



Updates to your prescription benefits

Effective September 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	Alternative Treatment Option(s)
High blood pressure	Thalitone 15 mg	Tier 4	chlorthalidone (generic Hygroton)
Mental health	Loreev XR sprinkle	Tier 4	lorazepam (generic Ativan)
Mental health	Sertraline 150 mg, 200 mg capsules	Tier 4	sertraline tablets 25 mg, 50 mg, 100 mg (generic Zoloft)

Prescription drugs excluded from benefit coverage^{1, 2}

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, 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)
Contraceptives	NuvaRing (brand only) ³	etonogestrel/ethinyl estradiol vaginal ring [Eluryng (generic NuvaRing)]
Elevated ammonia levels	Carbaglu (brand only) ⁴	carglumic tablets (generic Carbaglu) ⁴
Eye conditions	Vuity ^{4,5}	Discuss alternative treatment options with your provider
Growth hormones	Skytrofa ^{4,5}	Nutropin AQ NuSpin ⁴
High blood pressure	Bystolic	atenolol (generic Tenormin), bisoprolol (generic Zebeta), metoprolol (generic Lopressor)
Hormone replacements	Vivelle-Dot (brand only)	estradiol transdermal patch (generic Vivelle-Dot)
Infections	Lymepak ⁵	doxycycline hyclate 100 mg (generic Morgidox, Vibramycin), doxycycline monohydrate 100 mg (generic Monodox)
Mental health	Lybalvi ⁵	aripiprazole (generic Abilify), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), risperidone (generic Risperdal), ziprasidone (generic Geodon)
Migraines	Qulipta ^{4,5}	Aimovig ⁴ , Emgality ⁴ , Nurtec ODT ⁴
Migraines	Trudhesa nasal spray ⁵	almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/Maxalt MLT), sumatriptan (Imitrex) nasal spray/tablets, zolmitriptan (Zomig) tablets, Zomig nasal spray
Pain & inflammation	diclofenac potassium 25 mg tablet (generic Lofena) ⁵	OTC ibuprofen, OTC naproxen
Pain & inflammation	Elyxyb solution ⁵	OTC ibuprofen (generic Motrin), OTC naproxen (Naprosyn), celecoxib capsules (generic Celebrex)
Seizures	Eprontia solution ⁵	topiramate immediate-release (generic Topamax), topiramate sprinkle (generic Topamax sprinkle)
Seizures	Qudexy XR ⁵	topiramate immediate-release (generic Topamax)

Prescription medications with over-the-counter equivalents

Prescription medications containing the same active ingredient available in an over-the-counter product may be excluded from coverage.

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Allergies	azelastine 0.15% nasal spray (generic Astepro)	azelastine 0.1% nasal spray (generic Astelin)
Allergies	azelastine/fluticasone propionate nasal spray (generic Dymista)	fluticasone (generic Flonase), azelastine 0.1% (generic Astelin), OTC - Flonase, Nasacort, Rhinocort
Allergies	Dymista	fluticasone (generic Flonase), azelastine 0.1% (generic Astelin), OTC - Flonase, Nasacort, Rhinocort

¹ Exclusion includes brand, generic and authorized generic products unless otherwise noted.

² 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.

³ 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.

⁴ Step therapy or prior authorization may be required prior to coverage.

⁵ Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our 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, 2022.

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
Diabetes	Fiasp ⁶
Diabetes	Levemir ⁶

⁶ Typically excluded from coverage. Prior authorization applies to groups that do not participate in the exclusion.

Nondiscrimination notice and access to communication services

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Online: UHC_Civil_Rights@uhc.com

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 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.

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

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 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.



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 tłumaczenia. 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 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.

Learn more



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



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

**United
Healthcare**

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