



Updates to your prescription benefits

Effective May 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 May 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 April 1, 2024, 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
Sleep	Zolpidem tartrate capsule	Tier 3

Prescription drugs excluded from benefit coverage^{1,2}

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, 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)
Cancer	Imbruvica 140 mg, 280 mg (tablet only) ³	Imbruvica capsules ³
Cancer	Votrient (brand only) ³	pazopanib (generic Votrient) ³
Dry eye disease	Miebo ^{3,4}	Restasis single dose vials ³ , Xiidra ³
Endocrine disorder	Olpruva ^{3,4}	sodium phenylbutyrate (generic Buphenyl) ³
Growth hormone	Sogroya ^{3,4}	Norditropin Flexpro ³ , Nutropin AQ NuSpin ³ , Ngenla ³ , Skytrofa ³
Heart failure	Inpefa ^{3,4}	Jardiance
Hereditary angioedema	Sajazir ³	icatibant acetate (generic Firazyr) ³
Narcolepsy	Sodium Oxybate [(Amneal), authorized generic Xyrem] ^{3,4}	armodafinil (generic Nuvigil), modafinil (generic Provigil), Lumryz ³ , Sodium Oxybate [(Hikma) authorized generic Xyrem] ³ , Sunosi, Xywav ³
Oral steroid	Millipred	prednisone tablets, prednisolone tablets
Pulmonary hypertension	Liqrev ^{3,4}	sildenafil (generic Revatio) ³
Wilson's disease	Cuvrior ^{3,4}	trientine (generic Syprine) ³

¹ Exclusion includes brand, generic and authorized generic products unless otherwise noted.

² For benefits that do not exclude, step therapy or prior authorization may be required.

³ Step therapy or prior authorization may be required prior to coverage.

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 May 1, 2024.

PA Prior Authorization - New Notification

Prior Authorization – Notification requires additional clinical information to verify members benefit coverage.

Therapeutic use	Medication name
Pulmonary arterial hypertension ⁵	Liqrev

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
Pulmonary arterial hypertension ⁵	Liqrev
Wilson's disease ⁵	Cuvrior

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
Infertility ⁶	Menopur 75 units/vial	186 vials per month
Weight loss ⁶	Contrave 8 mg/90 mg	124 tablets per month
Weight loss ⁶	Qsymia 11.25 mg/69 mg	31 capsules per month
Weight loss ⁶	Qsymia 15 mg/92 mg	31 capsules per month
Weight loss ⁶	Qsymia 3.75 mg/23 mg	31 capsules per month
Weight loss ⁶	Qsymia 7.5 mg/46 mg	31 capsules per month
Weight loss ⁶	Saxenda 18 mg/3 mL	6 pen injectors per month
Weight loss ⁶	Wegovy 0.25 mg/0.5 mL	4 auto-injectors per month and a total of 8 auto-injectors per year
Weight loss ⁶	Wegovy 0.5 mg/0.5 mL	4 auto-injectors per month and a total of 8 auto-injectors per year
Weight loss ⁶	Wegovy 1 mg/0.5 mL	4 auto-injectors per month and a total of 8 auto-injectors per year
Weight loss ⁶	Wegovy 1.7 mg/0.75 mL	4 auto-injectors per month
Weight loss ⁶	Wegovy 2.4 mg/0.75 mL	4 auto-injectors per month

⁵ Part of the Specialty Bolt-on.

⁶ Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

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)**, udostępniłmy 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 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 shqoqdí ninaaltsoos nit'i'izí 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.

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