



# Updates to your prescription benefits

Effective July 1, 2025

## Your PDL update summary

Dear Valued Plan Participant:

We want to alert you about upcoming changes to the Prescription Drug List (PDL) for your plan.

These changes include copay costs or coverage requirements. Review the list of changes to learn if any of your medications will be impacted.

To help outline changes in cost or coverage, prescription drugs are grouped by tiers. A tier indicates the amount you pay when you fill a prescription. Please reference this chart as you review the changes to the PDL for your plan.

 <b>Tier 1</b> Lowest-cost medications	 <b>Tier 2</b> Mid-range cost	 <b>Tier 3</b> Highest-cost
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## Prescription drugs with limited coverage<sup>1,2</sup>

We review prescription drugs based on their total value. This includes how a drug works and how much it costs. When more than one drug works in the same way, we may choose to limit coverage of the higher-cost option. In some cases, you may need to get a prior authorization or try another covered drug first.

**Sign into your online account to see if there are any actions you need to take.**

Therapeutic use	Medication name	Alternative treatment option(s)
Acne	Cabtreo <sup>3</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	Alvaiz
Cancer	Sprycel (brand only)	dasatinib (generic Sprycel)

Therapeutic use	Medication name	Alternative treatment option(s)
<b>COPD</b>	Daliresp (brand only)	roflumilast (generic Daliresp)
<b>Cushing's disease</b>	Korlym (brand only)	mifepristone (generic Korlym)
<b>Diabetes</b>	Bexagliflozin (authorized generic Brenzavvy) <sup>3</sup>	Jardiance
<b>Diabetes</b>	Victoza (brand only)	liraglutide (generic Victoza)
<b>Dry eye disease</b>	Vevye ophthalmic solution <sup>3</sup>	Restasis single dose vial, Xiidra
<b>Elevated phosphate levels</b>	sevelamer hydrochloride tablet (generic Renagel)	sevelamer carbonate tablet (generic Renvela)
<b>Eye pain &amp; inflammation</b>	Durezol (brand only)	difluprednate (generic Durezol)
<b>Growth hormone</b>	Nutropin AQ NuSpin	Norditropin Flexpro, Omnitrope
<b>Infections</b>	Nitrofurantoin 50 mg/5 mL oral suspension <sup>3</sup>	nitrofurantoin 25 mg/5 mL oral suspension
<b>Infections</b>	Sovuna <sup>3</sup>	hydroxychloroquine (generic Plaquenil)
<b>Infections</b>	Tetracycline tablet <sup>3</sup>	tetracycline capsule (generic Achromycin V)
<b>Inflammatory conditions</b>	Adalimumab-adbm (unbranded Cyltezo)	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Humira
<b>Inflammatory conditions</b>	Cyltezo	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Humira
<b>Inflammatory conditions</b>	Eohilia oral suspension <sup>3</sup>	budesonide nebulized solution (generic Pulmicort Respules)
<b>Inflammatory conditions</b>	Hadlima	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Humira
<b>Inflammatory conditions</b>	Velsipity <sup>3</sup>	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Entyvio, Humira, Omvoh, Rinvoq, Simponi, Skyrizi, Stelara, Xeljanz
<b>Inflammatory conditions</b>	Zymfentra <sup>3</sup>	adalimumab [Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Humira], Cimzia, Entyvio, Infliximab IV (medical benefit), Omvoh, Rinvoq, Simponi, Stelara, Skyrizi, Xeljanz
<b>Low potassium levels</b>	Pokonza <sup>3</sup>	potassium chloride capsules, packets, tablets (generic Klor-con, generic Micro-K)
<b>Muscle weakness due to potassium levels</b>	Keveyis (brand only)	dichlorphenamide (generic Keveyis)
<b>Muscle weakness due to potassium levels</b>	Ormalvi (brand only) <sup>3</sup>	dichlorphenamide (generic Keveyis)

Therapeutic use	Medication name	Alternative treatment option(s)
<b>Nausea &amp; vomiting</b>	Marinol 2.5 mg (brand only)	dronabinol (generic Marinol)
<b>Nausea &amp; vomiting</b>	Marinol 5 mg, 10 mg (brand only) <sup>3</sup>	dronabinol (generic Marinol)
<b>Nausea &amp; vomiting</b>	ondansetron 16 mg orally disintegrating tablet <sup>3</sup>	ondansetron 4 mg, 8 mg orally disintegrating tablet
<b>Oral steroid</b>	Agamree oral suspension <sup>3</sup>	prednisone
<b>Pain and inflammation</b>	Coxanto <sup>3</sup>	ibuprofen, naproxen, oxaprozin tablet, Over-the-counter NSAIDs
<b>Pain and inflammation</b>	Kiprofen <sup>3</sup>	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
<b>Pain and inflammation</b>	Oxaprozin (Coxanto authorized generic) <sup>3</sup>	ibuprofen, naproxen, oxaprozin tablet, Over-the-counter NSAIDs
<b>Pain and inflammation</b>	tolmetin 400 mg (generic Tolectin)	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
<b>Pain and inflammation</b>	Tolectin 600 mg <sup>3</sup>	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
<b>Pulmonary hypertension</b>	Opsynvi <sup>3</sup>	tadalafil (generic Adcirca) with Opsumit

## 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	Tier 2 to Tier 3	Retacrit
Anemia	Procrit	Tier 2 to Tier 3	Retacrit
Blood disorders	Mulpleta	Tier 2 to Tier 3	Discuss alternative treatment options with your provider.
Bowel preparations	MoviPrep	Tier 2 to Tier 3	polyethylene glycol powder (generic Glycolax), PEG (generic Golytely)
Diabetes	Kazano	Tier 2 to Tier 3	Alogliptin/Metformin (Kazano authorized generic)
Diabetes	Nesina	Tier 2 to Tier 3	Alogliptin (Nesina authorized generic)
Diabetes	Oseni	Tier 2 to Tier 3	Alogliptin/Pioglitazone (Oseni authorized generic)
Elevated phosphate levels	Velphoro	Tier 2 to Tier 3	calcium acetate (generic PhosLo), sevelamer carbonate tablet (generic Renvela)

<sup>1</sup> Limited coverage includes brand, generic and authorized generic products unless otherwise noted.

<sup>2</sup> For benefits that have limited coverage, step therapy or prior authorization may be required.

<sup>3</sup> Newly released medication which had limited coverage at the time of launch and will continue to have limited coverage under our pharmacy benefit.

# Nondiscrimination notice and access to communication services

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**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.

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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 tłumaczenia. 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 kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayang 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.

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