



# Updates to your prescription benefits

Effective upon renewal

## Access PDL benefit summary

Dear Valued Customer:

We are pleased to announce our **Access Prescription Drug List (PDL)** pharmacy benefit updates. Our PDL Management Committee carefully reviews and evaluates prescription medications to place them in tiers corresponding to their overall health care value. By managing pharmacy benefits responsibly, we are able to provide integrated pharmacy benefit solutions for our customers and affordable medications for our members. If you have questions regarding the PDL and benefit plan updates listed below, please contact your broker or a UnitedHealthcare representative.

Below is a list of PDL updates effective upon your renewal.

Medication Name	Current Benefit Coverage	New Benefit Coverage
Accrufer	EAL <sup>1</sup>	Excluded <sup>2</sup>
Aczone 5% topical gel (brand only)	1	Excluded <sup>2</sup>
Aczone 7.5% topical gel (brand only)	1	Excluded <sup>2</sup>
Alinia tablets (brand only)	3/4	Excluded <sup>2</sup>
Anaprox DS (brand only)	EAL <sup>1</sup>	Excluded <sup>2</sup>
Auryxia	3	Excluded <sup>2</sup>
Azopt (brand only)	3/4	Excluded <sup>2</sup>
Balversa	2	3/4
Bupap (butalbital 50 mg/300 mg acetaminophen)	3/4	Excluded <sup>2</sup>
butalbital/acetaminophen 50 mg/300 mg (generic Bupap)	1	Excluded <sup>2</sup>
Bystolic	3/4	Excluded <sup>2</sup>



Medication Name	Current Benefit Coverage	New Benefit Coverage
Carbaglu (brand only)	3/4	Excluded <sup>2</sup>
clemastine 0.5 mg/5 ml	EAL <sup>1</sup>	Excluded <sup>2</sup>
Dartisla ODT	EAL <sup>1</sup>	Excluded <sup>2</sup>
dexlansoprazole (generic Dexilant)	1 GEX	Excluded <sup>2</sup>
Dhivy	EAL <sup>1</sup>	Excluded <sup>2</sup>
diclofenac potassium 25 mg tablet (generic Lofena)	EAL <sup>1</sup>	Excluded <sup>2</sup>
Dilaudid (brand only)	3/4	Excluded <sup>2</sup>
Elepsia XR	EAL <sup>1</sup>	Excluded <sup>2</sup>
Elyxib solution	EAL <sup>1</sup>	Excluded <sup>2</sup>
Eprontia solution	EAL <sup>1</sup>	Excluded <sup>2</sup>
Eulexin (brand only)	EAL <sup>1</sup>	Excluded <sup>2</sup>
Exservan	EAL <sup>1</sup>	Excluded <sup>2</sup>
fesoterodine (generic Toviaz)	1 GEX	Excluded <sup>2</sup>
Firazyr (brand only)	1	Excluded <sup>2</sup>
GlucaGen Hypokit	2	3/4
Glucagon Emergency Kit (Lilly)	2	3/4
Humatin (brand only)	EAL <sup>1</sup>	Excluded <sup>2</sup>
isosorbide dinitrate 40 mg	1	Excluded <sup>2</sup>
Lonsurf	2	3/4
Lybalvi	EAL <sup>1</sup>	Excluded <sup>2</sup>
Lymepak	EAL <sup>1</sup>	Excluded <sup>2</sup>
MS Contin (brand only)	3	Excluded <sup>2</sup>
Myrbetriq granules	EAL <sup>1</sup>	Excluded <sup>2</sup>
naproxen suspension (generic Naprosyn)	1	Excluded <sup>2</sup>
Nilandron	3/4	Excluded <sup>2</sup>
nilutamide (generic Nilandron)	1	Excluded <sup>2</sup>
Norgesic Forte	EAL <sup>1</sup>	Excluded <sup>2</sup>
Nucynta extended-release	2	3



Medication Name	Current Benefit Coverage	New Benefit Coverage
orphenadrine citrate/aspirin/caffeine	EAL <sup>1</sup>	Excluded <sup>2</sup>
Orphengesic Forte	EAL <sup>1</sup>	Excluded <sup>2</sup>
penicillamine (generic Cuprimine)	1	Excluded <sup>2</sup>
Ponvory	EAL <sup>1</sup>	Excluded <sup>2</sup>
prednisolone solution 5 mg/5 ml, 25 mg/5 ml, 20 mg/5 ml, 10 mg/5 ml	1	Excluded <sup>2</sup>
Qelbree	EAL <sup>1</sup>	Excluded <sup>2</sup>
Qudexy XR	3/4	Excluded <sup>2</sup>
Qulipta	EAL <sup>1</sup>	Excluded <sup>2</sup>
Recorlev	EAL <sup>1</sup>	Excluded <sup>2</sup>
Reltone	EAL <sup>1</sup>	Excluded <sup>2</sup>
Renagel (brand only)	3/4	Excluded <sup>2</sup>
Renvela (brand only)	3/4	Excluded <sup>2</sup>
Reyvow	2	3/4
Rilutek (brand only)	3/4	Excluded <sup>2</sup>
Seglentis	EAL <sup>1</sup>	Excluded <sup>2</sup>
Skytrofa	EAL <sup>1</sup>	Excluded <sup>2</sup>
topiramate ER 24-hour (generic Qudexy XR)	1	Excluded <sup>2</sup>
Toviaz (fesoterodine)	2	Excluded <sup>2</sup>
Trudhesa nasal spray	EAL <sup>1</sup>	Excluded <sup>2</sup>
Uribel	1	Excluded <sup>2</sup>
Uroav-b	1	Excluded <sup>2</sup>
URO-MP	1	Excluded <sup>2</sup>
Ursodiol 200 mg, 400 mg	EAL <sup>1</sup>	Excluded <sup>2</sup>
Vandazole	1	3/4
Vemlidy	3/4	Excluded <sup>2</sup>
Vilamit Mb	1	Excluded <sup>2</sup>
Votrient	2	3/4
Welchol (brand only)	1	Excluded <sup>2</sup>
Xtampza ER	2	3/4

<sup>1</sup> The Exclude at Launch Program (EAL) enables us to immediately exclude upon launch a high-cost medication from benefit coverage, eliminating unnecessary costs for you and allowing appropriate clinical programs to be implemented which minimizes any disruption for your employees. For clients that do not participate in the Exclude at Launch Program, these medications will be placed on the highest tier.

<sup>2</sup> This medication is excluded for the majority of benefit plans. For customers not participating in exclusions, this medication may be covered in the highest tier.



# Access PDL clinical programs benefit summary

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective upon renewal.

## 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 will now require Medical Necessity for coverage.

Therapeutic Use	Medication Name
Diabetes	Fiasp <sup>3</sup>
Diabetes	Levemir <sup>3</sup>
Hepatitis B	Vemlidy

## ST Step Therapy

The below medications are part of the Step Therapy program and have revised requirements. You must try one or more other medications before the medication below may be covered.

Therapeutic Use	Medication Name	Step 1 Medication
Blood clots	Savaysa	Eliquis or Xarelto
Constipation	Trulance <sup>4</sup>	Linze <sup>5</sup> or Motegrit <sup>5</sup> (dependent on diagnosis)

## 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
Mental health	Chlorpromazine 10 mg tablet	186 tablets
Mental health	Chlorpromazine 25 mg tablet	186 tablets
Mental health	Chlorpromazine 50 mg tablet	124 tablets
Mental health	Chlorpromazine 100 mg tablet	124 tablets
Mental health	Chlorpromazine 200 mg tablet	62 tablets
Migraines	Nurtec 75 mg <sup>5,6</sup>	8 tablets
Migraines	Reyvow 50 mg <sup>5,6</sup>	4 tablets
Migraines	Reyvow 100 mg <sup>5,6</sup>	8 tablets
Migraines	Ubrelvy 50 mg <sup>5,6</sup>	8 tablets
Migraines	Ubrelvy 100 mg <sup>5,6</sup>	8 tablets

<sup>3</sup> Typically excluded from coverage. Prior authorization applies to groups that do not participate in the exclusion.

<sup>4</sup> Includes continuation of therapy, existing members not impacted.

<sup>5</sup> Step therapy or prior authorization may be required prior to coverage.

<sup>6</sup> Applies to groups that take QD only. If a group has QLL today, limits are already in place and change is out of scope.