



Updates to your prescription benefits

Effective January 1, 2024

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 January 1, 2024. 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 December 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.

Tier 1 Lowest-cost medications	Tier 2 Mid-range cost	Tier 3 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
ADHD	amphetamine/dextroamphetamine extended-release (generic Adderall XR)	Tier 1
ADHD	methylphenidate hydrochloride extended-release (generic Concerta)	Tier 1
Asthma	Fluticasone propionate HFA inhaler (Flovent HFA authorized brand alternative)	Tier 3
Asthma	QVAR RediHaler	Tier 1

Therapeutic use	Medication name	Tier placement
Asthma/COPD	fluticasone/salmeterol Diskus [Wixela Inhub (generic Advair Diskus)]	Tier 1
Asthma/COPD	Fluticasone/salmeterol HFA (Advair HFA authorized brand alternative)	Tier 3
Asthma/COPD	Fluticasone/Vilanterol Ellipta (Breo Ellipta authorized brand alternative)	Tier 3
Cancer	bexarotene capsules (generic Targretin)	Tier 1
Cancer	bexarotene gel (generic Targretin)	Tier 1
Cholesterol/lipid lowering	Ezetimibe/Atorvastatin	Tier 3
Diabetes	Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)	Tier 2
Diabetes	Insulin Lispro KwikPen (unbranded Humalog KwikPen)	Tier 2
Diabetes	Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)	Tier 2
Diabetes	Insulin Lispro vial (unbranded Humalog)	Tier 1
Inflammatory bowel disease	mesalamine delayed-release (generic Delzicol)	Tier 1
Inflammatory bowel disease	mesalamine delayed-release (generic Lialda)	Tier 1
Mental health	asenapine maleate sublingual tablet (generic Saphris)	Tier 1
Neutropenia	Udenyca	Tier 2
Oral steroid	Cortisone	Tier 3
Overactive bladder	Oxybutynin 5 mg/5 ml oral solution	Tier 3

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
Neutropenia	Neulasta	Tier 3 to Tier 2

Prescription drugs moving to a higher tier

The following medications are moving to a higher tier. Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

Therapeutic use	Medication name	Tier placement	Alternative treatment option(s)
Asthma/COPD	Fluticasone propionate/salmeterol Respiclick (Airduo Respiclick authorized brand alternative)	Tier 1 to Tier 2	Arnuity Ellipta, QVAR RediHaler
Cancer	Brukinsa ¹	Tier 2 to Tier 3	Discuss alternative treatment options with your provider

Therapeutic use	Medication name	Tier placement	Alternative treatment option(s)
Diabetes	Humalog vial	Tier 1 to Tier 3	Insulin Lispro vial (unbranded Humalog)
High blood pressure	Edarbi	Tier 2 to Tier 3	candesartan (generic Atacand), irbesartan (generic Avapro), losartan (generic Cozaar), olmesartan (generic Benicar), telmisartan (generic Micardis), valsartan (generic Diovan)
High blood pressure	Edarbyclor	Tier 2 to Tier 3	candesartan HCT (generic Atacand HCT), irbesartan HCT (generic Avalide), losartan HCT (generic Hyzaar), olmesartan HCT (Benicar HCT), valsartan HCT (generic Diovan HCT)

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, 2024, 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	Finacea gel (brand only)	azelaic acid gel (generic Finacea)
ADHD	Adderall XR (brand only)	amphetamine/dextroamphetamine extended-release 24 hr (generic Adderall XR)
ADHD	Concerta (brand only)	methylphenidate extended-release osmotic release (generic Concerta)
ADHD	Vyvanse (brand only)	lisdexamfetamine dimesylate (generic Vyvanse)
Asthma	Flovent Diskus	Arnuity Ellipta, QVAR RediHaler
Asthma	Flovent HFA	Arnuity Ellipta, QVAR RediHaler
Asthma	Pulmicort Flexhaler	Arnuity Ellipta, QVAR RediHaler
Asthma/COPD	Advair Diskus (brand only)	fluticasone propionate/salmeterol (generic Advair Diskus)
Cancer	Targretin capsule (brand only)	bexarotene capsule (generic Targretin)
Cancer	Targretin gel (brand only)	bexarotene gel (generic Targretin)
Chest pain	BiDil (brand only)	isosorbide dinitrate/hydralazine (generic BiDil)
Diabetes	Humalog Tempo Pen ⁴	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen
Diabetes	Kombiglyze XR (brand only)	saxagliptin/metformin extended-release (generic Kombiglyze XR)
Diabetes	Lyumjev Tempo Pen ⁴	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen
Diabetes	Onglyza (brand only)	saxagliptin (generic Onglyza)
Diabetes	Rezvoglar KwikPen ⁴	Lantus, Toujeo

Therapeutic use	Medication name	Alternative treatment option(s)
HIV	Prezista (brand only)	darunavir (generic Prezista)
Infections	Ciprodex (brand only)	ciprofloxacin/dexamethasone otic suspension (generic Ciprodex)
Infections	Otovel	ciprofloxacin/dexamethasone otic (generic Ciprodex), ofloxacin 0.3% solution (generic Floxin, Ocuflax)
Inflammatory bowel disease	Lialda (brand only)	mesalamine delayed-release (generic Delzicol), mesalamine delayed-release (generic Lialda), Apriso
Inflammatory bowel disease	Uceris rectal foam (brand only)	budesonide rectal foam (generic Uceris)
Inflammatory conditions	Abrilada ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Adalimumab-fkjp ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Hulio ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Hyrimoz ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Idacio ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Yuflyma ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Inflammatory conditions	Yusimry ^{1,4}	Adalimumab-adaz (unbranded Hyrimoz) ¹ , Amjevita ¹ , Cyltezo ¹ , Hadlima ¹ , Humira ¹
Mental health	Aplenzin	bupropion extended-release (generic Wellbutrin XL)
Mental health	Latuda (brand only)	lurasidone (generic Latuda)
Mental health	Saphris (brand only)	asenapine maleate sublingual tablet (generic Saphris)
Multiple sclerosis	Aubagio (brand only) ¹	teriflunomide (generic Aubagio) ¹
Narcolepsy	Xyrem brand ¹	armodafinil (generic Nuvigil), modafinil (generic Provigil), Sodium Oxybate [Xyrem authorized generic (Hikma)] ¹ , Sunosi ¹ , Wakix ¹ , Xywav ¹
Neutropenia	Ziextenzo	Neulasta, Udenyca
Testosterone replacement	Xyosted	testosterone cypionate (generic Depo-Testosterone), testosterone enanthate (generic Delatestryl), testosterone 1.62% gel pump (generic Androgel), Testim
Ulcers, heartburn & reflux	Konvomep ⁴	lansoprazole orally disintegrating tablet (generic Prevacid Solu-tab), Nexium Suspension, OTC - Nexium, Prevacid, Prilosec, Zegerid

¹ Step Therapy or Prior Authorization may be required prior to coverage.

² Exclusion includes brand, generic and authorized generic products unless otherwise noted.

³ For benefits that do not exclude, Step Therapy or Prior Authorization may be required.

⁴ 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 January 1, 2024.

ST Step Therapy⁵

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

Therapeutic use	Medication name	Step 1 Medication
Cancer	Mekinist plus Tafinlar	Where both combinations have similar indications members new to therapy must try: Zelboraf plus Cotellic

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
Blood disorders	Promacta 12.5 mg	62 packets/month
Blood disorders	Promacta 25 mg	186 packets/month

⁵ Applies to new utilizers only. Current utilizers on these medications will have continuation of therapy.

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 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 kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayang 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 shqoqdí 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
Healthcare**

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans with a pharmacy benefit subject to the Access 3-Tier PDL.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group, Inc. All branded medications are trademarks or registered trademarks of their respective owners. Please note not all PDL updates apply to all groups depending on state regulation, riders and SPDs.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.

9/23 ©2024 United HealthCare Services, Inc. 2024 Access 3-Tier PDL Employer Update Summary