%UCare.

Formulary Change Notice

UCare may remove drugs from our formulary or add prior authorization and quantity limits during the year. The chart below lists upcoming changes to the UCare formulary. All changes are reviewed and approved by CMS and UCare's Pharmacy and Therapeutics Committee.

| Effective Date | Drug | Type of Change | Reason for Change | Formulary Alternatives (if applicable) |
|-------------------|-----------------------------|-----------------------|---------------------------------|---|
| 2/1/2023 | Gilenya | Brand drug removal | generic equivalent available | Fingolimod (generic for Gilenya) |
| 3/1/2023 | Daliresp | Brand drug removal | generic equivalent available | Roflumilast (generic for Daliresp) |
| 4/1/2023 | Esbriet | Brand drug removal | Generic equivalent available | Pirfenidone (generic for Esbriet) |
| 5/1/2023 | Hetlioz | Brand drug removal | Generic equivalent available | Tasimelteon (generic for Hetlioz) |
| 5/1/2023 | Latuda | Brand drug removal | Generic equivalent available | Lurasidone (generic for Latuda) |
| 8/1/2023 | Iressa | Brand drug removal | Generic equivalent available | Gefitinib (generic for Iressa) |
| 9/1/2023 | Prezista 600mg and 800mg | Brand drug removal | Generic equivalent available | Darunavir 600mg and 800mg (generic Prezista) |

You or your provider can request a formulary exception. If you request an exception, you should submit a statement from your doctor supporting your request. Visit **ucare.org** for more information about our coverage determinations, appeals, and grievance process.

Questions?

Visit **ucare.org** to see the formulary. Or call Customer Service at the number on the back of your member ID card.

Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide <u>aids and services at no charge to people with disabilities</u> to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-3200** (voice) or toll free at **1-800-203-7225** (voice), **612-676-6810** (TTY), or **1-800-688-2534** (TTY).

We provide <u>language services at no charge to people whose primary language is not English</u>, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-3200** or toll free at **1-800-203-7225** (voice); **612-676-6810** or toll free at **1-800-688-2534** (TTY). You can also use these numbers if you need assistance filing a grievance.

Written grievance Mailing Address UCare Attn: Appeals and Grievances PO Box 52 Minneapolis, MN 55440-0052 Email: cag@ucare.org Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <u>http://www.hhs.gov/ocr/office/file/index.html</u>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 612-676-3200/ 1-800-203-7225(TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያማዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟ်သူဉ်ဟ်သး–နမ္မါကတိ၊ ကညီ ကိုဝ်အယိ, နမ၊န္ဒါ ကိုဝ်အတါမ၊စာလ၊ တလက်ဘူဉ်လက်စ္၊ နီတမံးဘဉ်သ့န္ဉဝ်လီ၊. ကိုး 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ក្នុះ បើសិនជាអ្នកនិយា ភាសារ័ខ្មរ, រសវាជំនួយរ័ផ្នកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំររីអ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/ 1-800-688-2534)។

> ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 2534-688-680/1-800-681).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).