



Updates to your prescription benefits

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

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.



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Tier 1

Your lowest-cost medications



\$\$

Tier 2 and 3

Your mid-range cost medications



\$\$\$

Tier 4

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	4
Hepatitis C	Mavyret	2
	Vosevi	
Migraines	Ergomar	4
Osteoporosis	Tymlos	3
Skin Conditions	Rhofade	4

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	4 → 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
Cancer	Mekinist	2 ▶ 3	Discuss with your doctor
	Tafinlar		
Hemorrhoids	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)		
Hepatitis B	adefovir (generic Hepsera)	1 ▶ 2	entecavir tablet (generic Baraclude)
Hepatitis C	Sovaldi	2 ▶ 4	Discuss with your doctor
Mental Health	clomipramine capsules (generic Anafranil)	1 ▶ 4	citalopram (generic Celexa), escitalopram (generic Lexapro), fluoxetine capsules (generic Prozac), fluvoxamine (generic Luvox), paroxetine (generic Paxil), sertraline (generic Zoloft)
	fluoxetine capsules (generic Sarafem)	1 ▶ 3	fluoxetine capsules (generic Prozac)
	fluoxetine delayed-release 90 mg capsule (generic Prozac weekly)		
	fluoxetine tablet (generic Prozac)		
Migraines	dihydroergotamine nasal spray (generic Migranal)	1 ▶ 4	naratriptan (generic Amerge), rizatriptan (generic Maxalt/Maxalt MLT), sumatriptan (generic Imitrex), zolmitriptan (generic Zomig/Zomig-ZMT), eletriptan (generic Relpax)
Osteoporosis	Forteo	2 ▶ 3	Discuss with your doctor
Pain	levorphanol tablets (generic Levo-Dromoran)	1 ▶ 4	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 January 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 which are excluded or that have programs or limits that apply.

Therapeutic Use	Medication Name	Lower-Cost Options
ADHD	Strattera (Brand Only)	atomoxetine (generic Strattera)
Allergies	RyVent	carbinoxamine tablets (generic Palgic)
Asthma	Dulera	fluticasone/salmeterol powder for inhalation (generic AirDuo Respiclick), Advair Diskus/HFA, Breo Ellipta, Symbicort
Asthma/COPD	AirDuo Respiclick (Brand Only)	fluticasone/salmeterol powder for inhalation (generic AirDuo Respiclick), Advair Diskus/HFA, Breo Ellipta, Symbicort
Chest Pain	GoNitro	nitroglycerin sublingual tablet (generic Nitrostat)
Cholesterol/Lipid Lowering	Livalo	atorvastatin (generic Lipitor), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor), simvastatin (generic Zocor)
	Vytorin (Brand Only)	simvastatin/ezetimibe (generic Vytorin)
Diabetes	Xultophy	Soliqua
Dry Eye Disease	Restasis MultiDose	Restasis (single use vials), Xiidra
Duchenne Muscular Dystrophy	Emflaza	prednisone
Elevated Parathyroid Hormone	Rayaldee	calcitriol (generic Rocaltrol), doxercalciferol (generic Hectorol), paricalcitol (generic Zemplar)
Endocrine Disorders	Sandostatin (Brand Only)	octreotide (generic Sandostatin)
Eye Pain/Inflammation	BromSite	bromfenac ophthalmic solution (generic Bromday, Xibrom), diclofenac ophthalmic solution (generic Voltaren), ketorolac ophthalmic solution (generic Acular), Nevanac
Hepatitis B	Baraclude tablets (Brand Only)	entecavir tablet (generic Baraclude)
High Blood Pressure	Dutoprol	metoprolol (generic Toprol-XL) plus hydrochlorothiazide
	Inderal LA (Brand Only)	propranolol extended-release capsule (generic Inderal LA)
	metoprolol extended-release/hydrochlorothiazide (Dutoprol Authorized Generic)	metoprolol (generic Toprol-XL) plus hydrochlorothiazide
Infections	Daxbia	cephalexin (generic Keflex)
	Otovel	ofloxacin 0.3% solution (generic Floxin, Ocuflox), Ciprodex
	Vigamox (Brand Only)	moxifloxacin ophthalmic solution (generic Viagamox)
Influenza	Tamiflu capsules (Brand Only)	oseltamivir capsules (generic Tamiflu)

* Referred to as First Start in New Jersey.

Therapeutic Use	Medication Name	Lower-Cost Options
Mental Health	fluoxetine 60 mg tablet	fluoxetine capsules (generic Prozac)
	fluoxetine tablets (generic Sarafem)	
	Pristiq (Brand Only)	desvenlafaxine extended-release tablet (generic Pristiq)
	Prozac Weekly (Brand Only)	fluoxetine capsules (generic Prozac)
	Sarafem tablets	
	Seroquel XR (Brand Only)	quetiapine extended-release (generic Seroquel XR)
	Trintellix	citalopram (generic Celexa), escitalopram (generic Lexapro), fluoxetine capsules (generic Prozac), fluvoxamine (generic Luvox), paroxetine (generic Paxil), sertraline (generic Zoloft)
Opioid Induced Constipation	Relistor tablet	Movantik
Oral Steroid	LoCort	dexamethasone tablets
	ZonaCort	
Pain	Arymo ER	morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Xtampza ER
	Opana ER	
Parkinson's Disease	Azilect (Brand Only)	rasagiline (generic Azilect)
Skin Conditions	Cordran cream (Brand Only)	flurandrenolide 0.05% cream (generic Cordran cream), hydrocortisone valerate 0.2% cream (generic Westcort cream), prednicarbate 0.1% cream (generic Dermatop cream)
	Cordran lotion (Brand Only)	flurandrenolide 0.05% lotion (generic Cordran), triamcinolone acetonide 0.1% lotion (generic Kenalog lotion)
	Micort-HC 2.5% cream	hydrocortisone 2.5% cream

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
Stroke & Heart Attack Prevention	Yosprala	OTC aspirin plus omeprazole (Prilosec), pantoprazole (Protonix)



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 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, 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.

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)**, 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, निःशुल्क 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 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.