




## Updates to your prescription benefits

Effective July 1, 2017

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. Most options listed are available in Tier 1, your lowest cost option.

 <p><b>Tier 1</b> Your lowest-cost medications</p>	 <p><b>Tiers 2 and 3</b> Your mid-range cost medications</p>	 <p><b>Tier 4</b> Your highest-cost medications</p>
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**If your medication is listed below**, you may continue taking it, but you may pay a higher cost. We encourage you to discuss the listed lower-cost option(s) that may also treat your condition with your doctor. Most options listed are available in Tier 1, your lowest-cost tier, and may have a clinical program in place.

### 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
<b>Diabetes</b>	Trulicity	4 ▶ 3

### 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
<b>ADHD</b>	methylphenidate extended-release (generic Metadate CD)	2
	methylphenidate extended-release (generic Ritalin LA)	2
<b>Cholesterol/Lipid Lowering</b>	ezetimibe tablet (generic Zetia)	3
<b>COPD</b>	Bevespi	2
<b>Diabetes</b>	Adlyxin	4
	Soliqua	2
<b>Gout</b>	Zurampic	4
<b>Hemophilia</b>	Afstyla	4
<b>High Blood Pressure</b>	olmesartan (generic Benicar)	2
	olmesartan HCT (generic Benicar HCT)	2

Therapeutic Use	Medication Name	Tier Placement
<b>Hormone Replacement Therapy</b>	estradiol vaginal tablet (Yuvaferm (generic Vagifem))	2
<b>Narcotic Overdose</b>	Narcan nasal spray	2
<b>Skin Conditions</b>	Ultravate 0.05% lotion	4

## 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>Acne</b>	tretinoin cream (generic Retin-A)	1 ▶ 3	OTC Differin gel
<b>ADHD</b>	Metadate ER	1 ▶ 4	methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta, Vyvanse
	methylphenidate extended-release tablet (generic Metadate ER)		
<b>Contraceptive</b>	Natazia	\$ 0 ▶ 2	Various contraceptives available for \$0 cost share
	Yasmin		
<b>Hepatitis C</b>	Daklinza	2 ▶ 4	Epclusa
<b>Infections</b>	Albenza	2 ▶ 4	OTC pyrantel pamoate
	Ciprodex	2 ▶ 3	ofloxacin 0.3 % solution (generic Floxin Otic, Ocuflox)
	ofloxacin otic (generic Floxin Otic)	1 ▶ 2	ofloxacin 0.3 % solution (generic Ocuflox)
<b>Irritable Bowel Disease</b>	chlordiazepoxide/clidinium (generic Librax)	1 ▶ 4	dicyclomine (generic Bentyl), hyoscyamine (generic Levsin)
<b>Neuropathic Pain</b>	lidocaine 5% patch (generic Lidoderm)	2 ▶ 3	Discuss with your doctor
<b>Pain</b>	lidocaine 5% ointment	1 ▶ 2	Discuss with your doctor

## 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. The medications listed below will no longer be covered under many of our pharmacy benefit plans.

Therapeutic Use	Medication Name	Lower-Cost Options
<b>Acne</b>	Avita 0.025% cream, gel	OTC Differin gel
	Epiduo	OTC Differin gel plus OTC benzoyl peroxide
	minocycline extended-release (generic Solodyn)	minocycline immediate-release capsules (generic Minocin)
	minocycline tablet (generic Dynacin)	minocycline immediate-release capsules (generic Minocin)
	Retin-A gel	OTC Differin gel
	Retin-A cream (Brand Only)	OTC Differin gel
	Solodyn	minocycline immediate-release capsules (generic Minocin)
	Targadox	doxycycline hyclate (generic Vibramycin, Vibra-Tab), doxycycline monohydrate (generic Monodox)
	tretinoin (generic Retin-A) gel	OTC Differin gel
<b>ADHD</b>	Adzenys XR-ODT	methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta, Vyvanse
	Dyanavel XR	
	Metadate CD (Brand Only)	
	Quillichew ER	
<b>Allergic Reactions</b>	Auvi-Q	epinephrine auto-injector (generic EpiPen/ EpiPen Jr.)
	EpiPen/EpiPen Jr. (Brand Only)	
<b>Cholesterol/Lipid Lowering</b>	Zetia (Brand Only)	ezetimibe tablet (generic Zetia)
<b>Contraceptive</b>	Taytulla	Blisovi FE, Gildess FE, Junel FE, Larin FE, Microgestin FE, norethindrone/ethinyl estradiol/ ferrous fumarate, Tarina FE (generics Loestrin FE), Blisovi 24 FE, Gildess 24 FE, Junel 24 FE, Larin 24 FE, LoMedia 24 FE, Microgestin FE (generic Loestrin 24 FE)
<b>Diabetes</b>	Alogliptin (Nesina authorized generic)	Nesina
	Alogliptin/metformin (Kazano authorized generic)	Kazano
	Alogliptin/pioglitazone (Oseni authorized generic)	Oseni

Therapeutic Use	Medication Name	Lower-Cost Options
<b>Headaches</b>	Allzital	butalbital/acetaminophen 50 mg/325 mg (generic Phenrilin)
<b>High Blood Pressure</b>	Benicar (Brand Only)	olmesartan (generic Benicar)
	Benicar HCT (Brand Only)	olmesartan HCT (generic Benicar HCT)
	metoprolol tartrate 37.5, 75 mg strengths only	metoprolol (25, 50, 100 mg strengths) (generic Lopressor)
<b>HIV</b>	Epzicom (Brand Only)	abacavir/lamivudine (generic Epzicom)
<b>Hormone Replacement Therapy</b>	Vagifem (Brand Only)	estradiol vaginal tablet (Yuvaferm (generic Vagifem))
<b>Infections</b>	Floxin Otic (Brand Only)	ofloxacin 0.3 % solution (generic Floxin Otic, Ocuflox)
	Loprox 0.77% (Brand Only)	ciclopirox 0.77% (generic Loprox)
<b>Pain</b>	diclofenac 1% gel (generic Voltaren gel)	Voltaren gel
<b>Parkinson's Disease</b>	Parlodel (Brand Only)	bromocriptine (generic Parlodel)
<b>Seizures</b>	Spritam	levetiracetam tablets, oral solution (generic Keppra)
<b>Skin Conditions</b>	Sernivo	betamethasone lotion (generic Diprosone)
	Tolak	fluorouracil 5% cream (generic Efudex)
<b>Transplant</b>	Cellcept (Brand Only)	mycophenolate (generic Cellcept)
	Imuran (Brand Only)	azathioprine (generic Imuran)
	Myfortic (Brand Only)	mycophenolate delayed-release (generic Myfortic)
	Neoral (Brand Only)	cyclosporine modified (generic Neoral)
	Prograf capsules (Brand Only)	tacrolimus (generic Prograf)
	Rapamune tablets (Brand Only)	sirolimus (generic Rapamune)
	Sandimmune capsules (Brand Only)	cyclosporine (generic Sandimmune)

## Legend 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
Acne	adapalene 0.1% (generic Differin) cream, gel, lotion	OTC Differin gel
	adapalene 0.3% (generic Differin) gel	
	Differin 0.1% cream, gel, lotion	
	Differin 0.3% gel	

## 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
Pain	Anacaine
	Cetacaine
	cocaine 4% HCL
	ethyl chloride
	Gebauers Pain Ease
	Gebauers Spray and Stretch
Vitamins	Durachol
	Zolate

## Need more information?

We provide a variety of resources to help you make informed decisions about your health care.



Visit **myuhc.com** to look up the price of drugs covered by your plan, find lower-cost options and more.



Call the toll-free number on the back of your health plan ID card to speak with a Customer Service representative.

# Nondiscrimination notice and access to communication services

UnitedHealthcare® does not discriminate on the basis of race, color, national origin, age, disability, or sex in its 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, Utah 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.

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.



## 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. لطفا 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.

ចំណាំអ្នកប្រើប្រាស់: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníit'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nít'í'í bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'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.