

Pharmacy Benefit Coverage Updates

May 1, 2021

UnitedHealthcare routinely evaluates prescription benefit coverage to help ensure we offer members affordable and effective medication options. Medications may change in cost or coverage. The following summary highlights Prescription Drug List (PDL) updates for most UnitedHealthcare Commercial benefit plans effective May 1, 2021.

Medications with New Benefit Coverage

The following medications were not previously covered under most UnitedHealthcare Commercial benefit plans and are now eligible for coverage on or before **May 1, 2021**.

Therapeutic Use	Medication	Tier
Blood Disorders	trientine hydrochloride (generic Syprine®) ¹	3
Cancer	capecitabine (generic Xeloda®)	1
Endocrine Disorders	Orfadin® capsules, suspension ¹	2
Hormone Replacement	estradiol vaginal cream (generic Estrace®)	3

Tier Updates

The following medications will change tiers on or before **May 1, 2021**.

Therapeutic Use	Medication	Tier	Alternative Treatment Option(s)
Asthma	albuterol sulfate HFA (generic ProAir® HFA, generic Proventil® HFA)	3 > 2	N/A
Bladder Pain	Elmiron® ¹	2 > 3	amitriptyline (generic Elavil®)
Cushing's Disease	Signifor® ¹	2 > 3	ketoconazole tablet (generic Nizoral®)
HIV	Fuzeon® ¹	2 > 3	N/A
Parkinson's Disease	Apokyn® ¹	2 > 3	Inbrija™ ¹ , Kynmobi™ ¹
Supportive Care for Cystic Fibrosis	Cayston® ¹	2 > 3	tobramycin 300 mg /4 mL (generic Bethkis®) ¹

Exclusions^{2, 3}

The following medications will no longer be covered under our pharmacy benefit plans effective **May 1, 2021**.

Therapeutic Use	Medication	Alternative Treatment Option(s)
Acne	Arazlo ^{TM4}	OTC Differin [®] , tretinoin cream
	AirDuo Digihaler ^{®4}	fluticasone/salmeterol (generic AirDuo Respiclick [®]), Advair [®] Diskus/HFA, Breo Ellipta [®] , Symbicort [®]
	ArmonAir Digihaler ^{®4}	Arnuity Ellipta [®] , Flovent [®] Diskus/HFA, Pulmicort Flexhaler TM
Asthma	Proair HFA (Brand Only)	
	Proair RespiClick	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
	Proventil HFA (Brand Only)	
	Ventolin [®] HFA	
Benign Prostatic Hypertrophy	Uroxatral [®] (Brand Only)	alfuzosin (generic Uroxatral)
Blood Disorders	Amicar [®] (Brand Only)	aminocaproic acid (generic Amicar)
	Aromasin [®] (Brand Only)	exemestane (generic Aromasin)
	Fareston [®] (Brand Only)	toremifene (generic Fareston)
Cancer	Tarceva [®] (Brand Only) ¹	erlotinib (generic Tarceva) ¹
	Temodar [®] capsules (Brand Only) ¹	temozolomide (generic Temodar) ¹
	Xeloda (Brand Only) ¹	capecitabine (generic Xeloda) ¹
Cholesterol/Lipid Lowering	Niacor [®] (niacin)	Niaspan [®]
	Vascepa [®] (icosapent ethyl) ¹	Cardiovascular Risk Reduction: atorvastatin (generic Lipitor [®]), rosuvastatin (generic Crestor [®]), simvastatin (generic Zocor [®]) Hypertriglyceridemia: fenofibrate 54 mg, 145 mg, 160 mg tablets (generic Lofibra [®] , Triglide [®] , Tricor [®]), omega-3 ethyl esters (generic Lovaza [®])
Contraceptives	Phexxi ^{TM1,4}	OTC spermicides
	Twirla ^{®4}	Xulane [®] (generic Ortho Evra [®])
	Seasonique [®] (Brand Only)	levonorgestrel/ethinyl estradiol [Amethia TM , Ashlyna TM , Camrese [®] , Daysee TM , Jaimiess TM , Simpesse TM (generics for Seasonique)]

Therapeutic Use	Medication	Alternative Treatment Option(s)
Diabetes	Riomet™ (Brand Only)	metformin oral solution (generic Riomet)
	Semglee® ⁴	Lantus®, Toujeo®
Endocrine Disorders	Bynfezia Pen™ ^{1,4}	octreotide (generic Sandostatin) ¹
	Mycapssa® ^{1,4}	octreotide (generic Sandostatin®) ¹ , Somatuline® Depot
	Nityr® ¹	Orfadin ¹
	Sensipar® (Brand Only) ¹	cinacalcet (generic Sensipar) ¹
Glaucoma	Travatan Z® (Brand Only)	travoprost (generic Travatan Z)
HIV	Sustiva® capsules (Brand Only)	efavirenz (generic Sustiva)
Hormone Replacement	Estrace vaginal cream (Brand Only)	estradiol tablets (generic Estrace), estradiol vaginal cream (generic Estrace vaginal cream)
Hypertension	Atacand® (Brand Only)	candesartan (generic Atacand)
	Avapro® (Brand Only)	irbesartan (generic Avapro)
	Cozaar® (Brand Only)	losartan (generic Cozaar)
	Lotrel® (Brand Only)	amlodipine/benazepril (generic Lotrel)
Inflammatory Bowel Disease	Ortikos™ ⁴	budesonide extended-release (generic Entocort® EC)
Iron Overload	Jadenu® granules, tablets (Brand Only) ¹	deferasirox granules, tablets (generic Jadenu) ¹
Mental Health	Paxil® CR (Brand Only)	paroxetine extended-release (generic Paxil CR)
Migraines	Frova® (Brand Only)	frovatriptan (generic Frova)
	Zomig® tablets (Brand Only)	zolmitriptan tablets (generic Zomig)
Nausea and Vomiting	Varubi®	aprepitant capsule (generic Emend®)
Oral Steroid	Hemady® ⁴	dexamethasone tablet
	Zcort™ 7-day ⁴	dexamethasone tablet
Osteoporosis	Actonel® (Brand Only)	risedronate (generic Actonel)
Pain	Norco® (Brand Only)	hydrocodone/acetaminophen (generic Norco)
	Roxicodone® (Brand Only)	oxycodone immediate-release (generic Roxicodone)
Pain and Inflammation	Licart™ ⁴	OTC Voltaren® gel
	Relafen® (Brand Only) ⁴	nabumetone (generic Relafen)

Therapeutic Use	Medication	Alternative Treatment Option(s)
Phenylketonuria	Kuvan® (Brand Only) ¹	sapropterin (generic Kuvan) ¹
Prenatal Vitamin	Select Prenatal Vitamins - Azeschew Prenatal/Postnatal™ ⁴ , Prenara™ ⁴ , Prenatrix™ ⁴	Brand and generic prenatal vitamins
Pulmonary Arterial Hypertension	Letairis® (Brand Only) ¹	ambrisentan (generic Letairis) ¹
	Revatio® suspension (Brand Only) ¹	sildenafil (generic Revatio) ¹
Skin Conditions	Elidel® (Brand Only) ¹	pimecrolimus (generic Elidel) ¹
	Halog® 0.1% cream (Brand Only) ¹	halcinonide 0.1% cream (Halog) ¹
	Halog® 0.1% solution ⁴	fluocinonide 0.05% gel/solution (generic Lidex®), desoximetasone 0.05% gel (generic Topicort®)
	Zonalon® (Brand Only) ¹	doxepin cream (generic Zonalon) ¹
Sleep Disorders	Doral® (quazepam)	temazepam (generic Restoril™)
Supportive Care for Cystic Fibrosis	Bethkis (Brand Only) ¹	tobramycin 300 mg /4 mL (generic Bethkis) ¹
Transplant	Zortress® (Brand Only)	everolimus (generic Zortress)
Ulcers	Carafate® (Brand Only)	sulcrafate (generic Carafate)
Ulcers, Heartburn & Reflux	Prevacid® Solutab (Brand Only) ¹	lansoprazole delayed-release orally disintegrating tablet (generic Prevacid Solutab) ¹
Wilson's Disease	Syprine (Brand Only) ¹	trientine (generic Syprine) ¹

Prior Authorization – Notification Changes

Prior Authorization – Notification requires additional clinical information to verify member's benefit coverage.

Therapeutic Use	Medication
Cancer	Zolinza®
HIV	Fuzeon
Parkinson's Disease	Apokyn

Prior Authorization - Medical Necessity Changes

Prior Authorization - Medical Necessity reviews evaluate the clinical appropriateness of a medication for the condition being treated, type of medication, frequency of use and duration of therapy. The following medication will now require Medical Necessity for coverage.

Therapeutic Use	Medication
Dry Mouth	Caphosol® ⁵
Parkinson's Disease	Apokyn
Skin Conditions	Hyclodex™ ⁵ Penlen® ⁵

Step Therapy Changes

Step therapy⁶ requires members to try a lower-cost medication (step 1) before coverage is approved for a higher-cost medication (step 2).

Therapeutic Use	Medication(s)	Step 1 Medication(s)
Bladder Pain	Elmiron	amitriptyline (generic Elavil)
Supportive Care for Cystic Fibrosis	Cayston	tobramycin 300 mg/4 mL (generic Bethkis) ¹

¹ Step therapy or prior authorization may be required prior to coverage.

² Exclusion includes brand, generic and authorized generic products unless otherwise noted.

³ For benefits that do not exclude, step therapy or prior authorization may be required.

⁴ Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our benefits.

⁵ Products approved as devices are typically excluded from coverage

⁶ Referred to as First Start in New Jersey