



# Updates to your prescription benefits

Effective January 1, 2024

## Your PDL update summary

Dear Valued Plan Participant:

We want to alert you about upcoming changes to the Prescription Drug List (PDL) for your plan.

These changes include copay costs or coverage requirements. Review the list of changes below to learn if any of your medications will be impacted.

To help outline changes in cost or coverage, prescriptions drugs are grouped by tiers. A tier indicates the amount you pay when you fill a prescription. Please reference the chart below as you review the following changes to the PDL for your plan.



### Prescription drugs with limited 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 limit coverage of the higher-cost option. Effective January 1, 2024, the drugs listed below may have limited coverage. You may need to get a prior authorization or try preferred alternative treatment options prior to the approval of coverage.

Sign into your online account to see if there are any actions you need to take.

Therapeutic use	Medication name	Alternative treatment option(s)
Acne	Epsolay <sup>3</sup>	Soolantra
Acne	Finacea gel (brand only)	azelaic acid gel (generic Finacea)

Therapeutic use	Medication name	Alternative treatment option(s)
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	Methylphenidate extended-release 45 mg and 63 mg <sup>3</sup>	methylphenidate extended-release capsule (generic Metadate CD, Ritalin LA), amphetamine/dextroamphetamine extended-release 24 hr (generic Adderall XR), methylphenidate extended-release osmotic release (generic Concerta)
ADHD	methylphenidate extended-release 72 mg (generic Relexxii)	methylphenidate extended-release capsule (generic Metadate CD, Ritalin LA), amphetamine/dextroamphetamine extended-release 24 hr (generic Adderall XR), methylphenidate extended-release osmotic release (generic Concerta)
ADHD	Relexxii 45 mg and 63 mg <sup>3</sup>	methylphenidate extended-release capsule (generic Metadate CD, Ritalin LA), amphetamine/dextroamphetamine extended-release 24 hr (generic Adderall XR), methylphenidate extended-release osmotic release (generic Concerta)
ADHD	Relexxii 72 mg	methylphenidate extended-release capsule (generic Metadate CD, Ritalin LA), amphetamine/dextroamphetamine extended-release 24hr (generic Adderall XR), methylphenidate extended-release osmotic release (generic Concerta)
ADHD	Vyvanse (brand only)	lisdexamfetamine dimesylate (generic Vyvanse)
Asthma	Flovent Diskus inhaler	Arnuity Ellipta, QVAR RediHaler
Asthma	Flovent HFA inhaler	Arnuity Ellipta, QVAR RediHaler
Asthma	Pulmicort Flexhaler	Arnuity Ellipta, QVAR RediHaler
Asthma/COPD	Advair Diskus inhaler (brand only)	fluticasone propionate/salmeterol (generic Advair Diskus)
Cancer	Afinitor Disperz (brand only)	everolimus tablet for oral suspension (generic Afinitor Disperz)
Cancer	Nexavar (brand only)	sorafenib (generic Nexavar)
Cancer	Sutent (brand only)	sunitinib (generic Sutent)
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)
Constipation	lbsrela <sup>3</sup>	Linzess, Lubiprostone (Amitiza authorized brand alternative)

Therapeutic use	Medication name	Alternative treatment option(s)
Diabetes	Fiasp	Insulin Lispro vial (unbranded Humalog), Lyumjev
Diabetes	Humalog Tempo Pen <sup>3</sup>	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen
Diabetes	Insulin glargine (generic Lantus authorized brand alternative) <sup>3</sup>	Lantus, Toujeo
Diabetes	Insulin glargine (generic Lantus Solostar authorized brand alternative) <sup>3</sup>	Lantus, Toujeo
Diabetes	Kombiglyze XR (brand only)	saxagliptin/metformin extended-release (generic Kombiglyze XR)
Diabetes	Lyumjev Tempo Pen <sup>3</sup>	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen
Diabetes	metformin 625 mg <sup>3</sup>	metformin (generic Glucophage, generic Glucophage XR)
Diabetes	Onglyza (brand only)	saxagliptin (generic Onglyza)
Diabetes	Rezvoglar Kwikpen <sup>3</sup>	Lantus, Toujeo
Endocrine disorders	Buphenyl (brand only)	sodium phenylbutyrate (generic Buphenyl)
Endocrine disorders	Lanreotide 120 mg/0.5 ml <sup>3</sup>	Somatuline Depot
Endocrine disorders	Pheburane <sup>3</sup>	sodium phenylbutyrate (generic Buphenyl)
Excessive secretions	Robinul (brand only) <sup>3</sup>	glycopyrrolate tablet (generic Robinul)
Excessive secretions	Robinul Forte (brand only) <sup>3</sup>	glycopyrrolate tablet (generic Robinul Forte)
Gout	Colcrys (brand only)	colchicine (generic Colcrys), Mitigare
High blood pressure	Clonidine extended-release (Nexiclon authorized brand alternative) <sup>3</sup>	clonidine (generic Catapres)
High blood pressure	Nexiclon XR <sup>3</sup>	clonidine (generic Catapres)
HIV	Prezista (brand only)	darunavir (generic Prezista)
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 <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira
Inflammatory conditions	Adalimumab-fkjp <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira
Inflammatory conditions	Hulio <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira
Inflammatory conditions	Hyrimoz <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira

Therapeutic use	Medication name	Alternative treatment option(s)
Inflammatory conditions	Idacio <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira
Inflammatory conditions	Yuflyma <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira
Inflammatory conditions	Yusimry <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira
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)
Mental health	Viibryd (brand only)	vilazodone (generic Viibryd)
Miscellaneous therapeutic agents	aspirin 162 mg and 325 mg <sup>4</sup>	aspirin 81 mg
Multiple sclerosis	Aubagio (brand only)	teriflunomide (generic Aubagio)
Multiple sclerosis	Gilenya 0.5 mg (brand only)	fingolimod (generic Gilenya)
Multiple sclerosis	Tascenso ODT <sup>3</sup>	fingolimod (generic Gilenya)
Muscle spasms	Lyvispah granules <sup>3</sup>	baclofen (generic Lioresal), Ozobax
Narcolepsy	Xyrem	armodafinil (generic Nuvigil), modafinil (generic Provigil), Sodium Oxybate [Xyrem authorized generic (Hikma)], Sunosi, Wakix, Xywav
Neutropenia	Fylneta <sup>3</sup>	Neulasta, Udenyca
Neutropenia	Releuko <sup>3</sup>	Zarxio
Neutropenia	Stimufend <sup>3</sup>	Neulasta, Udenyca
Neutropenia	Ziextenzo	Neulasta, Udenyca
Pulmonary fibrosis	Esbriet (brand only)	pirfenidone (generic Esbriet)
Sleep	Quviviq <sup>3</sup>	zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta)
Testosterone replacement	Tlando <sup>3</sup>	Androderm, Testim
Testosterone replacement	Xyosted	testosterone cypionate (generic Depo-Testosterone), testosterone enanthate (generic Delatestryl), testosterone 1.62% gel pump (generic Androgel), Testim
Transplant	Zortress 1 mg (brand only)	everolimus (generic Zortress)
Ulcers, heartburn & reflux	Konvomep <sup>3</sup>	lansoprazole orally disintegrating tablet (generic Prevacid Solu-tab), Nexium Suspension, OTC - Nexium, Prevacid, Prilosec, Zegerid

## 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 inhaler (Airduo Respiclick authorized brand alternative)	Tier 1 to Tier 2	Arnuity Ellipta, QVAR RediHaler
Cancer	Brukinsa	Tier 2 to Tier 3	Discuss alternative treatment options with your provider
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)

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

<sup>2</sup> For benefits that have limited coverage, step therapy or prior authorization may be required.

<sup>3</sup> Newly released medication which had limited coverage at the time of launch and will continue to have limited coverage under our pharmacy benefit.

<sup>4</sup> This medication will no longer be included on the Healthcare Reform Zero-cost Preventive Care List.

# Nondiscrimination notice and access to communication services

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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 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.

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**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.

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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, निःशुल्क 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 shqoqí ninaaltsoos nit'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í bik'ágíí 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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