



Updates to your prescription benefits

Effective May 1, 2022

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.

 Tier 1 Lowest-cost medications	 Tier 2 and 3 Mid-range cost	 Tier 4 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
ADHD	Azstarys	4
ADHD	dextroamphetamine 15 mg, 20 mg, 30 mg (generic Zenzedi)	1
Cholesterol/Lipid lowering	Ezetimibe-rosuvastatin (Roszet authorized brand alternative)	4
Cholesterol/Lipid lowering	Roszet	4
Contraceptive	Nextstellis ¹	4
Diabetes	Gvoke kit	4

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 May 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)
ADHD	Qelbree ⁴	atomoxetine (generic Strattera), guanfacine extended-release (generic Intuniv), methylphenidate extended-release capsule (generic Metadate CD or Ritalin LA), Adderall XR, Concerta
Allergies	clemastine 0.5 mg/5 ml ⁴	OTC clemastine (generic Tavist)
ALS	Exservan ⁴	riluzole (generic Rilutek), Tiglutik ²
ALS	Rilutek (brand only)	riluzole (generic Rilutek)
Cancer	Afinitor 10 mg (brand only) ⁵	everolimus (generic Afinitor) ²
Gallstones	Reltone ⁴	ursodiol (generic Actigall)
Gallstones	Ursodiol 200 mg, 400 mg capsule ⁴	ursodiol (generic Actigall)
Glaucoma	Azopt (brand only)	brinzolamide (generic Azopt), dorzolamide (generic Trusopt)
Heart failure	isosorbide dinitrate 40 mg	isosorbide dinitrate 2 x 20 mg (generic Isordil Titrados)
Infections	Humatin (brand only) ⁴	paromomycin (generic Humatin)
Iron deficiency	Accrufer ⁴	Non-prescription iron supplements
Low blood pressure	Northera (brand only) ⁵	droxidopa (generic Northera) ²
Migraine	Bupap (butalbital 50 mg/300 mg acetaminophen)	butalbital/acetaminophen 50 mg/325 mg (generic Phrenilin)
Migraine	butalbital/acetaminophen 50 mg/300 mg (generic Bupap)	butalbital/acetaminophen 50 mg/325 mg (generic Phrenilin)
Multiple sclerosis	Ponvory ^{4, 5}	Gilenya ² , Mayzent ² , Zeposia ²

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Oral steroid	prednisolone solution 5 mg/5mL, 10 mg/5mL, 20 mg/5mL, 25 mg/5mL	prednisolone sodium phosphate 15 mg/5 mL (generic Prelone)
Overactive bladder	fesoterodine (generic Toviaz) ⁴	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC
Overactive bladder	Myrbetriq granules ⁴	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare)
Overactive bladder	Toviaz	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC
Pain	Norgesic Forte ⁴	OTC aspirin + cyclobenzaprine tablet (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC) methocarbamol (generic Robaxin), orphenadrine extended-release (generic Norflex), tizanidine (Zanaflex tablets)
Pain	orphenadrine citrate/ aspirin/caffeine ⁴	OTC aspirin + cyclobenzaprine tablet (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC) methocarbamol (generic Robaxin), orphenadrine extended-release (generic Norflex), tizanidine (Zanaflex tablets)
Pain	Orphengesic Forte ⁴	OTC aspirin + cyclobenzaprine tablet (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC) methocarbamol (generic Robaxin), orphenadrine extended-release (generic Norflex), tizanidine (Zanaflex tablets)
Pain & inflammation	naproxen suspension (generic Naprosyn)	OTC naproxen, OTC ibuprofen suspension
Seizures	Elepsia XR ⁴	levetiracetam (generic Keppra), levetiracetam extended-release (generic Keppra XR)

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Ulcers, heartburn & reflux	Dexilant	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex)
Ulcers, heartburn & reflux	dexlansoprazole (generic Dexilant) ⁴	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex)
Wilson's disease	penicillamine capsule (generic Cuprimine)	penicillamine titratabs (generic Depen)

¹ 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 your member ID card.

² Step therapy or prior authorization may be required prior to coverage.

³ Exclusion includes brand, generic and authorized generic products unless otherwise noted.

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

⁵ 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.

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 May 1, 2022.

ST Step Therapy⁶

The below medications are part of the Step Therapy program and have revised requirements. You must try one or more other medications before the medication below may be covered.

Therapeutic Use	Medication Name	
Constipation	Trulance	Linzess ⁷ or Motegrity ⁷ (dependent on diagnosis)

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
Mental health	Chlorpromazine 10 mg tablet	186 tablets
Mental health	Chlorpromazine 25 mg tablet	186 tablets
Mental health	Chlorpromazine 50 mg tablet	124 tablets
Mental health	Chlorpromazine 100 mg tablet	124 tablets
Mental health	Chlorpromazine 200 mg tablet	62 tablets
Migraines	Nurtec 75 mg ⁷	8 tablets
Migraines	Reyvow 50 mg ⁷	4 tablets
Migraines	Reyvow 100 mg ⁷	8 tablets
Migraines	Ubrelvy 50 mg ⁷	8 tablets
Migraines	Ubrelvy 100 mg ⁷	8 tablets

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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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 member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

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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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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)**, udostępniłmy 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 kenyan. 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 shqoqdí ninaaltsoos nit'i'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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