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
Adalimumab-adbm (unbranded Cyltezo)	2	Excluded[2]
Adalimumab-adbm (unbranded Cyltezo) - Quallent	EAL[1]	Excluded[2]
Agamree oral suspension	EAL[1]	Excluded[2]
Amjevita 20 mg/0.2 mL, 40 mg/0.4 mL, 80mg/0.8 mL (manufactured by Amgen)	2	Excluded[2]
Cabtreo	EAL[1]	Excluded[2]
Casodex (brand only)	3/4	Excluded[2]
Coxanto	EAL[1]	Excluded[2]
Daliresp (brand only)	3/4	Excluded[2]
Davimet/Fluoride	EAL[1]	Excluded[2]
Dolobid	EAL[1]	Excluded[2]
Durezol (brand only)	3/4	Excluded[2]
Eohilia oral suspension	EAL[1]	Excluded[2]
glimepiride 3 mg	EAL[1]	Excluded[2]

continued

Medication name	Current benefit coverage	New benefit coverage
Hadlima	2	Excluded[2]
Hydrocortisone 2.5% solution (Texacort authorized generic)	EAL[1]	Excluded[2]
Hympavzi	EAL[1]	Excluded[2]
Keveyis (brand only)	3/4	Excluded[2]
Kiprofen	EAL[1]	Excluded[2]
Korlym (brand only)	3/4	Excluded[2]
Marinol 2.5 mg (brand only)	3/4	Excluded[2]
Marinol 5 mg, 10 mg (brand only)	EAL[1]	Excluded[2]
Motegrity (brand only)	3/4	Excluded[2]
MoviPrep	2	3/4
Mulpleta	2	3/4
Nutropin AQ NuSpin	2	Excluded[2]
ondansetron 16 mg orally disintegrating tablet	EAL[1]	Excluded[2]
Opsynvi	EAL[1]	Excluded[2]
Ormalvi (brand only)	EAL[1]	Excluded[2]
Otulfi	EAL[1]	Excluded[2]
Oxaprozin (Coxanto authorized generic)	EAL[1]	Excluded[2]
Pradaxa capsule (brand only)	2	Excluded[2]
Promacta tablet	3/4	Excluded[2]
Pyzchiva	EAL[1]	Excluded[2]
Sabril tablet (brand only)	3/4	Excluded[2]
Selarsdi	EAL[1]	Excluded[2]
sevelamer hydrochloride tablet (generic Renagel)	1	Excluded[2]
Sovuna	EAL[1]	Excluded[2]
Sprycel (brand only)	3/4	Excluded[2]
Stelara prefilled syringe	2	Excluded[2]
Stelara vial	2	Excluded[2]
Tetracycline tablet	EAL[1]	Excluded[2]
Tolectin 600 mg	EAL[1]	Excluded[2]
tolmetin 400 mg (generic Tolectin)	1	Excluded[2]
Undecatrex (Kyzatrex authorized generic)	EAL[1]	Excluded[2]
Ustekinumab (unbranded Stelara)	EAL[1]	Excluded[2]
Ustekinumab-aekn (unbranded Selarsdi)	EAL[1]	Excluded[2]
Ustekinumab-stba (unbranded Steqeyma)	EAL[1]	Excluded[2]
Ustekinumab-ttwe (unbranded Pyzchiva)	EAL[1]	Excluded[2]

Medication name	Current benefit coverage	New benefit coverage
Velphoro	2	3/4
Vevye ophthalmic solution	EAL[1]	Excluded[2]
Victoza (brand only)	3/4	Excluded[2]
Wezlana	EAL[1]	Excluded[2]
Zymfentra	EAL[1]	Excluded[2]

[1] 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.

[2] 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.

PA New notification

Prior authorization – notification requires additional clinical information to verify members benefit coverage.

Therapeutic use	Medication name
Cancer	Rozlytrek
Endocrine disorders	Demser

MN New 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
Blood disorders	Mulpleta
Blood disorders	Promacta packet
Skin conditions	Tazorac

ST New 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
Allergies	Xhance[3]	Chronic Rhinosinusitis with Nasal Polyps requires both Prescription fluticasone nasal spray (generic Flonase) and Prescription mometasone nasal spray (generic Nasonex) OR Chronic Rhinosinusitis without Nasal Polyps requires three of the following: budesonide nasal spray (Rhinocort Allergy Spray), fluticasone nasal spray (generic Flonase, Flonase Allergy or Flonase Sensimist), flunisolide nasal spray (generic Nasalide), mometasone nasal spray (generic Nasonex or Nasonex 24H Allergy), triamcinolone nasal spray (Nasacort Allergy 24HR) or Zetonna
Elevated phosphate levels	Velphoro	One of the following: calcium acetate (eg. PhosLo) or sevelamer carbonate (generic Renvela)

QL New quantity limits

Quantity 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 quantity limits program.

Therapeutic use	Medication name	New quantity limit
Duchenne muscular dystrophy	Emflaza 6 mg[3]	31 tablets per month
Duchenne muscular dystrophy	Emflaza 18 mg[3]	31 tablets per month
Duchenne muscular dystrophy	Emflaza 22.75 mg/mL[3]	2 bottles per month
Duchenne muscular dystrophy	Emflaza 30 mg[3]	31 tablets per month
Duchenne muscular dystrophy	Emflaza 36 mg[3]	31 tablets per month

N Revised notification

The following medications have revised prior authorization - notification requirements for coverage.

Therapeutic use	Medication name
Inflammatory conditions	Cosentyx
Inflammatory conditions	Taltz

MN Revised medical necessity

The following medications have revised medical necessity requirements for coverage.

Therapeutic use	Medication name
Inflammatory conditions	Cosentyx
Inflammatory conditions	Taltz

QL Revised quantity limits

The following medications have revised quantity limits requirement for coverage.

Therapeutic use	Medication name	New quantity limit
Diabetes	Ozempic 2 mg/3 mL[4]	1 pen-injector per month
Neuropathic pain	Gralise 450 mg[3]	62 Tablets per month
Neuropathic pain	Gralise 600 mg[3]	62 Tablets per month

[3] Typically excluded from coverage.

[4] Step therapy or prior authorization may be required for coverage.

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:**711**

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: **711**

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة .اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ
និងការទំនាក់ទំនងឯកសារជាទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

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や、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: **Diné (Navajo)** saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáłahgo át'éego bee hadadilyaa bee ahxił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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.

UnitedHealthcare