Updates to your prescription benefits

Effective January 1, 2022

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 below as you review the following updates to the PDL.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$$</td>
<td>$$$$</td>
</tr>
<tr>
<td>Lowest-cost medications</td>
<td>Mid-range cost</td>
<td>Highest-cost</td>
</tr>
</tbody>
</table>

Prescription drugs moving to a lower tier

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

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Medication Name</th>
<th>Tier Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol/Lipid lowering</td>
<td>niacin ER (generic Niaspan)</td>
<td>Tier 3 to Tier 2</td>
</tr>
<tr>
<td>Sexual dysfunction</td>
<td>Imvexxy¹</td>
<td>Tier 3 to Tier 2</td>
</tr>
</tbody>
</table>

¹ Continued
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 January 1, 2022, 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.

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Medication Name</th>
<th>Alternative Treatment Option(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td>Epiduo (adapalene-benzoyl peroxide) 0.1%-2.5% gel/ Epiduo Forte⁴</td>
<td>OTC benzoyl peroxide, OTC Differin gel, tretinoin cream (generic Retin-A)</td>
</tr>
<tr>
<td>Acne</td>
<td>Winlevi⁵</td>
<td>OTC Differin, tretinoin cream (generic Retin-A)</td>
</tr>
<tr>
<td>ADHD</td>
<td>Ritalin tablets (brand only)</td>
<td>methylphenidate tablets (generic Ritalin)</td>
</tr>
<tr>
<td>Allergies</td>
<td>Patanase (brand only)</td>
<td>olopatadine 0.6% nasal spray (generic Patanase)</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>Namenda (brand only)</td>
<td>memantine (generic Namenda)</td>
</tr>
<tr>
<td>Angina</td>
<td>Isordil Titradose (brand only)</td>
<td>isosorbide dinitrate (generic Isordil Titradose)</td>
</tr>
<tr>
<td>Benign prostatic hypertrophy</td>
<td>Proscar (brand only)</td>
<td>finasteride (generic Proscar)</td>
</tr>
<tr>
<td>Blood disorders</td>
<td>Agrylin (brand only)</td>
<td>anagrelide (generic Agrylin)</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tykerb (brand only)⁶</td>
<td>lapatinib tablet (generic Tykerb)⁶</td>
</tr>
<tr>
<td>Cancer</td>
<td>Xalkori⁶</td>
<td>Alecensa⁶, Alunbrig⁶</td>
</tr>
<tr>
<td>Cancer</td>
<td>Zykadia⁶</td>
<td>Alecensa⁶, Alunbrig⁶</td>
</tr>
<tr>
<td>Cholesterol/Lipid lowering</td>
<td>Niaspan (brand only)</td>
<td>niacin extended-release (generic Niaspan)</td>
</tr>
<tr>
<td>Cholesterol/Lipid lowering</td>
<td>Pravachol (brand only)</td>
<td>pravastatin (generic Pravachol)</td>
</tr>
<tr>
<td>Contraceptive</td>
<td>Estrostep FE (brand only)⁷</td>
<td>norethindrone/ethinyl estradiol 1/20-1/30-1/35 (Tilia FE, Tri-Legest FE (generic Estrostep FE))⁷</td>
</tr>
<tr>
<td>Contraceptive</td>
<td>Loestrin 1.5/30 (brand only)⁷</td>
<td>norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela, Hailey, Junel 1.5/30, Larin, Microgestin (generic Loestrin 1.5/30)]⁷</td>
</tr>
<tr>
<td>Contraceptive</td>
<td>Loestrin 1/20 (brand only)⁷</td>
<td>norethindrone/ethinyl estradiol 1 mg/20 mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]⁷</td>
</tr>
<tr>
<td>Contraceptive</td>
<td>Loestrin FE 1.5/30 (brand only)⁷</td>
<td>norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, (generic Loestrin FE 1.5/30)]⁷</td>
</tr>
<tr>
<td>Contraceptive</td>
<td>Mircette (brand only)⁷</td>
<td>desogestrel/ethinyl estradiol [Azurette, Bekyree, Kariva, Pimtreia, Similya, Viorele, Volnea (generic Mircette)]⁷</td>
</tr>
<tr>
<td>Cough &amp; cold</td>
<td>Hycodan (brand only)⁸</td>
<td>hydrocodone/homatropine (generic Hycodan)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Amaryl (brand only)</td>
<td>glimepiride (generic Amaryl)</td>
</tr>
<tr>
<td>Therapeutic Use</td>
<td>Medication Name</td>
<td>Alternative Treatment Option(s)</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Actigall (brand only)</td>
<td>ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Urso 250 (brand only)</td>
<td>ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Urso Forte (brand only)</td>
<td>ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>travoprost (generic Travatan Z)</td>
<td>latanoprost (generic Xalatan), Lumigan</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Edecrin (brand only)</td>
<td>ethacrylic acid tablets (generic Edecrin)</td>
</tr>
<tr>
<td>Hereditary angioedema</td>
<td>Orladeyo&lt;sup&gt;6, 6&lt;/sup&gt;</td>
<td>Haegarda&lt;sup&gt;6&lt;/sup&gt;, Takhzyro&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Accupril (brand only)</td>
<td>quinapril (generic Accupril)</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Dyrenium (brand only)</td>
<td>triamterene capsules (generic Dyrenium)</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Tarka (brand only)</td>
<td>trandolapril/verapamil extended-release tablet (generic Tarka)</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Toprol XL (brand only)</td>
<td>metoprolol succinate extended-release tablet (generic Toprol XL)</td>
</tr>
<tr>
<td>Hormone replacement</td>
<td>Femhrt (brand only)</td>
<td>norethindrone/ethinyl estradiol 0.5 mg/2.5 mcg [Fyavolv (generic Femhrt)]</td>
</tr>
<tr>
<td>Infections</td>
<td>Diflucan suspension, tablets (brand only)</td>
<td>fluconazole (generic Diflucan)</td>
</tr>
<tr>
<td>Infections</td>
<td>Kerydin (brand only)&lt;sup&gt;6&lt;/sup&gt;</td>
<td>itraconazole (generic Sporanox), oral terbinafine (generic Lamisil), ciclopirox (generic Penlac), tavaborole (generic Kerydin)</td>
</tr>
<tr>
<td>Inflammatory conditions</td>
<td>Arava (brand only)</td>
<td>leflunomide (generic Arava)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Remeron SolTab, tablets (brand only)</td>
<td>mirtazapine (generic Remeron)</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>Rebif/Rebif Rebidose&lt;sup&gt;6&lt;/sup&gt;</td>
<td>dimethyl fumarate (generic Tecfidera)&lt;sup&gt;6&lt;/sup&gt;, glatiramer acetate (generic Copaxone)&lt;sup&gt;6&lt;/sup&gt;, Aubagio&lt;sup&gt;6&lt;/sup&gt;, Avonex&lt;sup&gt;6&lt;/sup&gt;, Bafierta&lt;sup&gt;6&lt;/sup&gt;, Betaseron&lt;sup&gt;6&lt;/sup&gt;, Gilenya&lt;sup&gt;6&lt;/sup&gt;, Plegiridy&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Nausea &amp; vomiting</td>
<td>Emend capsules (brand only)</td>
<td>aprepitant capsules (generic Emend)</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Boniva tablet (brand only)</td>
<td>ibandronate (generic Boniva)</td>
</tr>
<tr>
<td>Overactive bladder</td>
<td>Ditropan XL (brand only)</td>
<td>oxybutynin extended-release tablet (generic Ditropan XL)</td>
</tr>
<tr>
<td>Overactive bladder</td>
<td>Gemtesa&lt;sup&gt;5&lt;/sup&gt;</td>
<td>oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), Toviaz, Oxytrol OTC</td>
</tr>
<tr>
<td>Overactive bladder</td>
<td>Vesicare LS&lt;sup&gt;5&lt;/sup&gt;</td>
<td>oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), Toviaz, Oxytrol OTC</td>
</tr>
<tr>
<td>Therapeutic Use</td>
<td>Medication Name</td>
<td>Alternative Treatment Option(s)</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Pain</td>
<td>Prolate (oxycodone/acetaminophen 10mg/300mg) oral solution</td>
<td>oxycodone/acetaminophen (generic Percocet)</td>
</tr>
<tr>
<td>Pain &amp; inflammation</td>
<td>Cataflam (brand only)</td>
<td>diclofenac tablets (generic Cataflam, generic Voltaren)</td>
</tr>
<tr>
<td>Pain &amp; inflammation</td>
<td>Mobic (brand only)</td>
<td>meloxicam (generic Mobic)</td>
</tr>
<tr>
<td>Skin conditions</td>
<td>Carac (fluorouracil) 0.5% cream</td>
<td>fluorouracil 5% (generic Efudex), Fluoroplex 1% cream</td>
</tr>
<tr>
<td>Skin conditions</td>
<td>Cordran ointment (brand only)</td>
<td>flurandrenolide 0.05% ointment (generic Cordran)</td>
</tr>
<tr>
<td>Skin conditions</td>
<td>Dovonex (brand only)</td>
<td>calcipotriene cream (generic Dovonex)</td>
</tr>
<tr>
<td>Skin conditions</td>
<td>Wynzora</td>
<td>betamethasone (generic Diprosone) + calcipotriene (generic Dovonex), betamethasone/calcipotriene ointment (generic Taclonex), Enstilar, Taclonex Suspension</td>
</tr>
<tr>
<td>Thyroid replacement</td>
<td>Thyquidity</td>
<td>levothyroxine (generic Synthroid), Tirosint-Sol</td>
</tr>
<tr>
<td>Ulcers due to H. pylori</td>
<td>Helidac Therapy</td>
<td>metronidazole (generic Flagyl) + tetracycline (generic Sumycin) + OTC bismuth subsalicylate or Omeclamox-Pak</td>
</tr>
<tr>
<td>Vitamin</td>
<td>Mephyton (brand only)</td>
<td>phytonadione (generic Mephyton)</td>
</tr>
</tbody>
</table>

1 Coverage is determined by the consumer’s prescription drug benefit plan including step therapy or prior authorization.
2 Exclusion includes brand, generic and authorized generic products unless otherwise noted.
3 For benefits that do not exclude, step therapy (referred to as First Start in New Jersey) or prior authorization (sometimes referred to as precertification) may be required.
4 Typically excluded from coverage.
5 Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our benefit.
6 Step therapy or prior authorization may be required prior to coverage.
7 In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access uhcp.com>Drug List and Pharmacy>Additional Resources> Patient Protection and Affordable Care Act $0 Cost-share Preventive Medications Exemption Requests (Commercial members) or call the toll-free number on the member’s health plan ID card.
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 January 1, 2022.

N Prior Authorization – Notification

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

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Medication Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron overload</td>
<td>Ferriprox/ Ferriprox twice-a-day 1000 mg</td>
</tr>
</tbody>
</table>

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 have a new or revised Medical Necessity program.

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Medication Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain &amp; inflammation</td>
<td>Indocin suspension/suppository</td>
</tr>
<tr>
<td>Sexual dysfunction</td>
<td>Intrarosa®</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Medication Name</th>
<th>New Supply Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td>Adapalene 0.1%</td>
<td>28 pads per month</td>
</tr>
</tbody>
</table>

a New strength requiring notification.

b Coverage is determined by the consumer’s prescription drug benefit plan including step therapy or prior authorization.
Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries 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:    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 health plan 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.

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 LUU Y: 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 русским (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 ال الهاتف المجاني الموجود على

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisyè sevi ki gratis pou ede w nan lang pa w. Tanpri rele nemwo 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), udostępniamy 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 Hilfsmittel 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: أگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می‌باشد. لطفاً به کارت نمایندگی کشور تارکت شناسایی شده توضیح بگیرید.

ধ্যান দেও, যদি আপ হিন্দি (Hindi) বলতে হয়, আপনার ভাষা সহায়তা সেবার, নিজের উপস্থিত হযুক্‌,কৃপয়া অপে পাহাড় পথ পর সূর্যের তারা মুহুর্ত তন্ত্র পর কাল করে।

CEEB TOOM: Yog ko hais Lus Hmoob (Hmong), muaj kevpab txhais lus pub dawb rau koj. Thov hau rau tus xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

প্রতীক্ষা করুন: যদি আপনি ক্যমর (Khmer) বলুন, তাহলে আমরা আপনাকে নিজের ভাষার সহায়তা দিব যদি আপনি নয় করিকে আসা করে।

PAKBAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awanan iti toll-free a numero ti telepono nga nakalisti ayan iti identification card mo.

Dİİ BAA’AKONINIZIN: Diné (Navajo) bizzad bee yânil’go, saad bee âka’anida’awol’gi, t’àa jîlk’eh, bee n’a’ahó’t’t’. T’àa shqopí ninaaltsoos nit’izi bee néehoingíi bine’déé’ t’àa jîl’ehgo bëésh’ bee hane’i biká’íl’ií bee hodilinë.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo biilaash ah, ayaad hela karta. Fadian wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.
This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans with a pharmacy benefit subject to the Advantage 3-Tier PDL.

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Learn more

Call the toll-free phone number on your health plan ID card to speak with a Customer Service representative.

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.