# Updates to your prescription benefits 

Effective September 1, 2024

## 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, prescriptions 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.

O\$
Tier 1
Lowest-cost medications


Tier 2
Mid-range cost

Tier 3
Highest-cost

## Prescription drugs with limited 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 limit coverage of the higher-cost option. Effective September 1, 2024, 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 | Finacea gel (brand only) | azelaic acid gel (generic Finacea) |


| Therapeutic use | Medication name | Alternative treatment option(s) |
| :---: | :---: | :---: |
| ADHD | Adderall XR (brand only) | amphetamine/dextroamphetamine extended-release 24hr (generic Adderall XR), dexmethylphenidate extended-release (generic Focalin XR), lisdexamfetamine dimesylate (generic Vyvanse), methylphenidate extendedrelease (generic Concerta, Metadate CD, Metadate ER, Ritalin LA) |
| ADHD | Concerta (brand only) | methylphenidate extended-release osmotic release (generic Concerta), amphetamine/dextroamphetamine extended-release 24 hr (generic Adderall XR), dexmethylphenidate extended-release (generic Focalin XR), lisdexamfetamine dimesylate (generic Vyvanse), methylphenidate extended-release (generic Metadate CD, Metadate ER, Ritalin LA) |
| ADHD | Vyvanse (brand only) | lisdexamfetamine dimesylate (generic Vyvanse) |
| Asthma | Flovent Diskus inhaler | Arnuity Ellipta, QVAR RediHaler |
| Asthma | Flovent HFA inhaler | Arnuity Ellipta, QVAR RediHaler |
| Asthma | Fluticasone propionate HFA inhaler (Flovent HFA authorized brand alternative) ${ }^{3}$ | Arnuity Ellipta, QVAR RediHaler |
| Asthma | Pulmicort Flexhaler | Arnuity Ellipta, QVAR RediHaler |
| Asthma/COPD | Advair Diskus inhaler (brand only) | fluticasone propionate/salmeterol (generic Advair Diskus) |
| Asthma/COPD | Fluticasone/salmeterol aerosol HFA inhaler (Advair HFA authorized brand alternative) ${ }^{3}$ | fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta, Symbicort |
| Asthma/COPD | Fluticasone/Vilanterol Ellipta (Breo Ellipta authorized brand alternative) ${ }^{3}$ | fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta, Symbicort |
| Cancer | Imbruvica 140 mg, 280 mg (tablet only) | Imbruvica capsules |
| Cancer | Targretin capsule (brand only) | bexarotene capsule (generic Targretin) |
| Cancer | Targretin gel (brand only) | bexarotene gel (generic Targretin) |
| Cancer | Votrient (brand only) | pazopanib (generic Votrient) |
| Chest pain | BiDil (brand only) | isosorbide dinitrate/hydralazine (generic BiDil) |
| Cholesterol/lipid lowering | Ezetimibe/Atorvastatin ${ }^{3}$ | simvastatin/ezetimibe (generic Vytorin), ezetimibe (generic Zetia) plus atorvastatin (generic Lipitor) |


| Therapeutic use | Medication name | Alternative treatment option(s) |
| :---: | :---: | :---: |
| Diabetes | Bexagliflozin (authorized generic Brenzavvy) ${ }^{3}$ | Jardiance |
| Diabetes | glipizide 2.5 mg tablet ${ }^{3}$ | glipizide $1 / 2$ of 5 mg (generic Glucotrol) |
| Diabetes | Humalog Tempo Pen ${ }^{3}$ | Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen |
| Diabetes | Humalog vial | Insulin Lispro vial (unbranded Humalog) |
| Diabetes | Kazano | Alogliptin/Metformin (Kazano authorized generic) |
| Diabetes | Kombiglyze XR (brand only) | saxagliptin/metformin extended-release (generic Kombiglyze XR) |
| Diabetes | Lyumjev Tempo Pen ${ }^{3}$ | Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen |
| Diabetes | Nesina | Alogliptin (Nesina authorized generic) |
| Diabetes | Onglyza (brand only) | saxagliptin (generic Onglyza) |
| Diabetes | Oseni | Alogliptin/Pioglitazone (Oseni authorized generic) |
| Diabetes | Rezvoglar Kwikpen ${ }^{3}$ | Lantus, Toujeo |
| Dry eye disease | Miebo ${ }^{3}$ | Restasis single dose vials, Xiidra |
| Endocrine disorders | Olpruva ${ }^{3}$ | sodium phenylbutyrate (generic Buphenyl) |
| Glaucoma | lyuzeh ophthalmic solution ${ }^{3}$ | bimatoprost $0.03 \%$ (generic Lumigan), latanoprost (generic Xalatan), Lumigan 0.01\% |
| Growth hormone | Sogroya ${ }^{3}$ | Norditropin Flexpro, Nutropin AQ NuSpin, Ngenla, Skytrofa |
| Heart failure | Inpefa ${ }^{3}$ | Jardiance |
| Hereditary angioedema | Sajazir | icatibant acetate (generic Firazyr) |
| High blood pressure | Edarbi | candesartan (generic Atacand), irbesartan (generic Avapro), losartan (generic Cozaar), olmesartan (generic Benicar), telmisartan (generic Micardis), valsartan (generic Diovan) |
| High blood pressure | Edarbyclor | candesartan HCT (generic Atacand HCT), irbesartan HCT (generic Avalide), Iosartan HCT (generic Hyzaar), olmesartan HCT (Benicar HCT), valsartan HCT (generic Diovan HCT) |
| HIV | Prezista (brand only) | darunavir (generic Prezista) |
| Infections | Nitrofurantoin $50 \mathrm{mg} / 5 \mathrm{~mL}$ oral suspension ${ }^{3}$ | nitrofurantoin $25 \mathrm{mg} / 5 \mathrm{~mL}$ oral suspension |
| Inflammatory bowel disease | Lialda (brand only) | mesalamine delayed-release (generic Delzicol), mesalamine delayed-release (generic Lialda), Apriso |
| Inflammatory bowel disease | Uceris rectal foam (brand only) | budesonide rectal foam (generic Uceris) |


| Therapeutic use | Medication name | Alternative treatment option(s) |
| :---: | :---: | :---: |
| Inflammatory conditions | Abrilada ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Inflammatory conditions | Adalimumab-fkjp ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Inflammatory conditions | Amjevita $10 \mathrm{mg} / 0.2 \mathrm{~mL}$, $20 \mathrm{mg} / 0.4 \mathrm{~mL}, 40 \mathrm{mg} /$ 0.8 mL | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Inflammatory conditions | Bimzelx ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Cimzia, Cosentyx, Enbrel, Hadlima, Humira, Otezla, Skyrizi, Stelara, Tremfya |
| Inflammatory conditions | Cyltezo | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Inflammatory conditions | Hulio ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Inflammatory conditions | Hyrimoz ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Inflammatory conditions | Idacio ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Inflammatory conditions | Velsipity ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira, Rinvoq, Simponi, Stelara, Xeljanz, Zeposia |
| Inflammatory conditions | Yuflyma ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Inflammatory conditions | Yusimry ${ }^{3}$ | Adalimumab-adaz (unbranded Hyrimoz), Adalimumabadbm (unbranded Cyltezo), Amjevita $100 \mathrm{mg} / \mathrm{mL}$, Hadlima, Humira |
| Low potassium levels | Pokonza ${ }^{3}$ | potassium chloride capsules, packets, tablets (generic Klor-con, generic Micro-K) |
| Mental health | Latuda (brand only) | lurasidone (generic Latuda) |
| Mental health | Saphris (brand only) | asenapine maleate sublingual tablet (generic Saphris) |
| Multiple sclerosis | Aubagio (brand only) | teriflunomide (generic Aubagio) |


| Therapeutic use | Medication name | Alternative treatment option(s) |
| :---: | :---: | :---: |
| Narcolepsy | Sodium oxybate [(Amneal), authorized generic Xyrem] ${ }^{3}$ | armodafinil (generic Nuvigil), modafinil (generic Provigil), Lumryz, Sodium Oxybate [(Hikma) authorized generic Xyrem], Sunosi, Xywav |
| Narcolepsy | Xyrem | armodafinil (generic Nuvigil), modafinil (generic Provigil), Sodium Oxybate [Xyrem authorized generic (Hikma)], Sunosi, Wakix, Xywav |
| Neutropenia | Ziextenzo | Neulasta, Udenyca |
| Oral steroid | Cortisone ${ }^{3}$ | hydrocortisone (generic Cortef) |
| Oral steroid | Millipred | prednisone tablets, prednisolone tablets |
| Overactive bladder | Oxybutynin $5 \mathrm{mg} / 5 \mathrm{~mL}$ oral solution ${ }^{3}$ | oxybutynin oral syrup (generic Ditropan) |
| Pulmonary hypertension | Liqrev ${ }^{3}$ | sildenafil (generic Revatio) |
| Sleep | Zolpidem tartrate capsule ${ }^{3}$ | zolpidem tablets (generic Ambien, generic Ambien CR) |
| Ulcers, heartburn \& reflux | Konvomep ${ }^{3}$ | lansoprazole orally disintegrating tablet (generic Prevacid Solu-tab), Nexium Suspension, OTC - Nexium, Prevacid, Prilosec, Zegerid |
| Vitamin | Floriva Plus | generic pediatric multivitamins with fluoride |
| Vitamin | multiple vitamin/fluoride chewable tablet (Neos Therapeutics) ${ }^{3}$ | generic pediatric multivitamins with fluoride |
| Vitamin | Multi-Vit-Flor | generic pediatric multivitamins with fluoride |
| Vitamin | Poly-Vi-Flor | generic pediatric multivitamins with fluoride |
| Wilson's disease | Cuvrior ${ }^{3}$ | 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) |
| :--- | :--- | :--- | :--- |
| Asthma/COPD | Fluticasone propionate/ <br> salmeterol inhaler (Airduo <br> Respiclick authorized brand <br> alternative) | Tier 2 to Tier 3 | Discuss alternative treatment <br> options with your provider |
| Cancer | Brukinsa | Tier 2 to Tier 3 | Discuss alternative treatment <br> options with your provider |
| Inflammatory conditions | Olumiant | Tier 2 to Tier 3 | Discuss alternative treatment <br> options with your provider |

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## Nondiscrimination notice and access to communication services

UnitedHealthcare ${ }^{\circledR}$ and its subsidiaries, including Oxford, do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

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: $\quad$ 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 identific ación．

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 LƯ̛Û Y ：Nếu quý vị nói tiếng Viêt（Vietñamese），quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí．Vui lolng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quy̆ vị．
악림：한국어（Korean）를 사용하ㅅㅣㅣ는 견운 언어 지원 서비스를 무료로 이용하실 수 있습니다．귀하의 신분증
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．

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& \text { معرّف العضوية. }
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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。

ध्यान दें：यदि आप हिंदी（Hindi）बोलते है，आपको भाषासहायता सेबाएं，नि：शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल－फ्री फोन नंबर परकॉल करें।

CEEB TOOM：Yog koj hais Lus Hmoob（Hmong），muaj kevpab 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．


PAKDAAR：Nu saritaem ti llocano（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．

DIÍ BAA＇ÁKONÍNÍZIN：Diné（Navajo）bizaad bee yániłti＇go，saad bee áka＇anída＇awo＇ígíí，t＇áá jíik＇eh，bee ná＇ahóóti＇＇．Táá shọǫdí ninaaltsoos nitt＇izí bee nééhoziniggíi bine＇dęę̨＇t＇áá jíik＇ehgo béésh bee hane＇í biká＇Igíi bee hodiilnih．
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


[^0]:    ${ }^{1}$ Limited coverage includes brand, generic and authorized generic products unless otherwise noted.
    ${ }^{2}$ For benefits that have limited coverage, step therapy or prior authorization may be required.
    ${ }^{3}$ Newly released medication which had limited coverage at the time of launch and will continue to have limited coverage under our pharmacy benefit.

