

## Formulary Change Notice

HealthPartners UnityPoint Health (PPO) may remove drugs from our formulary (list of covered drugs) or add rules about whether and when certain drugs are covered during the year. The chart below contains upcoming changes to the HealthPartners UnityPoint Health (PPO) formulary. **You may not be taking these drugs now. We provide you with these updates so that you know about future changes to our drug list.** Please see Section 4 of your Monthly Prescription Drug Summary (Member Explanation of Benefits) for specific changes to drugs that you are currently taking.

### List of Changes

| Effective Date | Drug                           | Formulary Change Type                   | Reason for Change                       | Other Possible Drugs (if applicable) |
|----------------|--------------------------------|---|---|--------------------------------------|
| 07/01/2022     | ZEPOSIA 0.23-0.46 MG START PCK | * PRIOR AUTHORIZATION REQUIREMENT ADDED | PA ADDED DUE TO NEW CLINICAL GUIDELINES | N/A                                  |
| 07/01/2022     | ZEPOSIA 0.23-0.46-0.92 MG KIT  | * PRIOR AUTHORIZATION REQUIREMENT ADDED | PA ADDED DUE TO NEW CLINICAL GUIDELINES | N/A                                  |
| 07/01/2022     | ZEPOSIA 0.92 MG CAPSULE        | * PRIOR AUTHORIZATION REQUIREMENT ADDED | PA ADDED DUE TO NEW CLINICAL GUIDELINES | N/A                                  |

\* This change will not affect your coverage for this drug for the remainder of the plan year if you are currently taking this drug.

**Prior authorization** - This means your doctor must contact the plan before the plan will cover the drugs listed above that require Prior Authorization as indicated in the Formulary Change Type column. Your doctor must show that these drugs are medically necessary for them to be covered.

### **What you and your prescriber can do**

We are telling you about these changes now, so that you and your prescriber can decide what to do.

Depending on the type of change, there may be different options to consider. For example:

**Perhaps you can find a different drug** covered by the plan that might work just as well for you.

- You can call us at HealthPartners UnityPoint Health (PPO) Member Services to ask for a list of covered drugs that treat the same medical condition.
- This list can help your prescriber to find a covered drug that might work for you and have fewer restrictions or a lower cost.

**You, your prescriber, or your appointed representative can ask the plan to make an exception for you.** This means asking us to agree that the upcoming change in coverage or cost-sharing tier of a drug does not apply to you.

- You, your prescriber, or your appointed representative will need to tell us why making an exception is medically necessary for you.
- To learn what you must do to ask for an exception, see the *Evidence of Coverage*. Look for Chapter 9 *What to do if you have a problem or complaint*.
- (Section 6 of your Monthly Prescription Drug Summary tells how to get a copy of the *Evidence of Coverage* if you need it.)

### **For more information**

To get updated information about the drugs covered by HealthPartners UnityPoint Health (PPO), please visit our website at [healthpartnersunitypointhealth.com](http://healthpartnersunitypointhealth.com) or call Member Services at 888-360-0544

From Oct. 1 through March 31, we take calls from 8 a.m. to 8 p.m. CT, seven days a week. You'll speak with a representative. From April 1 through Sept. 30, call us 8 a.m. to 8 p.m. CT Monday through Friday to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

TTY users should call: 711.

For more detailed information about your expected cost-sharing for alternative drugs, please call Member Customer Services at 888-360-0544

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If you disagree with our decision to remove or change coverage for any of these drugs, you may also file a grievance with us. Please call us at HealthPartners UnityPoint Health (PPO) Member Services if you want to file a grievance.

You may also send your grievance to us in writing by  
HealthPartners UnityPoint Health (PPO)  
Member Rights & Benefits  
PO Box 9463  
Minneapolis, MN 55440-9463

For more information on filing a grievance, look for Chapter 9 *Evidence of Coverage*. *What to do if you have a problem or complaint*.

This document may be made available in other formats such as Braille, large print or other alternate formats. Please call Member Customer Services at 888-360-0544 for additional information. TTY users should call 711. We are available

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For more detailed information about your HealthPartners UnityPoint Health (PPO) prescription drug coverage, review your *Evidence of Coverage* and other plan materials.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a

day/7 days a week. TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).