



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.

 Tier 1 Lowest-cost medications	 Tier 2 Mid-range cost	 Tier 3 Highest-cost
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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
Cholesterol/Lipid lowering	niacin ER (generic Niaspan)	Tier 3 to Tier 2
Sexual dysfunction	Imvexxy ¹	Tier 3 to Tier 2

Prescription drugs excluded from benefit coverage^{2, 3}

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.

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Acne	Epiduo (adapalene-benzoyl peroxide) 0.1%-2.5% gel/ Epiduo Forte ⁴	OTC benzoyl peroxide, OTC Differin gel, tretinoin cream (generic Retin-A)
Acne	Winlevi ⁵	OTC Differin, tretinoin cream (generic Retin-A)
ADHD	Ritalin tablets (brand only)	methylphenidate tablets (generic Ritalin)
Allergies	Patanase (brand only)	olopatadine 0.6% nasal spray (generic Patanase)
Alzheimer's disease	Namenda (brand only)	memantine (generic Namenda)
Angina	Isordil Titradoso (brand only)	isosorbide dinitrate (generic Isordil Titradoso)
Benign prostatic hypertrophy	Proscar (brand only)	finasteride (generic Proscar)
Blood disorders	Agrylin (brand only)	anagrelide (generic Agrylin)
Cancer	Tykerb (brand only) ⁶	lapatinib tablet (generic Tykerb) ⁶
Cancer	Xalkori ⁶	Alecensa ⁶ , Alunbrig ⁶
Cancer	Zykadia ⁶	Alecensa ⁶ , Alunbrig ⁶
Cholesterol/Lipid lowering	Niaspan (brand only)	niacin extended-release (generic Niaspan)
Cholesterol/Lipid lowering	Pravachol (brand only)	pravastatin (generic Pravachol)
Contraceptive	Estrostep FE (brand only) ⁷	norethindrone/ethinyl estradiol 1/20-1/30-1/35 [Tilia FE, Tri-Legest FE (generic Estrostep FE)] ⁷
Contraceptive	Loestrin 1.5/30 (brand only) ⁷	norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela, Hailey, Junel 1.5/30, Larin, Microgestin (generic Loestrin 1.5/30)] ⁷
Contraceptive	Loestrin 1/20 (brand only) ⁷	norethindrone/ethinyl estradiol 1 mg/20 mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)] ⁷
Contraceptive	Loestrin FE 1.5/30 (brand only) ⁷	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)]
Contraceptive	Mircette (brand only) ⁷	desogestrel/ethinyl estradiol [Azurette, Bekyree, Kariva, Pimtrea, Simliya, Viorele, Volnea (generic Mircette)] ⁷
Cough & cold	Hycodan (brand only) ⁵	hydrocodone/homatropine (generic Hycodan)
Diabetes	Amaryl (brand only)	glimepiride (generic Amaryl)

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Gallstones	Actigall (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
Gallstones	Urso 250 (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
Gallstones	Urso Forte (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
Glaucoma	travoprost (generic Travatan Z)	latanoprost (generic Xalatan), Lumigan
Heart failure	Edecrin (brand only)	ethacrynic acid tablets (generic Edecrin)
Hereditary angioedema	Orladeyo ^{5,6}	Haegarda ⁶ , Takhzyro ⁶
High blood pressure	Accupril (brand only)	quinapril (generic Accupril)
High blood pressure	Dyrenium (brand only)	triamterene capsules (generic Dyrenium)
High blood pressure	Tarka (brand only)	trandolapril/verapamil extended-release tablet (generic Tarka)
High blood pressure	Toprol XL (brand only)	metoprolol succinate extended-release tablet (generic Toprol XL)
Hormone replacement	Femhrt (brand only)	norethindrone/ethinyl estradiol 0.5 mg/2.5 mcg [Fyavolv (generic Femhrt)]
Infections	Diflucan suspension, tablets (brand only)	fluconazole (generic Diflucan)
Infections	Kerydin (brand only) ⁶	itraconazole (generic Sporanox), oral terbinafine (generic Lamisil), ciclopirox (generic Penlac), tavaborole (generic Kerydin)
Inflammatory conditions	Arava (brand only)	leflunomide (generic Arava)
Mental Health	Remeron SolTab, tablets (brand only)	mirtazapine (generic Remeron)
Multiple sclerosis	Rebif/Rebif Rebidose ⁶	dimethyl fumarate (generic Tecfidera) ⁶ , glatiramer acetate (generic Copaxone) ⁶ , Aubagio ⁶ , Avonex ⁶ , Bafiertam ⁶ , Betaseron ⁶ , Gilenya ⁶ , Plegridy ⁶
Nausea & vomiting	Emend capsules (brand only)	aprepitant capsules (generic Emend)
Osteoporosis	Boniva tablet (brand only)	ibandronate (generic Boniva)
Overactive bladder	Ditropan XL (brand only)	oxybutynin extended-release tablet (generic Ditropan XL)
Overactive bladder	Gemtesa ⁵	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), Toviaz, Oxytrol OTC
Overactive bladder	Vesicare LS ⁵	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), Toviaz, Oxytrol OTC

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Pain	Prolate (oxycodone/acetaminophen 10mg/300mg) oral solution ⁵	oxycodone/acetaminophen (generic Percocet)
Pain & inflammation	Cataflam (brand only) ⁵	diclofenac tablets (generic Cataflam, generic Voltaren)
Pain & inflammation	Mobic (brand only)	meloxicam (generic Mobic)
Skin conditions	Carac (fluorouracil) 0.5% cream	fluorouracil 5% (generic Efudex), Fluoroplex 1% cream
Skin conditions	Cordran ointment (brand only) ⁶	flurandrenolide 0.05% ointment (generic Cordran)
Skin conditions	Dovonex (brand only)	calcipotriene cream (generic Dovonex)
Skin conditions	Wynzora ⁵	betamethasone (generic Diprosone) + calcipotriene (generic Dovonex), betamethasone/calcipotriene ointment (generic Taclonex), Enstilar, Taclonex Suspension
Thyroid replacement	Thyquidity ⁵	levothyroxine (generic Synthroid), Tirosint-Sol ⁶
Ulcers due to H. pylori	Helidac Therapy ⁵	metronidazole (generic Flagyl) + tetracycline (generic Sumycin) + OTC bismuth subsalicylate or Omeclamox-Pak
Vitamin	Mephyton (brand only)	phytonadione (generic Mephyton)

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 uhcprovider.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.

Therapeutic Use	Medication Name
Iron overload	Ferriprox/ Ferriprox twice-a-day 1000 mg ⁸

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.

Therapeutic Use	Medication Name
Pain & inflammation	Indocin suspension/suppository
Sexual dysfunction	Intrarosa ⁹

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
Acne	Adapalene 0.1%	28 pads per month

⁸ New strength requiring notification.

⁹ Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

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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 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.

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 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 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



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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.

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