



# Updates to your prescription benefits

Effective January 1, 2025

## Access 4-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 below as you review the following updates to the PDL.

 <b>Tier 1</b> Lowest-cost medications	 <b>Tier 2 and 3</b> Mid-range cost	 <b>Tier 4</b> 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
Diabetes	Sitagliptin (Zituvio authorized generic) <sup>1</sup>	Tier 4
Diabetes	Zituvio <sup>1</sup>	Tier 4
Inflammatory conditions	Amjevita for Nuvaila <sup>1</sup>	Tier 2
Inflammatory conditions	Taltz <sup>1</sup>	Tier 2
Pain	tramadol 25 mg tablet	Tier 1

## 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
Inflammatory conditions	Entyvio <sup>1</sup>	Tier 4 to Tier 2
Inflammatory conditions	Omvoh <sup>1</sup>	Tier 3 to Tier 2
Inflammatory conditions	Sotyktu <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	Alternative treatment option(s)
Anemia	Epogen <sup>2</sup>	Tier 2 to Tier 4	Retacrit
Anemia	Procrit <sup>2</sup>	Tier 2 to Tier 4	Retacrit
Blood disorders	Mulpleta <sup>1</sup>	Tier 2 to Tier 4	Discuss alternative treatment options with your provider
Bowel preparations	MoviPrep	Tier 2 to Tier 4	polyethylene glycol powder (generic Glycolax), PEG (generic Golytely)
Elevated phosphate levels	Velphoro <sup>1</sup>	Tier 2 to Tier 4	calcium acetate (generic PhosLo), sevelamer carbonate tablet (generic Renvela)

## Prescription drugs excluded from benefit coverage<sup>3,4</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, 2025, 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	Cabtreo <sup>5</sup>	OTC Differin gel plus clindamycin 1.2%/benzoyl peroxide 5% (generic Duac) or adapalene 0.1%/benzoyl peroxide 2.5% (generic Epiduo) plus clindamycin 1% gel (generic Clindagel)
Blood disorders	Promacta tablet <sup>1</sup>	Alvaiz <sup>1</sup>
Cushing's disease	Korlym (brand only) <sup>1</sup>	mifepristone (generic Korlym) <sup>1</sup>
Dry eye disease	Vevye ophthalmic solution <sup>1,5</sup>	Restasis single dose vial <sup>1</sup> , Xiidra <sup>1</sup>
Elevated phosphate levels	sevelamer hydrochloride tablet (generic Renagel)	sevelamer carbonate tablet (generic Renvela)
Growth hormone	Nutropin AQ NuSpin <sup>1</sup>	Norditropin Flexpro <sup>1</sup> , Omnitrope <sup>1</sup>
Infections	Tetracycline tablet <sup>5</sup>	tetracycline capsule (generic Achromycin V)

Therapeutic use	Medication name	Alternative treatment option(s)
<b>Inflammatory conditions</b>	Adalimumab-adbm (unbranded Cyltezo) <sup>1</sup>	Adalimumab-adaz (unbranded Hyrimoz) <sup>1</sup> , Amjevita for Nuvaila <sup>1</sup> , Humira <sup>1</sup>
<b>Inflammatory conditions</b>	Amjevita 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL (manufactured by Amgen) <sup>1</sup>	Adalimumab-adaz (unbranded Hyrimoz) <sup>1</sup> , Amjevita for Nuvaila <sup>1</sup> , Humira <sup>1</sup>
<b>Inflammatory conditions</b>	Cosentyx <sup>1</sup>	adalimumab [Adalimumab-adaz (unbranded Hyrimoz) <sup>1</sup> , Amjevita for Nuvaila <sup>1</sup> , Humira <sup>1</sup> ], Cimzia <sup>1</sup> , Enbrel <sup>1</sup> , Rinvoq <sup>1</sup> , Simponi <sup>1</sup> , Skyrizi <sup>1</sup> , Sotyktu <sup>1</sup> , Stelara <sup>1</sup> , Taltz <sup>1</sup> , Tremfya <sup>1</sup> , Xeljanz <sup>1</sup>
<b>Inflammatory conditions</b>	Eohilia oral suspension <sup>1,5</sup>	budesonide nebulized solution (generic Pulmicort Respules)
<b>Inflammatory conditions</b>	Hadlima <sup>1</sup>	Adalimumab-adaz (unbranded Hyrimoz) <sup>1</sup> , Amjevita for Nuvaila <sup>1</sup> , Humira <sup>1</sup>
<b>Inflammatory conditions</b>	Zymfentra <sup>1,5</sup>	adalimumab [Adalimumab-adaz (unbranded Hyrimoz) <sup>1</sup> , Amjevita for Nuvaila <sup>1</sup> , Humira <sup>1</sup> ], Cimzia <sup>1</sup> , Entyvio <sup>1</sup> , Infliximab IV (medical benefit) <sup>1</sup> , Omvoh <sup>1</sup> , Rinvoq <sup>1</sup> , Simponi <sup>1</sup> , Stelara <sup>1</sup> , Skyrizi <sup>1</sup> , Xeljanz <sup>1</sup>
<b>Oral steroid</b>	Agamree oral suspension <sup>1,5</sup>	prednisone
<b>Pain and inflammation</b>	Coxanto <sup>5</sup>	ibuprofen, naproxen, oxaprozin tablet, Over-the-counter NSAIDs
<b>Pain and inflammation</b>	Oxaprozin (Coxanto authorized generic) <sup>5</sup>	ibuprofen, naproxen, oxaprozin tablet, Over-the-counter NSAIDs
<b>Vitamin</b>	Davimet/Fluoride <sup>5</sup>	generic pediatric multivitamins with fluoride

<sup>1</sup> Step therapy or prior authorization may be required prior to coverage.

<sup>2</sup> Medication is typically excluded from coverage.

<sup>3</sup> Exclusion includes brand, generic and authorized generic products unless otherwise noted.

<sup>4</sup> For benefits that do not exclude, step therapy or prior authorization may be required.

<sup>5</sup> Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

# Access 4-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, 2025.

## QL Revised 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
Neuropathic pain	Gralise 450 mg <sup>6</sup>	62 Tablets per month
Neuropathic pain	Gralise 600 mg <sup>6</sup>	62 Tablets per month

## 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

## MN Revised Medical Necessity

The following medications have revised Medical Necessity requirements for coverage.

Therapeutic use	Medication name
Inflammatory conditions	Cosentyx
Inflammatory conditions	Taltz

## PA New Prior Authorization

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

Therapeutic use	Medication name
Cancer	Rozlytrek
Endocrine disorders	Demser

## ST Revised Step Therapy

The following medications have revised Step Therapy requirements for coverage.

Therapeutic use	Medication name
Inflammatory conditions	Cosentyx

## 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 <sup>6</sup>	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)

## N Revised Notification

The following medications have revised Prior Authorization - Notification requirements for coverage.

Therapeutic use	Medication name
Inflammatory conditions	Cosentyx
Inflammatory conditions	Taltz

<sup>6</sup> Medication is typically excluded from coverage.

# 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](mailto: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 <https://www.hhs.gov/ocr/complaints/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 kenyanam. 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 shqódí 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 4-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.

8/24 ©2024 United HealthCare Services, Inc. WF14189354-F\_2025 Access 4-Tier PDL update summary