



Updates to your prescription benefits

Effective July 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.



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
Blood Clots	Bevyxxa	3
Diabetes*	Contour Next	2
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Endocrine Disorders	Nityr	2
Erectile Dysfunction	sildenafil (generic Viagra)	3
Huntington's Disease	Austedo	2
Mental Health	Trintellix	3
Sexual Dysfunction	Intrarosa	3
Tardive Dyskinesia	Ingrezza	3

*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.

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
Infertility	Endometrin	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
Huntington's Disease	tetrabenazine (generic Xenazine)	1 ▶ 2	Discuss with your doctor
Infertility	Crinone	2 ▶ 3	Endometrin

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 July 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
Acne	Aktipak	benzoyl peroxide 5%/erythromycin 3% gel (generic Benzamycin), erythromycin gel (generic Erygel)
ADHD	Cotempla XR-ODT	methylphenidate extended-release (generic Metadate CD, Ritalin LA), Adderall XR, Concerta, Vyvanse
	Mydayis	
Asthma	ArmonAir RespiClick	Alvesco, Asmanex (HFA or Twisthaler), QVAR
COPD	Utibron Neohaler	Anoro Ellipta, Bevespi Aerosphere
Diarrhea	Motofen	OTC loperamide (generic Imodium A-D), diphenoxylate/atropine (generic Lomotil)
Elevated Phosphate Levels	Fosrenol chewable tablets (Brand only)	lanthanum chewable tablets (generic Fosrenol)
Endocrine Disorders	Orfadin	Nityr
Erectile Dysfunction	Viagra (Brand only)	sildenafil (generic Viagra)
Heart Attack/Stroke Prevention	Effient (Brand only)	prasugrel (generic Effient)
Hepatitis B/HIV	Viread tablets (Brand only)	tenofovir tablets (generic Viread)
HIV	Reyataz capsules (Brand only)	atazanavir capsules (Reyataz)
Hormone Replacement	Climara (Brand only)	estradiol transdermal patch (generic Climara)
Influenza	Tamiflu suspension (Brand only)	oseltamivir suspension (generic Tamiflu suspension)
Migraines	Relpax (Brand only)	eletriptan (generic Relpax)
Muscle Spasms	Chlorzoxazone 250 mg tablet	chlorzoxazone 500 mg tablet (generic Parafon Forte DSC)

Therapeutic Use	Medication Name	Lower-Cost Options
Oral Steroid	Zodex - 6 day pack	dexamethasone (generic Decadron)
	Zodex - 12 day pack	
Pain	Acetaminophen 325 mg/Caffeine 30 mg/Dihydrocodeine 16 mg tablet	acetaminophen/codeine (Tylenol with codeine), Trezix
	MorphaBond ER	morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Xtampza ER
Parkinson's Disease	Gocovri	amantadine immediate-release (generic Symmetrel)
	Xadago	selegiline (generic Eldepryl), rasagiline (generic Azilect)
Skin Conditions	tazarotene 0.1% cream (generic Tazorac)	OTC Differin, tretinoin cream (generic Retin-A), Tazorac 0.1% cream

** Referred to as First Start in New Jersey.

Non-FDA approved medications excluded from coverage

There are several prescription medications marketed that are not approved by the U.S. Food & Drug Administration (FDA). In order to ensure coverage is provided for FDA-approved medications, UnitedHealthcare excludes medications that are not approved by the FDA.

Therapeutic Use	Medication Name
Skin Conditions	Dritho-Crème HP
	Zithranol
	Zithranol - RR



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 your health plan ID card to speak with a Customer Service representative.

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans with a pharmacy benefit subject to the Advantage Three-Tier PDL.

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Please note not all PDL updates apply to all groups depending on state regulation, riders and SPDs.

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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.

Therapeutic Use	Medication Name
Cough & Cold	codeine/phenylephrine/promethazine
	codeine/promethazine
	Flowtuss
	Hycofenix
	hydrocodone/homatropine
	Obredon
	Tussionex (hydrocodone/chlorpheniramine)
	Tuzistra XR
Zutripro	

N Notification

Notification requires physicians to provide additional clinical information to verify member benefit coverage.

Therapeutic Use	Medication Name
Endocrine	Buphenyl (sodium phenylbutyrate)
Huntington's Disease	Xenazine (tetrabenazine)

ST Step Therapy⁺

For customers with Step Therapy, these medications will be added to the program. You must try a Step 1 medication before benefit coverage is available.

Therapeutic Use	Medication Name	Step 1 Medication
Infertility	Crinone	Must try the following: Secondary Amenorrhea – medroxyprogesterone (generic Provera), or progesterone capsules (generic Prometrium). All other Indications: Endometrin

⁺For New Jersey fully insured members, this program is referred to as First Start.

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 time frame.

Therapeutic Use	Medication Name	New or Revised Limit
Cancer	Idhifa 50 mg tablet	31 tablets per month
	Idhifa 100 mg tablet	
Fungal Infections	ketoconazole 2% cream	30 grams per copay
Hormone Replacement	Duavee 0.45 mg/20 mg tablet	31 tablets per month
Pain	acetaminophen 325 mg/caffeine 30 mg/ dihydrocodeine 16 mg tablet	40 tablets per copay



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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 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 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)**សេវាជំនួយភាសាសម្រាប់អ្នកគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shq'oodí ninaaltsoos nit'í'zí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béésh bee hane'í bik'á'ígíí bee hodiilnih.

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.