

Individual Exchange plans: Pharmacy benefit coverage updates

Effective Jan. 1, 2023

The following summary highlights Prescription Drug List (PDL) updates for UnitedHealthcare Individual Exchange plans, also referred to as Individual and Family plans, effective **Jan. 1, 2023**.

Please note that this is a comprehensive list and the updates vary by state. You can access plan-specific coverage information using our **PreCheck MyScript® tool** at **UHCprovider.com/pcms**. These updates will appear in PreCheck MyScript on Jan. 1.



Questions?

Please contact Provider Relations at **877-842-3210**

Tier updates

The following medications will change tiers:

Therapeutic use	Medication	New tier	Former tier	Lower-cost options
Respiratory tract/ pulmonary agents for asthma and COPD	QVAR Redihaler® aerosol 40mcg	4	3	Arnuity™ Ellipta®, Asmanex® HFA, Flovent HFA and Pulmicort Flexhaler™
	QVAR Redihaler aerosol 80mcg	4	3	

Non-formulary¹

The following medications will move to non-formulary status in certain states:

Therapeutic use	Medication	Lower-cost options
Diabetes – non-insulin agents ²	Invokana® tablets 100mg, 300mg	Farxiga®, Jardiance®, Synjardy®, Synjardy XR and Xigduo® XR
	Invokamet® tablets 150mg/1,000mg, 50mg/500mg, 50mg/1,000mg, 150mg/500mg	
	Invokamet XR tablets 150mg/1,000mg, 50mg/500mg, 50mg/1,000mg, 150mg/500mg	



Therapeutic use	Medication	Lower-cost options
Fertility	Cetrotide® kit 0.25mg	Lower-cost options vary by plan
	Chorionic gonadotropin injection 10,000	
Immunological agents for immune system stimulation or suppression	Enbrel® injection 25mg	Alternatives we'll cover and require prior authorization include: Actemra®, Cimzia®, Humira®, Olumiant®, Otezla®, Rinvoq®, Simponi®, Skyrizi®, Stelara®, Xeljanz® and Xeljanz XR®
	Enbrel injection 25mg/0.5ml	
	Enbrel injection 50mg/ml	
	Enbrel Mini® injection 50mg/ml	
	Enbrel SureClick® injection 50mg/ml	
	Takhzyro® injection 300/2ml	Varies by patient
Multiple sclerosis ²	Tecfidera® capsule 120mg, 240mg	dimethyl fumarate (generic Tecfidera)
Respiratory tract/pulmonary agent for asthma and COPD	Anoro® Ellipta 62.5mcg/25mcg	Bevespi Aerosphere®

Exclusions³

We won't cover the following medications in certain states:

Therapeutic use	Medication	
Fertility	Fyremadel® solution 250mcg/0.5ml	
	Ganirelix acetate injection 250mcg/0.5ml	
Nutritional foods ⁴	Calcilo XD® powder	I-Valex®-1 powder
	Cyclinex®-1 powder	I-Valex-2 powder
	Cyclinex-2 powder	Ketonex®-1 powder
	EleCare® Dha & Ara infant powder	Ketonex-2 powder
	EleCare Jr powder	Phenex chew
	EleCare Jr powder Banana	Phenex®-1 powder
	EleCare Jr powder Chocolate	Phenex-2 powder
	EleCare Jr powder Vanilla	Phenex-2 vanilla powder
	EleCare powder	Propimex®-1 powder

Therapeutic use	Medication	
Nutritional foods⁴	EleCare Dha & Ara powder	Propimex-2 powder
	Glutarex [®] -1 powder	ProViMin [®] powder
	Glutarex-2 powder	RCF [®] concentrated infant formula with iron
	Hominex [®] -1 powder	Tyrex [®] -1 powder
	Hominex-2 powder	Tyrex-2 powder
Sexual dysfunction	Addyi [®] tablets 100mg	

¹ For states that don't have non-formulary medications, we may require step therapy or prior authorization, and quantity limits may apply.

² Diabetic and multiple sclerosis non-formulary changes apply to Texas and Louisiana Individual Exchange plans only. These products moved to non-formulary status for all other states on Sept. 1, 2022. Members who were already taking diabetes medications were granted authorizations to continue coverage until Dec. 31, 2022.

³ For states that don't exclude these medications, we may require step therapy or prior authorization, and quantity limits may apply.

⁴ This will be effective for Colorado Individual Exchange plans only. We currently exclude these nutritional food medications in all other states for these plans.

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