

Updates to your prescription benefits

Effective July 1, 2019

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



\$\$

Tiers 2 and 3

Mid-range cost



\$\$\$

Tier 4

Highest-cost

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
Bowel Preparation	Plenvu	2
Cholesterol/Lipid Lowering	Zypitamag	4
Contraceptive	Balcoltra	4
Elevated Potassium Levels	Lokelma	3
Erectile Dysfunction	tadalafil (generic Cialis) ^{1, 2}	1
Glaucoma	Rhopressa	4
Inflammatory Bowel Disease	mesalamine suppositories (generic Canasa) ²	1
Pain	Panlor	1
	RoxyBond	4
Sexual Dysfunction	Imvexxy ¹	3

Prescription drugs moving to a lower tier

The following drugs are moving to a lower tier, making them a lower cost.

Therapeutic Use	Medication Name	Tier Placement
Blood Disorders	Mulpleta	4 ▶ 2
Hepatitis C	Zepatier	4 ▶ 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 July 1, 2019, the drugs listed below may be excluded from coverage or you may need to get a prior authorization.³ 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)
Allergies	carbinoxamine 6 mg/Ryvent	carbinoxamine tablets (generic Palgic)
Blood Disorders	trientine (generic Syprine) ²	Syprine
Cancer	Yonsa	Zytiga
Erectile Dysfunction	Cialis (Brand only) ⁴	tadalafil (generic Cialis) ¹
	Levitra (Brand only) ⁴	ildenafil (generic Levitra) ¹
Excessive nighttime urination	Noctiva	Nocdurna
Headache	Butalbital/Acetaminophen 50/300 mg capsule	butalbital/acetaminophen 50 mg/325 mg (generic Phrenilin)
Hereditary Angioedema	Cinryze	Haegarda, Takhzyro
HIV	Symtuza	Prezcobix plus Cimduo, Prezcobix plus Descovy
Inflammatory Bowel Disease	Canasa (Brand only) ⁴	mesalamine suppositories (generic Canasa)
Migraines	Ajovy	Aimovig, Emgality
Multiple Sclerosis	Ampyra (Brand only) ⁴	dalfampridine (generic Ampyra)
Oral Steroid	Decadron elixir (Brand only) ⁴	dexamethasone elixir (generic Decadron)
Pain	Dvorah ⁴	acetaminophen/codeine (Tylenol with codeine), Trezix
	Lodine (Brand only) ⁴	etodolac (generic Lodine)
	Nalocet	oxycodone/acetaminophen (generic Percocet)
	Primlev	
Pulmonary Hypertension	Adcirca (Brand only) ⁴	tadalafil (generic Adcirca)
Sickle Cell Disease	Siklos	hydroxyurea (generic Hydrea), Droxia

Non-FDA approved prescription drugs excluded from benefit coverage

UnitedHealthcare will not cover prescription drugs that are not approved by the U.S. Food & Drug Administration (FDA).

Therapeutic Use	Medication Name
Skin Conditions	Ceramax cream

¹ Coverage for sexual dysfunction medications is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

² May be covered at tier 1 based on plan's brand for generic strategy design.

³ Referred to as First Start in New Jersey.

⁴ Multi-Source Brand may be excluded based on plan design.



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Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective July 1, 2019.

MN Medical Necessity

Medical Necessity is a type of Prior Authorization that evaluates the clinical appropriateness of a prescription drug, such as condition being treated, type of drug, frequency of use, and duration of therapy. The following drugs will now require Medical Necessity for coverage.

Therapeutic Use	Medication Name
Cancer - Pain	Abstral
	Actiq
	Fentora
	Lazanda
	Subsys

N Notification

Notification requires physicians to provide additional clinical information to verify member benefit coverage..

Therapeutic Use	Medication Name
Enzyme Deficiency	Sucraid

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 or Revised Limit
Blood Clots	Xarelto 2.5 mg tablet	62 tablets per month
Cancer	Lenvima 4 mg capsule	31 capsules per month
	Lenvima 12 mg capsule	93 capsules per month
	Zykadia 150 mg capsule	
Cancer - Pain	Abstral 100 mcg, 200 mcg, 300 mcg, 400 mcg, 600 mcg, 800 mcg sublingual tablet	124 tablets per month
	Actiq 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg lozenge	124 lozenges per month
	Fentora 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg buccal tablet	124 buccal tablets per month
	Lazanda 100 mcg, 300 mcg, 400 mcg nasal spray	16 bottles (124 sprays) per month
	Subsys 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg sublingual spray	124 blister packets per month
Diabetes⁵	Bydureon Bcise 2mg autoinjector	4 single dose autoinjectors per month
	Humulin R U-500 Kwikpen	25 pens per copay
Pain	Butalbital/Acetaminophen 50/300 mg capsule	186 capsules per month
Uterine Bleeding	Methergine 0.2 mg tablet	28 tablets per year

⁵Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

For 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.

Nondiscrimination notice and access to communication services

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If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

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 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 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 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 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 shq'oodí 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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