

Updates to your prescription benefits

Effective September 1, 2020

Advantage 3-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



\$\$
Tiers 2
Mid-range cost



\$\$\$
Tier 3
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
Psoriasis	tazarotene 0.1% cream (generic Tazorac)	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
Asthma	Arnuity Ellipta	3 ▶ 1
	Flovent Diskus	
	Flovent HFA	
	Pulmicort Flexhaler	

Prescription drugs moving to a higher tier

The following medications are moving to a higher tier. Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

Therapeutic Use	Medication Name	Tier Placement	Lower-Cost Options
Hereditary Angioedema	Berinert	2 ▶ 3	Firazyr, Ruconest
Mental Health	desvenlafaxine extended-release (generic Pristiq)	2 ▶ 3	venlafaxine extended-release capsules (generic Effexor XR)

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 September 1, 2020, 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)
Acne	Absorica LD	isotretinoin [Amnesteem, Claravis, Myorisan, Zenatane (generic for Accutane)]
	Aklief	OTC Differin gel, tretinoin cream (generic Retin-A)
	Dapsone 7.5% gel (authorized generic for Aczone)	Aczone 7.5% gel
Asthma	Alvesco	Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler
	Asmanex HFA	
	Asmanex Twisthaler	
	QVAR RediHaler	
Asthma/COPD	Budesonide/Formoterol (authorized generic for Symbicort)	Symbicort
COPD	Duaklir	Anoro Ellipta, Bevespi Aerosphere
Diabetes	Invokamet	Synjardy, Synjardy XR
	Invokamet XR	
	Invokana	Jardiance
Dry eye disease	Cequa	Restasis (single use vials), Xiidra
High blood pressure/ Pain and inflammation	Consensi	amlodipine (generic Norvasc) + celecoxib (generic Celebrex)
HIV	Descovy	Truvada
	Temixys	Cimduo

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Mental health	Secuado	aripiprazole (generic Abilify), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), risperidone (generic Risperdal), ziprasidone (generic Geodon), Saphris
Multiple Sclerosis	Vumerity	Tecfidera
Neutropenia	Ziextenzo	Neulasta
Pain	Apadaz (Brand only)	benzhydrocodone/acetaminophen (generic Apadaz), hydrocodone/acetaminophen (generic Norco)
Pain & Inflammation	ketoprofen (generic Orudis)	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen (generic Naprosyn)
	ketoprofen extended-release (generic Oruvail)	
	Relafen DS	nabumetone (generic Relafen)
Thyroid Hormone Replacement	Synthroid (Brand Only)	levothyroxine (generic Synthroid)

Advantage 3-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, 2020.

N Prior Authorization – Notification

Prior Authorization – Notification requires additional clinical information to verify members benefit coverage.

Therapeutic Use	Medication Name
Rosacea	Mirvaso
	Rhofade

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
Hereditary Angioedema	Berinert
	Firazyr
	Ruconest
Psoriasis	Tazorac

ST Step Therapy¹

The medications below will be added to the 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
Diabetes	Invokamet ²	Synjardy/Synjardy XR
	Invokamet XR ²	
	Invokana ²	Must try both of the following: (1) metformin (generic Glucophage, Glucophage XR) (2) Jardiance
Hereditary Angioedema	Berinert	Ruconest
Pain	ketoprofen ²	Must try three of the following: (1) diclofenac (2) flurbiprofen (3) ibuprofen (prescription strength) (4) naproxen (prescription strength)
	ketoprofen extended-release ²	
	Sprix	

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
Hereditary Angioedema	Berinert 500 units injectable kit ³	10 boxes/month
	Firazyr 30mg syringe ³	6 syringes/month
	Ruconest 2100 unit vials ³	8 vials/month
HIV	Temixys 300-300mg tablet	31 tablets/month
Migraines	Aimovig 140mg	1 syringe/month
Pain	Sprix 15.75mg nasal spray	5 bottles/copay

¹ Referred to as First Start in New Jersey.

² Typically excluded from coverage. For benefits that do not exclude, step therapy may be required.

³ Supply Limit already exist - changing limit type.



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.

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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)**, udostępniłiśmy 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 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 shqoqdí 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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