



Updates to your prescription benefits

Effective September 1, 2021

Traditional 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
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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 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)
ADHD	Desoxyn (brand only)	methamphetamine (generic Desoxyn)
Alzheimer's disease	Aricept 5 mg, 10 mg (brand only)	donepezil (generic Aricept)
Arrhythmias	Rythmol SR (brand only)	propafenone extended-release capsules (generic Rythmol)
Blood clots	Arixtra (brand only)	fondaparinux (generic Arixtra)

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Bowel preparation	OsmoPrep	polyethylene glycol powder (generic Glycolax), PEG (generic Golytely), Sutab, Suprep
Cholesterol/Lipid lowering	Praluent ¹	Repatha ¹
Cholesterol/Lipid lowering	Zocor (brand only)	simvastatin (generic Zocor)
Contraceptive	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)]
Dry eye disease	Eysuvis ⁴	loteprednol 0.5% ophthalmic suspension (generic Lotemax)
Dry mouth	Evoxac (brand only)	cevimeline (generic Evoxac)
Endocrine disorders	DDAVP injection, tablet (brand only)	desmopressin (generic DDAVP)
Eye inflammation	Lotemax 0.5% ophthalmic suspension (brand only)	loteprednol 0.5% ophthalmic suspension (generic Lotemax)
Eye inflammation	Pred Forte 1% (brand only)	prednisolone 1% ophthalmic suspension (generic Pred Forte)
GI disorders	Gimoti ⁴	metoclopramide (generic Reglan)
Heart failure	Aldactone (brand only)	spironolactone (generic Aldactone)
Heart failure	Inspra (brand only)	eplerenone (generic Inspra)
Hemophilia	SevenFACT ⁴	NovoSeven
Hepatitis B	Hepsera (brand only)	adefovir (generic Hepsera)
High blood pressure	Altace (brand only)	ramipril (generic Altace)
High blood pressure	Atacand HCT (brand only)	candesartan/hydrochlorothiazide (generic Atacand HCT)
High blood pressure	Avalide (brand only)	irbesartan/hydrochlorothiazide (generic Avalide)
High blood pressure	Catapres-TTS (brand only)	clonidine patch (generic Catapres-TTS)
High blood pressure	Conjupri ⁴	amlodipine (generic Norvasc)
High blood pressure	Coreg (brand only)	carvedilol (generic Coreg)
High blood pressure	Hyzaar (brand only)	losartan/hydrochlorothiazide (generic Hyzaar)
High blood pressure	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	RediTrex ⁴	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 ^{1,4}	hydrocortisone tablet (generic Cortef)
Pain	Qdolo ^{1,4}	tramadol (generic Ultram)
Pain	Ultram (brand only)	tramadol (generic Ultram)
Pain & inflammation	Arthrotec (brand only)	diclofenac/misoprostol (generic Arthrotec)
Pain & inflammation	Naprosyn oral suspension ¹ , tablets (brand only)	naproxen (generic Naprosyn)
Parkinson's disease	Ongentys ⁴	carbidopa/levodopa (generic Sinemet), entacapone (generic Comtan)
Psoriasis	Soriatane (brand only)	acitretin (generic Soriatane)
Skin conditions	Impeklo ⁴	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) ¹	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) ¹	ramelteon (generic Rozerem) ¹
Tardive dyskinesia	Ingrezza ¹	Austedo ¹
Viral infections	Valcyte oral solution (brand only)	valganciclovir oral solution (generic Valcyte)

¹ Step therapy or prior authorization may be required prior to coverage.

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

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

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

Traditional 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)
Cholesterol/Lipid lowering	Praluent ⁵

ST Step Therapy⁶

The medications below have a new or revised 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
Cholesterol/Lipid lowering	Praluent ⁵	Must try Repatha ⁷

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) ⁵	15 mL (5 pens)

⁵ Medication typically excluded from coverage.

⁶ Referred to as First Start in New Jersey.

⁷ Step therapy or prior authorization may be required prior to coverage.

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

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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

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 xov tooj 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 shqoodí 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.

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