



# Updates to your prescription benefits

Effective May 1, 2023

## Access 3-Tier PDL update summary

Dear Valued Customer:

We are pleased to announce our **Access 3-Tier Prescription Drug List (PDL)** pharmacy benefit updates for May 1, 2023. 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.

We will notify affected members through a targeted letter by April 1, 2023, but you may want to share this summary with your enrollees. If you have questions regarding the PDL and benefit plan updates listed below, please contact your broker or UnitedHealthcare representative.

|   |   |  |
|---|---|--|
|  |  |  |
| <b>Tier 1</b><br>Lowest-cost medications  | <b>Tier 2</b><br>Mid-range cost   | <b>Tier 3</b><br>Highest-cost  |

## Prescription drugs with new benefit coverage

The following drugs were previously not covered under most benefit plans and are now eligible for coverage.

| Therapeutic Use     | Medication Name | Tier Placement |
|---------------------|-----------------|----------------|
| Alzheimer's disease | Adlarity        | Tier 3         |

## Prescription drugs excluded from benefit coverage<sup>1,2</sup>

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 May 1, 2023, 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)  |
|---------------------------------|--|--|
| <b>ADHD</b>                     | Relexii (Methylphenidate extended-release)                             | methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta |
| <b>Cancer</b>                   | Afinitor Disperz (brand only) <sup>3</sup>                             | everolimus tablet for oral suspension (generic Afinitor Disperz) <sup>3</sup>                      |
| <b>Cancer</b>                   | Nexavar (brand only) <sup>3</sup>                                      | sorafenib (generic Nexavar) <sup>3</sup>   |
| <b>Cancer</b>                   | Sutent (brand only) <sup>3</sup>                                       | sunitinib (generic Sutent) <sup>3</sup>  |
| <b>Constipation</b>             | Ibsrela <sup>3,4</sup>   | Linzess <sup>3</sup> , Lubiprostone (Amitiza authorized brand alternative) <sup>3</sup>            |
| <b>Diabetes</b>                 | Fiasp  | Humalog, Lyumjev   |
| <b>Diabetes</b>                 | Insulin glargine (Lantus/Lantus SoloStar authorized brand alternative) | Lantus, Toujeo   |
| <b>Diabetes</b>                 | metformin 625 mg tablet <sup>4</sup>                                   | metformin (generic Glucophage, generic Glucophage XR)  |
| <b>Excessive secretions</b>     | Robinul (brand only) <sup>4</sup>                                      | glycopyrrolate tablet (generic Robinul)  |
| <b>Excessive secretions</b>     | Robinul Forte (brand only) <sup>4</sup>                                | glycopyrrolate tablet (generic Robinul Forte)  |
| <b>High blood pressure</b>      | Nexiclon XR (Clonidine extended-release) <sup>4</sup>                  | clonidine (generic Catapres)   |
| <b>Mental health</b>            | Viibryd (brand only)   | vilazodone (generic Viibryd)   |
| <b>Multiple sclerosis</b>       | Tascenso ODT <sup>3,4</sup>  | fingolimod (generic Gilenya) <sup>3</sup>  |
| <b>Muscle spasms</b>            | Lyvispah granules <sup>4</sup>   | baclofen (generic Lioresal), Ozobax <sup>3</sup>   |
| <b>Neutropenia</b>              | Releuko <sup>4</sup>   | Zarxio   |
| <b>Pain</b>                     | RoxyBond   | oxycodone immediate-release (generic Roxicodone)   |
| <b>Skin conditions</b>          | Epsolay <sup>3,4</sup>   | Soolantra <sup>3</sup>   |
| <b>Sleep</b>                    | Quviviq <sup>3,4</sup>   | zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta)                |
| <b>Testosterone replacement</b> | Tlando <sup>3,4</sup>  | Androderm <sup>3</sup> , Testim <sup>3</sup>   |
| <b>Transplant</b>               | Zortress 1 mg (brand only)   | everolimus (generic Zortress)  |

<sup>1</sup> Exclusion includes brand, generic and authorized generic products unless otherwise noted.

<sup>2</sup> For benefits that do not exclude, Step Therapy or Prior Authorization may be required.

<sup>3</sup> Step Therapy or Prior Authorization may be required prior to coverage.

<sup>4</sup> Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

# Access 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 May 1, 2023.

## ST Step Therapy

The medications below have a new or revised Step Therapy program. You must try one or more other medications before the medication below may be covered.

| Therapeutic Use | Medication Name      | Step 1 Medication   |
|-----------------|----------------------|---|
| Sleep           | Quviviq <sup>5</sup> | A history of trial and failure of at least 2 weeks, contraindication, or intolerance to both Belsomra and DayVigo and a history of trial and failure of at least 2 weeks, contraindication, or intolerance to two of the following: zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta) |

## 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                    |
|-----------------|--|-------------------------------------|
| ADHD            | Dyanavel XR 5 mg                       | 31 tablets per month                |
| ADHD            | Dyanavel XR 10 mg                      | 31 tablets per month                |
| ADHD            | Dyanavel XR 15 mg                      | 31 tablets per month                |
| ADHD            | Dyanavel XR 20 mg                      | 31 tablets per month                |
| Cancer          | Zolinza 100 mg                         | 124 capsules per month <sup>6</sup> |
| Diabetes        | Freestyle Libre 2 day reader receiver  | 1 reader per 999 days               |
| Diabetes        | Freestyle Libre 14 day reader receiver | 1 reader per 999 days               |
| Diabetes        | Freestyle Libre 2 sensors              | 2 sensors per month                 |
| Diabetes        | Freestyle Libre 3 sensors              | 2 sensors per month                 |
| Diabetes        | Freestyle Libre 14 day sensor          | 2 sensors per month                 |
| Diabetes        | Guardian Link 3 Transmitter Kit        | 1 transmitter kit per year          |
| Diabetes        | Guardian Sensor 3                      | 5 sensors per month                 |
| Diabetes        | Insulin Syringes                       | 310 insulin syringes per month      |
| Diabetes        | Pen Needles                            | 310 pen needles per month           |

<sup>5</sup> Typically excluded from 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.

# Nondiscrimination notice and access to communication services

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**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto: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.

**United  
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