



# Updates to your prescription benefits

Effective Jan. 1, 2018

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



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**Tier 1**

Your lowest-cost medications



\$\$

**Tier 2**

Your mid-range cost medications



\$\$\$

**Tier 3**

Your highest-cost medications

## Medications with new benefit coverage.

The following medications were previously not covered under most benefit plans and are now eligible for coverage.

Therapeutic Use	Medication Name	Tier Placement
Constipation	Trulance	3
Hepatitis C	Mavyret	2
	Vosevi	
Migraines	Ergomar	3
Osteoporosis	Tymlos	3
Skin Conditions	Rhofade	3

## Medications moving to a lower tier.

The following medications are moving to a lower tier, making them more affordable.

Therapeutic Use	Medication Name	Tier Placement
Inflammatory Conditions	Otezla	3 → 2
Pain	Xtampza ER	3 → 2

## Medications 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 Options
<b>Cancer</b>	Mekinist	2 ▶ 3	Discuss with your doctor
	Tafinlar		
<b>Hemorrhoids</b>	Anucort-HC suppository	1 ▶ 2	hydrocortisone 2.5% rectal cream (generic Anusol-HC)
	Hemmorex-HC suppository (generic Anusol-HC, Proctocort)		
	Hemorrhoidal Sup HC suppository (generic Anusol-HC, Proctocort)		
	Hydrocort AC suppository (generic Anusol-HC, Proctocort)		
<b>Hepatitis B</b>	adefovir (generic Hepsera)	1 ▶ 2	entecavir tablet (generic Baraclude)
<b>Hepatitis C</b>	Sovaldi	2 ▶ 3	Discuss with your doctor
<b>Mental Health</b>	clomipramine capsules (generic Anafranil)	1 ▶ 3	citalopram (generic Celexa), escitalopram (generic Lexapro), fluoxetine capsules (generic Prozac), fluvoxamine (generic Luvox), paroxetine (generic Paxil), sertraline (generic Zoloft)
	fluoxetine capsules (generic Sarafem)		
	fluoxetine delayed-release 90 mg capsule (generic Prozac weekly)		
	fluoxetine tablet (generic Prozac)		
<b>Migraines</b>	dihydroergotamine nasal spray (generic Migranal)	1 ▶ 3	naratriptan (generic Amerge), rizatriptan (generic Maxalt/Maxalt MLT), sumatriptan (generic Imitrex), zolmitriptan (generic Zomig/Zomig-ZMT), eletriptan (generic Relpax)
<b>Osteoporosis</b>	Forteo	2 ▶ 3	Discuss with your doctor
<b>Pain</b>	levorphanol tablets (generic Levo-Dromoran)	1 ▶ 3	hydromorphone tablets (generic Dilaudid), morphine tablets (generic MS-IR), oxycodone tablets (generic Roxicodone)

## Medications excluded from benefit coverage.

We evaluate medications based on their total value, including how a medication works and how much it costs. When several medications work in the same way, we may choose to exclude the higher-cost option. Effective Jan. 1, 2018, the medications listed below may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification) and/or trial/failure\* of another medication(s). You should review your benefit plan documents and pharmacy benefit coverage for a full list of medications that are excluded or have programs or limits that apply.

Therapeutic Use	Medication Name	Lower-Cost Options
<b>Allergies</b>	RyVent	carbinoxamine tablets (generic Palgic)
<b>Asthma/COPD</b>	AirDuo Respiclick (Brand Only)	fluticasone/salmeterol powder for inhalation (generic AirDuo Respiclick), Advair Diskus/HFA, Breo Ellipta, Symbicort
<b>Chest Pain</b>	GoNitro	nitroglycerin sublingual tablet (generic Nitrostat)
<b>Diabetes**</b>	Xultophy	Soliqua
<b>Dry Eye Disease</b>	Restasis MultiDose	Restasis (single use vials), Xiidra
<b>Duchenne Muscular Dystrophy</b>	Emflaza	prednisone
<b>Elevated Parathyroid Hormone</b>	Royaldee	calcitriol (generic Rocaltrol), doxercalciferol (generic Hectorol), paricalcitol (generic Zemplar)
<b>Eye Pain/ Inflammation</b>	BromSite	bromfenac ophthalmic solution (generic Bromday, Xibrom), diclofenac ophthalmic solution (generic Voltaren), ketorolac ophthalmic solution (generic Acular), Nevanac
<b>High Blood Pressure</b>	metoprolol extended-release/hydrochlorothiazide (authorized generic for Dutoprol)	metoprolol (generic Toprol-XL) plus hydrochlorothiazide
<b>Infections</b>	Daxbia Otovel	cephalexin (generic Keflex) ofloxacin 0.3% solution (generic Floxin, Ocuflax), Ciprodex
<b>Opioid Induced Constipation</b>	Relistor tablet	Movantik
<b>Oral Steroid</b>	LoCort ZonaCort	dexamethasone tablets
<b>Pain</b>	Arymo ER	morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Xtampza ER
<b>Skin Conditions</b>	Micort-HC 2.5% cream	hydrocortisone 2.5% cream

\* Referred to as First Start in New Jersey.

\*\* For Oxford plans, diabetic supplies and prescription medications may be subject to different cost-share arrangements. Please see your Summary of Benefits and Coverage (SBC) for specifics.

## Prescription medications with over-the-counter equivalents.\* \* \*

Prescription medications containing the same active ingredient available in an over-the-counter product may be excluded from coverage.

Therapeutic Use	Medication Name	Lower-Cost Options
<b>Stroke &amp; Heart Attack Prevention</b>	Yosprala	OTC aspirin plus omeprazole (Prilosec), pantoprazole (Protonix)

\* \* \* This is not applicable for plans written in New Jersey. For New York plans, a prescription drug product that is therapeutically equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.



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.



For more information, call the toll-free phone number on the back of your health plan ID card to speak with a Customer Service representative.

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MS-17-502 100-17935 Advantage Three-Tier PDL Update Summary



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Effective January 1, 2018

## MN Medical Necessity

Medical Necessity evaluates the clinical appropriateness of a medication in terms of condition being treated, type of medication, frequency of use, and duration of therapy. The following medications will now require Medical Necessity for coverage including use of lower-cost alternatives prior to coverage for certain indications.

Therapeutic Use	Medication Name	Lower-Cost Alternative
Skin Conditions	Rhofade	Mirvaso

## SL Supply Limits

Supply Limits will be applied to new medications when other medications in their therapeutic class already have these clinical programs in place. Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified timeframe.

Therapeutic Use	Medication Name	New or Revised Limit
Mental Health	fluoxetine 10 mg (generic Prozac) tablet	31 tablets per month
Opioid Dependence	Bunavail 2.1 mg/0.3 mg buccal film	31 buccal films per month
	Zubsolv 1.4 mg/0.36 mg sublingual tablet	62 tablets per month
	Zubsolv 2.9 mg/0.71 mg sublingual tablet	31 tablets per month
	Zubsolv 5.7 mg/1.4 mg sublingual tablet	31 tablets per month
	Zubsolv 11.4 mg/2.9 mg sublingual tablet	62 tablets per month
Opioid Induced Constipation	Relistor 8 mg/0.4 mL syringe	31 syringes per month
	Relistor 12 mg/0.6 mL syringe	
	Relistor 150 mg tablet	93 tablets per month

Therapeutic Use	Medication Name	New or Revised Limit
<b>Pain</b>	Dolophine 5 mg tablet	124 tablets per month
	Dolophine 10 mg tablet	62 tablets per month
	Duragesic 50 mcg/hr patch	10 patches per month
	Duragesic 75 mcg/hr patch	
	Duragesic 100 mcg/hr patch	
	Fentanyl 37.5 mcg/hr patch	
	Fentanyl 62.5 mcg/hr patch	10 patches per month
	Fentanyl 87.5 mcg/hr patch	
	lidocaine 5% ointment	35.44 grams per month
	methadone 5 mg/5 mL solution	700 mL per month
	methadone 10 mg/5 mL solution	350 mL per month
	Opana ER 20 mg tablet	Requires supply limit review
	Zohydro ER 50 mg capsule	
	<b>Pulmonary Arterial Hypertension</b>	Orenitram 5 mg tablet



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For more information, call the toll-free number on the back of your health plan ID card to speak with a Customer Service representative.

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**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 ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m. if you are a UnitedHealthcare member, or Monday through Friday, 8 a.m. to 6 p.m. if you are a member of an Oxford plan.

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 ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m. if you are a UnitedHealthcare member, or Monday through Friday, 8 a.m. to 6 p.m. if you are a member of an Oxford plan.



## 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 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'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.