Updates to your prescription benefits

Effective May 1, 2023

Essential 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 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 May 1, 2023, 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	Relexxii (Methylphenidate extended-release)	methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
Alzheimer's disease	Adlarity[3]	donepezil tablet (generic Aricept), galantamine (generic Razadyne), memantine (generic Namenda), rivastigmine transdermal patch (generic Exelon)

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Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Cancer	Afinitor Disperz (brand only)[4]	everolimus tablet for oral suspension (generic Afinitor Disperz)[4]
Cancer	Nexavar (brand only)[4]	sorafenib (generic Nexavar)[4]
Cancer	Sutent (brand only)[4]	sunitinib (generic Sutent)[4]
Constipation	Ibsrela[3,4]	Linzess[4], Lubiprostone (Amitiza authorized brand alternative)[4]
Diabetes	Insulin glargine (Lantus/ Lantus SoloStar authorized brand alternative)	Lantus, Toujeo
Diabetes	metformin 625 mg tablet[3]	metformin (generic Glucophage, generic Glucophage XR)
Excessive secretions	Robinul (brand only)[3]	glycopyrrolate tablet (generic Robinul)
Excessive secretions	Robinul Forte (brand only)[3]	glycopyrrolate tablet (generic Robinul Forte)
High blood pressure	Katerzia suspension[3,4]	amlodipine (generic Norvasc), Norliqva solution[4]
High blood pressure	Nexiclon XR (Clonidine extended-release)[3]	clonidine (generic Catapres)
Mental health	Viibryd (brand only)	vilazodone (generic Viibryd)
Multiple sclerosis	Tascenso ODT[3,4]	fingolimod (generic Gilenya)[4]
Muscle spasms	Lyvispah granules[3,4]	baclofen (generic Lioresal), Ozobax[4]
Neutropenia	Releuko[3]	Zarxio
Skin conditions	Epsolay[3,4]	Soolantra[4]
Sleep	Quviviq[3,4]	zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta)
Testosterone replacement	Tlando[3,4]	Androderm[4], Testim[4]

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

[2] For benefits that do not exclude, Step Therapy or Prior Authorization may be required.

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

[4] Step Therapy or Prior Authorization may be required prior to coverage.

Essential 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, 2023.

ST Step Therapy[5]

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
Sleep	Quviviq[6]	A history of trial and failure of at least 2 weeks, contraindication, or intolerance to both Belsomra and DayVigo and a history of trial and failure of at least 2 weeks, contraindication, or intolerance to two of the following: zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta)

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
ADHD	Dyanavel XR 5 mg	31 tablets per month
ADHD	Dyanavel XR 10 mg	31 tablets per month
ADHD	Dyanavel XR 15 mg	31 tablets per month
ADHD	Dyanavel XR 20 mg	31 tablets per month
Cancer	Zolinza 100 mg	124 capsules per month[7]
Diabetes	Freestyle Libre 2 day reader receiver	1 reader per 999 days
Diabetes	Freestyle Libre 14 day reader receiver	1 reader per 999 days
Diabetes	Freestyle Libre 2 sensors	2 sensors per month
Diabetes	Freestyle Libre 3 sensors	2 sensors per month
Diabetes	Freestyle Libre 14 day sensor	2 sensors per month
Diabetes	Guardian Link 3 Transmitter Kit	1 transmitter kit per year
Diabetes	Guardian Sensor 3	5 sensors per month
Diabetes	Insulin Syringes	310 insulin syringes per month
Diabetes	Pen Needles	310 pen needles per month

[5] Referred to as First Start in New Jersey.

[6] Typically excluded from coverage.

[7] Applies to groups that take QD only. If a group has QLL today limits are already in place and change is out of scope.

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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.

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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 معرّف 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. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, 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។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yánítti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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.

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