasol 0.05% spray (generic Clobex spray)	5/1/2020
	Duobrii	fluocinonide 0.05% gel/solution (generic Lidex), desoximetasone 0.5% gel (generic Topicort), Enstilar, Tazorac, Taclonex solution	
	Vectical ointment (Brand only)	calcitriol ointment (generic Vectical)	

Traditional 3-Tier PDL clinical programs update summary.

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective May 1, 2020.

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 will now require Medical Necessity for coverage.

Therapeutic Use	Medication Name	Effective Date
Contraceptives	Slynd	5/1/2020
High Cholesterol	Ezallor Sprinkle	5/1/2020
Transplant	Prograf Granules	5/1/2020

ST Step Therapy¹

The below medications will be added to the Step Therapy program. You must try one or more other medications before the medication below may be covered.

Therapeutic Use	Medication Name	Step 1 Medication	Effective Date
Contraceptives	Slynd	Must have separate trials of both of the following: (1) an estrogen/ progestin containing contraceptive (e.g., norgestimate/ethinyl estradiol (generic OrthoCyclen), Yaz) (2) a progestin-only contraceptive (e.g., norethindrone (generic Ortho Micronor))	5/1/2020
Diabetes ²	Adlyxin	metformin (eg: generic Glucophage) or metformin ER (eg: generic Glucophage XR)	5/1/2020
	Adlyxin Starter Pack		
	Bydureon		
	Bydureon Bcise		
	Byetta		
	Ozempic		
	Rybelsus		
	Trulicity		
	Victoza		
Migraines	Zomig Nasal Spray	Must try: (1) sumatriptan nasal spray (generic Imitrex nasal spray) and separate trials of two of the following: (1) almotriptan (Axert) (2) eletriptan (Relpax) (3) frovatriptan (Frova) (4) naratriptan (Amerge) (5) rizatriptan (Maxalt/Maxalt MLT) (6) sumatriptan (Imitrex) (7) zolmitriptan (Zomig)	7/1/2020

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	Revised Supply Limit	Effective Date
Cystic Fibrosis	Symdeko 50-75mg Tablet	56 tablets per month		5/1/2020

¹ Referred to as First Start in New Jersey.

² Applies to new utilizers only. Current utilizers on these medications will be grandfathered.



Additional Information:

Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

Call the toll-free phone number on your ID card to speak with a Customer Service representative.

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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/ofce/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

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, 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.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

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.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

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.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

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.



This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans with a pharmacy benefit subject to the Traditional 3-Tier PDL.

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