



Updates to your prescription benefits

Effective October 1, 2023

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.

 Tier 1 Lowest-cost medications	 Tier 2 Mid-range cost	 Tier 3 Highest-cost
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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 October 1, 2023, 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	Epsolay ³	Soolantra

Therapeutic use	Medication name	Alternative treatment option(s)
ADHD	Methylphenidate extended-release 45 mg and 63 mg tablet ³	methylphenidate extended-release capsule (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
ADHD	methylphenidate extended-release 72 mg tablet (generic Relexxii)	methylphenidate extended-release capsule (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
ADHD	Relexxii 45 mg and 63 mg ³	methylphenidate extended-release capsule (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
ADHD	Relexxii 72 mg	methylphenidate extended-release capsule (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
Cancer	Afinitor Disperz (brand only)	everolimus tablet for oral suspension (generic Afinitor Disperz)
Cancer	Nexavar (brand only)	sorafenib (generic Nexavar)
Cancer	Sutent (brand only)	sunitinib (generic Sutent)
Constipation	Ibsrela ³	Linzess, Lubiprostone (Amitiza authorized brand alternative)
Diabetes	Fiasp	Humalog, Lyumjev
Diabetes	Insulin glargine (generic Lantus authorized brand alternative) ³	Lantus, Toujeo
Diabetes	Insulin glargine (generic Lantus Solostar authorized brand alternative) ³	Lantus, Toujeo
Diabetes	metformin 625 mg ³	metformin (generic Glucophage, generic Glucophage XR)
Endocrine disorders	Buphenyl (brand only)	sodium phenylbutyrate (generic Buphenyl)
Endocrine disorders	Lanreotide 120 mg/0.5 ml ³	Somatuline Depot
Endocrine disorders	Pheburane ³	sodium phenylbutyrate (generic Buphenyl)
Excessive secretions	Robinul (brand only) ³	glycopyrrolate tablet (generic Robinul)
Excessive secretions	Robinul Forte (brand only) ³	glycopyrrolate tablet (generic Robinul Forte)
Gout	Colcrys (brand only)	colchicine (generic Colcrys), Mitigare
High blood pressure	Clonidine extended-release (Nexiclon authorized brand alternative) ³	clonidine (generic Catapres)
High blood pressure	Nexiclon XR ³	clonidine (generic Catapres)
Mental health	Viibryd (brand only)	vilazodone (generic Viibryd)

Therapeutic use	Medication name	Alternative treatment option(s)
Miscellaneous	aspirin 162 mg and 325 mg ⁴	aspirin 81 mg
Multiple sclerosis	Gilenya 0.5 mg (brand only)	fingolimod (generic Gilenya)
Multiple sclerosis	Tascenso ODT ³	fingolimod (generic Gilenya)
Muscle spasms	Lyvispah granules ³	baclofen (generic Lioresal), Ozobax
Neutropenia	Fylnetra ³	Neulasta, Ziextenzo
Neutropenia	Releuko ³	Zarxio
Neutropenia	Stimufend ³	Neulasta, Ziextenzo
Pulmonary fibrosis	Esbriet (brand only)	pirfenidone (generic Esbriet)
Sleep	Quviviq ³	zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta)
Testosterone replacement	Tlando ³	Androderm, Testim
Transplant	Zortress 1 mg (brand only)	everolimus (generic Zortress)

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.

⁴ This medication will no longer be included on the Healthcare Reform Zero-cost Preventive Care List.

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 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.



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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