

# Commercial plan pharmacy benefit coverage updates

## Quick reference guide

We routinely evaluate prescription benefit coverage to help ensure we offer our members affordable and effective medication options. The following summary highlights prescription drug list (PDL) updates for most UnitedHealthcare commercial plans that have pharmacy benefits, **effective Jan. 1, 2024**.

### Medications with new benefit coverage

The following medications were not previously covered for most UnitedHealthcare commercial benefit plans.

Therapeutic use	Medication	Tier
ADHD	amphetamine/dextroamphetamine extended-release (generic Adderall XR®)	Tier 2
ADHD	methylphenidate hydrochloride extended-release (generic Concerta®)	Tier 2
Asthma	QVAR RediHaler®	Tier 1
Asthma/COPD	fluticasone/salmeterol Diskus (Wixela Inhub® [generic Advair Diskus®])	Tier 3
Cancer	bexarotene capsule (generic Targretin®)	Tier 2
Cancer	bexarotene gel (generic Targretin)	Tier 3
Diabetes	Insulin Lispro Junior KwikPen® (unbranded Humalog® Junior KwikPen)	Tier 2
Diabetes	Insulin Lispro KwikPen (unbranded Humalog KwikPen)	Tier 2
Diabetes	Insulin Lispro Protamine/Insulin Lispro KwikPen Mix75/25 (unbranded Humalog Mix75/25™ KwikPen)	Tier 2
Diabetes	Insulin Lispro vial (unbranded Humalog)	Tier 1
Inflammatory bowel disease	mesalamine delayed-release (generic Delzicol®)	Tier 2
Inflammatory bowel disease	mesalamine delayed-release (generic Lialda®)	Tier 2
Mental health	asenapine maleate sublingual (generic Saphris®)	Tier 3
Neutropenia	Udenyca®	Tier 2

### Tier updates

The following medications will change tiers.

Therapeutic use	Medication	Tier	Alternative treatment option(s)
<b>Asthma/COPD</b>	Fluticasone propionate/ Salmeterol (Airduo® Respiclick® authorized brand alternative)	Tier 2 to <b>Tier 3</b>	Arnuity™ Ellipta® and QVAR RediHaler
<b>Cancer</b>	Brukina® <sup>1</sup>	Tier 2 to <b>Tier 3</b>	Calquence® <sup>1</sup> and Imbruvica® <sup>1</sup>
<b>Inflammatory bowel disease</b>	Apriso® (brand only)	Tier 2 to <b>Tier 1</b>	N/A
<b>Neutropenia</b>	Neulasta®	Tier 3 to <b>Tier 2</b>	N/A

### Exclusions<sup>2,3</sup>

We'll no longer cover the following medications. Please see our recommended alternative treatment options.

Therapeutic use	Medication	Alternative treatment option(s)
<b>Acne</b>	Finacea® gel (brand only)	azelaic acid gel (generic Finacea)
<b>ADHD</b>	Adderall XR (brand only)	amphetamine/dextroamphetamine extended-release 24hr (generic Adderall XR)
<b>ADHD</b>	Concerta (brand only)	methylphenidate extended-release osmotic release (generic Concerta)
<b>ADHD</b>	Vyvanse® (brand only)	lisdexamfetamine dimesylate (generic Vyvanse)
<b>Asthma</b>	Flovent® Diskus®	Arnuity Ellipta and QVAR RediHaler
<b>Asthma</b>	Flovent HFA	Arnuity Ellipta and QVAR RediHaler
<b>Asthma</b>	Fluticasone propionate HFA (Flovent HFA authorized brand alternative) <sup>4</sup>	Arnuity Ellipta and QVAR RediHaler
<b>Asthma</b>	Pulmicort Flexhaler™	Arnuity Ellipta and QVAR RediHaler
<b>Asthma/COPD</b>	Advair Diskus (brand only)	fluticasone propionate/salmeterol (generic Advair Diskus)
<b>Asthma/COPD</b>	Fluticasone/Salmeterol HFA (Advair HFA authorized brand alternative) <sup>4</sup>	fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta and Symbicort®
<b>Asthma/COPD</b>	Fluticasone/Vilanterol Ellipta (Breo Ellipta authorized brand alternative) <sup>4</sup>	fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta and Symbicort

Therapeutic use	Medication	Alternative treatment option(s)
Cancer	Targretin capsules (brand only)	bexarotene capsule (generic Targretin)
Cancer	Targretin gel (brand only)	bexarotene gel (generic Targretin)
Diabetes	Humalog Tempo Pen™ <sup>4</sup>	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog) and Lyumjev™ KwikPen
Diabetes	Humalog vial	Insulin Lispro vial (unbranded Humalog)
Diabetes	Kombiglyze® XR (brand only)	saxagliptin/metformin extended-release (generic Kombiglyze XR)
Diabetes	Lyumjev Tempo Pen <sup>4</sup>	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog) and Lyumjev KwikPen
Diabetes	Onglyza® (brand only)	saxagliptin (generic Onglyza)
Diabetes	Rezvoglar™ Kwikpen <sup>4</sup>	Lantus® and Toujeo®
Ear infections	Ciprodex® (brand only)	ciprofloxacin/dexamethasone otic (generic Ciprodex)
Heart failure	BiDil® (brand only)	isosorbide dinitrate/hydralazine (generic BiDil)
HIV	Prezista® (brand only)	darunavir (generic Prezista)
Hypercholesterolemia	Ezetimibe/Atorvastatin <sup>4</sup>	simvastatin/ezetimibe (generic Vytorin®) and ezetimibe (generic Zetia®) in combination with atorvastatin (generic Lipitor®)
Hypertension	Edarbi®	candesartan (generic Atacand®), irbesartan (generic Avapro®), losartan (generic Cozaar®), olmesartan (generic Benicar®), telmisartan (generic Micardis®) and valsartan (generic Diovan®)
Hypertension	Edarbyclor®	candesartan HCT (generic Atacand HCT®), irbesartan HCT (generic Avalide®), losartan HCT (generic Hyzaar®), olmesartan HCT (Benicar HCT®), valsartan HCT (generic Diovan HCT®) or chlorthalidone (generic Thalitone) in combination with a single-ingredient angiotensin receptor blocker
Inflammatory bowel disease	Lialda (brand only)	mesalamine delayed-release (generic Delzicol), mesalamine delayed-release (generic Lialda), Apriso
Inflammatory bowel disease	Uceris® rectal foam (brand only)	budesonide rectal foam (generic Uceris)

Therapeutic use	Medication	Alternative treatment option(s)
Inflammatory conditions	Abrilada <sup>®1,4</sup>	Adalimumab-adaz (unbranded Hyrimoz <sup>®</sup> ) <sup>1</sup> , Amjevita <sup>™1</sup> , Cyltezo <sup>®1</sup> , Hadlima <sup>™1</sup> and Humira <sup>®1</sup>
Inflammatory conditions	Adalimumab-fkjp <sup>1,4</sup>	Adalimumab-adaz (unbranded Hyrimoz <sup>®</sup> ) <sup>1</sup> , Amjevita <sup>1</sup> , Cyltezo <sup>1</sup> , Hadlima <sup>1</sup> and Humira <sup>1</sup>
Inflammatory conditions	Hulio <sup>®1,4</sup>	Adalimumab-adaz (unbranded Hyrimoz <sup>®</sup> ) <sup>1</sup> , Amjevita <sup>1</sup> , Cyltezo <sup>1</sup> , Hadlima <sup>1</sup> and Humira <sup>1</sup>
Inflammatory conditions	Hyrimoz <sup>1,4</sup>	Adalimumab-adaz (unbranded Hyrimoz <sup>®</sup> ) <sup>1</sup> , Amjevita <sup>1</sup> , Cyltezo <sup>1</sup> , Hadlima <sup>1</sup> and Humira <sup>1</sup>
Inflammatory conditions	Idacio <sup>®1,4</sup>	Adalimumab-adaz (unbranded Hyrimoz <sup>®</sup> ) <sup>1</sup> , Amjevita <sup>1</sup> , Cyltezo <sup>1</sup> , Hadlima <sup>1</sup> and Humira <sup>1</sup>
Inflammatory conditions	Yuflyma <sup>®1,4</sup>	Adalimumab-adaz (unbranded Hyrimoz <sup>®</sup> ) <sup>1</sup> , Amjevita <sup>1</sup> , Cyltezo <sup>1</sup> , Hadlima <sup>1</sup> and Humira <sup>1</sup>
Inflammatory conditions	Yusimry <sup>™1,4</sup>	Adalimumab-adaz (unbranded Hyrimoz <sup>®</sup> ) <sup>1</sup> , Amjevita <sup>1</sup> , Cyltezo <sup>1</sup> , Hadlima <sup>1</sup> and Humira <sup>1</sup>
Mental health	Latuda <sup>®</sup> (brand only)	lurasidone (generic Latuda)
Mental health	Saphris (brand only)	asenapine maleate sublingual tablet (generic Saphris)
Multiple sclerosis	Aubagio <sup>®</sup> (brand only) <sup>1</sup>	teriflunomide (generic Aubagio) <sup>1</sup>
Narcolepsy	Xyrem <sup>®</sup> brand <sup>1</sup>	armodafinil (generic Nuvigil <sup>®</sup> ), modafinil (generic Provigil <sup>®</sup> ), Sodium Oxybate [Xyrem authorized generic (Hikma)] <sup>1</sup> , Sunosi <sup>®1</sup> , Wakix <sup>®1</sup> and Xywav <sup>™1</sup>
Neutropenia	Ziextenzo <sup>™</sup>	Neulasta, Udenyca
Oral steroid	Cortisone <sup>4</sup>	hydrocortisone (generic Cortef <sup>®</sup> )
Overactive bladder	Oxybutynin 5 mg/5 mL <sup>4</sup>	oxybutynin oral syrup (generic Ditropan <sup>®</sup> )
Ulcers, heartburn and reflux	Konvomep <sup>™4</sup>	lansoprazole orally disintegrating tablet (generic Prevacid <sup>®</sup> Solu-tab <sup>™</sup> ) <sup>1</sup> , Nexium <sup>®</sup> Suspension <sup>1</sup> , OTC - Nexium, Prevacid, Prilosec <sup>®</sup> and Zegerid <sup>®</sup>

### Step therapy changes<sup>5,6</sup>

Step therapy requires members to try a lower-cost medication (step 1) before we approve coverage for a higher-cost medication (step 2). These medications have a new or revised step therapy program.

Therapeutic use	Medication	Step 1 medications
Cancer	Mekinist® in combination with Tafinlar®	Where both combinations have similar indications, members new to therapy must try Zelboraf® in combination with Cotellic®

### Supply limit changes

Supply limits establish the maximum quantity of a medication drug that is covered for each copay or in a specified time frame. These medications are now part of the supply limits program.

Therapeutic use	Medication	Step 1 medications
Blood disorders	Promacta® 12.5 mg	62 packets/month
Blood disorders	Promacta 25 mg	186 packets/month

<sup>1</sup>We may require step therapy or prior authorization for us to cover this medication.

<sup>2</sup>Exclusion includes brand, generic and authorized generic products, unless otherwise noted.

<sup>3</sup>For benefits that don't exclude these medications, we may require step therapy or prior authorization.

<sup>4</sup>Newly released medication we excluded from coverage at the time of launch and will continue to be excluded from the pharmacy benefit.

<sup>5</sup>Referred to as First Start in New Jersey.

<sup>6</sup>Applies to new utilizers only. Current utilizers on these medications will have continuation of therapy.

Benefit coverage is determined by the member's pharmacy benefit plan. This means that there may be medications listed on the PDL that are not covered under a particular member's pharmacy benefit plan. Medications may change in cost or coverage.