




# Updates to your prescription benefits

Effective January 1, 2022

## Flex Base 3-Tier PDL update summary

Within the Prescription Drug List (PDL), prescription drugs are grouped by tier. The tier indicates the amount you pay when you fill a prescription. Please reference the chart to the right as you review the following updates to the PDL.

 <b>Tier 1</b> Lowest-cost medications	 <b>Tier 2</b> Mid-range cost	 <b>Tier 3</b> Highest-cost
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## 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
Acne	Winlevi	3
Hereditary angioedema	Orladeyo <sup>3</sup>	3
Overactive bladder	Gemtesa	3
Overactive bladder	Vesicare LS	3
Pain	Prolate (oxycodone/acetaminophen) 10mg/300mg oral solution	3
Thyroid replacement	Thyquidity	3
Ulcers due to H. pylori	Helidac Therapy	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
Sexual dysfunction	Imvexxy <sup>1</sup>	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	Lower-Cost Option(s)
Asthma	Proair HFA (brand only) <sup>2</sup>	Tier 2 to Tier 3	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Asthma	Proair RespiClick <sup>2</sup>	Tier 2 to Tier 3	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Asthma	Ventolin HFA <sup>2</sup>	Tier 2 to Tier 3	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Bladder pain	Elmiron	Tier 2 to Tier 3	amitriptyline (generic Elavil)
Cancer	Xalkori <sup>3</sup>	Tier 2 to Tier 3	Alecensa <sup>3</sup> , Alunbrig <sup>3</sup>
Cancer	Zykadia <sup>3</sup>	Tier 2 to Tier 3	Alecensa <sup>3</sup> , Alunbrig <sup>3</sup>
Cholesterol/Lipid lowering	Praluent <sup>2</sup>	Tier 2 to Tier 3	Repatha
Cholesterol/Lipid lowering	Vascepa	Tier 2 to Tier 3	atorvastatin (generic Lipitor), fenofibrate 54 mg, 145 mg, 160 mg tablets (generic Lofibra, Triglide, Tricor), omega-3 ethyl esters (generic Lovaza), rosuvastatin (generic Crestor), simvastatin (generic Zocor)
Endocrine disorders	Nityr <sup>2,3</sup>	Tier 2 to Tier 3	Orfadin <sup>3</sup>
Endocrine disorders	Signifor <sup>3</sup>	Tier 2 to Tier 3	ketoconazole tablet (generic Nizoral)
HIV	Fuzeon	Tier 2 to Tier 3	Discuss alternative treatment options with your provider.
Myasthenia gravis	Mestinon Timespan (brand only) <sup>2</sup>	Tier 2 to Tier 3	pyridostigmine extended-release tablet (generic Mestinon Timespan)
Nausea and vomiting	Varubi	Tier 2 to Tier 3	aprepitant capsule (generic Emend)
Parkinson's disease	Apokyn <sup>3</sup>	Tier 2 to Tier 3	Inbrija <sup>3</sup> , Kynmobi <sup>3</sup>
Sexual dysfunction	Intrarosa <sup>1</sup>	Tier 2 to Tier 3	Imvexxy <sup>1</sup>
Skin conditions	Carac	Tier 2 to Tier 3	fluorouracil 5% (generic Efudex), Fluoroplex 1% cream
Supportive care for Cystic fibrosis	Cayston <sup>3</sup>	Tier 2 to Tier 3	tobramycin 300 mg /4 mL (generic Bethkis) <sup>3</sup>

## Prescription drugs excluded from benefit coverage<sup>4, 5</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 January 1, 2022, 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>Acne</b>	Epiduo (adapalene-benzoyl peroxide) 0.1%-2.5% gel/ Epiduo Forte <sup>2</sup>	OTC benzoyl peroxide, OTC Differin gel, tretinoin cream (generic Retin-A)
<b>ADHD</b>	Ritalin tablets (brand only)	methylphenidate tablets (generic Ritalin)
<b>Allergies</b>	Patanase (brand only)	olopatadine 0.6% nasal spray (generic Patanase)
<b>Alzheimer's disease</b>	Namenda (brand only)	memantine (generic Namenda)
<b>Angina</b>	Isordil Titradoso (brand only)	isosorbide dinitrate (generic Isordil Titradoso)
<b>Benign prostatic hypertrophy</b>	Proscar (brand only)	finasteride (generic Proscar)
<b>Blood disorders</b>	Agrylin (brand only)	anagrelide (generic Agrylin)
<b>Cancer</b>	Tykerb (brand only)	lapatinib tablet (generic Tykerb) <sup>3</sup>
<b>Cholesterol/Lipid lowering</b>	Niaspan (brand only)	niacin extended-release (generic Niaspan)
<b>Cholesterol/Lipid lowering</b>	Pravachol (brand only)	pravastatin (generic Pravachol)
<b>Contraceptive</b>	Estrostep FE (brand only) <sup>6</sup>	norethindrone/ethinyl estradiol 1/20-1/30-1/35 [Tilia FE, Tri-Legest FE (generic Estrostep FE)]
<b>Contraceptive</b>	Loestrin 1.5/30 (brand only) <sup>6</sup>	norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela, Hailey, Junel 1.5/30, Larin, Microgestin (generic Loestrin 1.5/30)]
<b>Contraceptive</b>	Loestrin 1/20 (brand only) <sup>6</sup>	norethindrone/ethinyl estradiol 1 mg/20 mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]
<b>Contraceptive</b>	Loestrin FE 1.5/30 (brand only) <sup>6</sup>	norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, (generic Loestrin FE 1.5/30)]
<b>Contraceptive</b>	Mircette (brand only) <sup>6</sup>	desogestrel/ethinyl estradiol [Azurette, Bekyree, Kariva, Pimtree, Simliya, Viorele, Volnea (generic Mircette)]
<b>Cough &amp; cold</b>	Hycodan (brand only) <sup>7</sup>	hydrocodone/homatropine (generic Hycodan)
<b>Diabetes</b>	Amaryl (brand only)	glimepiride (generic Amaryl)
<b>Gallstones</b>	Actigall (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
<b>Gallstones</b>	Urso 250 (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
<b>Gallstones</b>	Urso Forte (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
<b>Heart failure</b>	Edecrin (brand only)	ethacrynic acid tablets (generic Edecrin)

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
High blood pressure	Accupril (brand only)	quinapril (generic Accupril)
High blood pressure	Dyrenium (brand only)	triamterene capsules (generic Dyrenium)
High blood pressure	Tarka (brand only)	trandolapril/verapamil extended-release tablet (generic Tarka)
High blood pressure	Toprol XL (brand only)	metoprolol succinate extended-release tablet (generic Toprol XL)
Hormone replacement	Femhrt (brand only)	norethindrone/ethinyl estradiol 0.5 mg/2.5 mcg [Fyavolv (generic Femhrt)]
Infections	Diflucan suspension, tablets (brand only)	fluconazole (generic Diflucan)
Infections	Kerydin (brand only)	itraconazole (generic Sporanox), oral terbinafine (generic Lamisil), ciclopirox (generic Penlac), tavaborole (generic Kerydin)
Inflammatory conditions	Arava (brand only)	leflunomide (generic Arava)
Mental health	Remeron SolTab, tablets (brand only)	mirtazapine (generic Remeron)
Nausea & vomiting	Emend capsules (brand only)	aprepitant capsules (generic Emend)
Osteoporosis	Boniva tablet (brand only)	ibandronate (generic Boniva)
Overactive bladder	Ditropan XL (brand only)	oxybutynin extended-release tablet (generic Ditropan XL)
Pain & inflammation	Cataflam (brand only) <sup>7</sup>	diclofenac tablets (generic Cataflam, generic Voltaren)
Pain & inflammation	Mobic (brand only)	meloxicam (generic Mobic)
Skin conditions	Cordran ointment (brand only)	flurandrenolide 0.05% ointment (generic Cordran)
Skin conditions	Dovonex (brand only)	calcipotriene cream (generic Dovonex)
Skin conditions	Noritate <sup>2</sup>	metronidazole 0.75% cream (generic Metrocream)
Skin conditions	Wynzora <sup>7</sup>	betamethasone (generic Diprosone) + calcipotriene (generic Dovonex), betamethasone/calcipotriene ointment (generic Taclonex), Enstilar, Taclonex Suspension
Vitamin	Mephyton (brand only)	phytonadione (generic Mephyton)

<sup>1</sup> Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

<sup>2</sup> Typically excluded from coverage.

<sup>3</sup> Step therapy or prior authorization may be required prior to coverage.

<sup>4</sup> For benefits that do not exclude, step therapy (referred to as First Start in New Jersey) or prior authorization (sometimes referred to as precertification) may be required.

<sup>5</sup> Exclusion includes brand, generic and authorized generic products unless otherwise noted.

<sup>6</sup> In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access [uhcprovider.com/Drug List and Pharmacy/Additional Resources/Patient Protection and Affordable Care Act \\$0 Cost-share Preventive Medications Exemption Requests](http://uhcprovider.com/Drug List and Pharmacy/Additional Resources/Patient Protection and Affordable Care Act $0 Cost-share Preventive Medications Exemption Requests) (Commercial members) or call the toll-free number on the member's health plan ID card.

<sup>7</sup> Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our benefit.

# Flex Base 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, 2022.

## **N** Prior Authorization – Notification

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

Therapeutic Use	Medication Name
Iron overload	Ferriprox/ Ferriprox twice-a-day 1000 mg <sup>8</sup>

## **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 have a new or revised Medical Necessity program.

Therapeutic Use	Medication Name
Sexual dysfunction	Intrarosa <sup>9</sup>

## **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
Acne	Adapalene 0.1% <sup>10</sup>	28 pads per month

<sup>8</sup> New strength requiring notification.

<sup>9</sup> Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

<sup>10</sup> Medication typically excluded from coverage.

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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 ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

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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 health plan ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



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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.

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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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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.

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UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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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.

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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 shqódí ninaaltsoos nit'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



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Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

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