



# Updates to your prescription benefits

Effective January 1, 2025

## Your PDL update summary

Dear Valued Plan Participant:

We want to alert you about upcoming changes to the Prescription Drug List (PDL) for your plan.

These changes include copay costs or coverage requirements. Review the list of changes below to learn if any of your medications will be impacted.

To help outline changes in cost or coverage, prescription drugs are grouped by tiers. A tier indicates the amount you pay when you fill a prescription. Please reference the chart below as you review the following changes to the PDL for your plan.

 <b>Tier 1</b> Lowest-cost medications	 <b>Tier 2</b> Mid-range cost	 <b>Tier 3</b> Highest-cost
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## Prescription drugs with limited coverage<sup>1,2</sup>

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 limit coverage of the higher-cost option. Effective January 1, 2025, the drugs listed below may have limited coverage. You may need to get a prior authorization or try preferred alternative treatment options prior to the approval of coverage.

**Sign into your online account to see if there are any actions you need to take.**

Therapeutic use	Medication name	Alternative treatment option(s)
Acne	Cabtreo <sup>3</sup>	OTC Differin gel plus clindamycin 1.2%/benzoyl peroxide 5% (generic Duac) or adapalene 0.1%/benzoyl peroxide 2.5% (generic Epiduo) plus clindamycin 1% gel (generic Clindagel)
Blood disorders	Promacta tablet	Alvaiz

Therapeutic use	Medication name	Alternative treatment option(s)
Cancer	Imbruvica 140 mg, 280 mg (tablet only)	Imbruvica capsules
Cancer	Votrient (brand only)	pazopanib (generic Votrient)
Cushing's disease	Korlym (brand only)	mifepristone (generic Korlym)
Diabetes	Bexagliflozin (authorized generic Brenzavvy) <sup>3</sup>	Jardiance
Dry eye disease	Miebo <sup>3</sup>	Restasis single dose vials, Xiidra
Dry eye disease	Vevye ophthalmic solution <sup>3</sup>	Restasis single dose vials, Xiidra
Elevated phosphate levels	sevelamer hydrochloride tablet (generic Renvela)	sevelamer carbonate tablet (generic Renvela)
Endocrine disorders	Olpruva <sup>3</sup>	sodium phenylbutyrate (generic Buphenyl)
Growth hormone	Nutropin AQ NuSpin	Norditropin Flexpro, Omnitrope
Growth hormone	Sogroya <sup>3</sup>	Norditropin Flexpro, Omnitrope
Heart failure	Inpefa <sup>3</sup>	Jardiance
Hereditary angioedema	Sajazir	icatibant acetate (generic Firazyr)
Infections	Nitrofurantoin 50 mg/5 mL oral suspension <sup>3</sup>	nitrofurantoin 25 mg/5 mL oral suspension
Infections	Tetracycline tablet <sup>3</sup>	tetracycline capsule (generic Achromycin V)
Inflammatory conditions	Adalimumab-adbm (unbranded Cyltezo)	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Inflammatory conditions	Amjevita (manufactured by Amgen for Amgen)	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Inflammatory conditions	Bimzelx <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Cimzia, Enbrel, Humira, Otezla, Skyrizi, Sotyktu, Stelara, Taltz, Tremfya
Inflammatory conditions	Cosentyx	adalimumab [Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira], Cimzia, Enbrel, Rinvoq, Simponi, Skyrizi, Sotyktu, Stelara, Taltz, Tremfya, Xeljanz
Inflammatory conditions	Cyltezo	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Inflammatory conditions	Eohilia oral suspension <sup>3</sup>	budesonide nebulized solution (generic Pulmicort Respules)
Inflammatory conditions	Hadlima	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Inflammatory conditions	Velsipity <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Entyvio, Humira, Omvoh, Rinvoq, Simponi, Skyrizi, Stelara, Xeljanz
Inflammatory conditions	Zymfentra <sup>3</sup>	adalimumab [Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira], Cimzia, Entyvio, Infliximab IV (medical benefit), Omvoh, Rinvoq, Simponi, Stelara, Skyrizi, Xeljanz
Low potassium levels	Pokonza <sup>3</sup>	potassium chloride capsules, packets, tablets (generic Klor-con, generic Micro-K)

Therapeutic use	Medication name	Alternative treatment option(s)
<b>Narcolepsy</b>	Sodium oxybate [(Amneal), authorized generic Xyrem] <sup>3</sup>	armodafinil (generic Nuvigil), modafinil (generic Provigil), Lumryz, Sodium Oxybate [(Hikma) authorized generic Xyrem], Sunosi, Xywav
<b>Oral steroid</b>	Agamree oral suspension <sup>3</sup>	prednisone
<b>Oral steroid</b>	Millipred	prednisone tablets, prednisolone tablets
<b>Pain and inflammation</b>	Coxanto <sup>3</sup>	ibuprofen, naproxen, oxaprozin tablet, Over-the-counter NSAIDs
<b>Pain and inflammation</b>	Oxaprozin (Coxanto authorized generic) <sup>3</sup>	ibuprofen, naproxen, oxaprozin tablet, Over-the-counter NSAIDs
<b>Pulmonary hypertension</b>	Liqrev <sup>3</sup>	sildenafil (generic Revatio)
<b>Vitamin</b>	Davimet/Fluoride <sup>3</sup>	generic pediatric multivitamins with fluoride
<b>Wilson's disease</b>	Cuvrior <sup>3</sup>	trientine (generic Syprine)

## 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	Alternative treatment option(s)
<b>Anemia</b>	Epogen	<b>Tier 2 to Tier 3</b>	Retacrit
<b>Anemia</b>	Procrit	<b>Tier 2 to Tier 3</b>	Retacrit
<b>Blood disorders</b>	Mulpleta	<b>Tier 2 to Tier 3</b>	Discuss alternative treatment options with your provider
<b>Bowel preparations</b>	MoviPrep	<b>Tier 2 to Tier 3</b>	polyethylene glycol powder (generic Glycolax), PEG (generic Golytely)
<b>Diabetes</b>	Kazano	<b>Tier 2 to Tier 3</b>	Alogliptin/Metformin (Kazano aAuthorized generic)
<b>Diabetes</b>	Nesina	<b>Tier 2 to Tier 3</b>	Alogliptin (Nesinaauthorized generic)
<b>Diabetes</b>	Oseni	<b>Tier 2 to Tier 3</b>	Alogliptin/Pioglitazone (Oseni authorized generic)
<b>Elevated phosphate levels</b>	Velphoro	<b>Tier 2 to Tier 3</b>	calcium acetate (generic PhosLo), sevelamer carbonate tablet (generic Renvela)
<b>Inflammatory conditions</b>	Olumiant	<b>Tier 2 to Tier 3</b>	Discuss alternative treatment options with your provider

<sup>1</sup> Limited coverage includes brand, generic and authorized generic products unless otherwise noted.

<sup>2</sup> For benefits that have limited coverage, step therapy or prior authorization may be required.

<sup>3</sup> Newly released medication which had limited coverage at the time of launch and will continue to have limited coverage under our pharmacy benefit.

# Nondiscrimination notice and access to communication services

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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 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 <https://www.hhs.gov/ocr/complaints/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 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 shqódí 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.

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