

Pharmacy Benefit Coverage Updates

January 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 January 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 **January 1, 2021**.

Therapeutic Use	Medication	Tier
Cancer	abiraterone 250 mg (generic Zytiga®) ¹	2
Diabetes	Accu-Chek® Guide Test Strips and Meters	3
Multiple Sclerosis	Bafiertam™ ¹	2
Neutropenia	Ziextenzo®	3

Tier Updates

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

Therapeutic Use	Medication	Tier	Alternative Treatment Option(s)
Asthma	albuterol tablet ¹	1 > 3	Ventolin HFA®

Exclusions^{2, 3}

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

Therapeutic Use	Medication	Alternative Treatment Option(s)
Allergic Conjunctivitis	Zerviate™ ⁴	OTC ketotifen (Zaditor®), OTC olopatadine (Pataday®), azelastine ophthalmic solution (generic Optivar®), olopatadine ophthalmic solution (generic Patanol®), Lastacast®
Asthma	ProAir® Digihaler™ ⁴	Ventolin HFA
Cancer	Afinitor® 2.5 mg, 5 mg, 7.5 mg tablet ¹ (brand only)	everolimus (generic Afinitor) ¹
	Zytiga 250 mg (brand only) ¹	abiraterone 250mg (generic Zytiga)
	Zytiga® 500 mg (abiraterone 500 mg) ¹	2 x 250 mg abiraterone 250 mg tablets (generic Zytiga) ¹
COPD	Incruse® Ellipta®	Spiriva® Respimat®/HandiHaler®

Therapeutic Use	Medication	Alternative Treatment Option(s)
Diabetes	True Metrix® Test Strips and Meters	OneTouch® Test Strips and Meters, Contour® Next Test Strips and Meters, Accu-Chek® Guide Test Strips and Meters
	TRUEtrack™ Test Strips and Meters	OneTouch® Test Strips and Meters, Contour® Next Test Strips and Meters, Accu-Chek® Guide Test Strips and Meters
Hemophilia	Esperoct® ^{1,4}	Advate®, Kogenate® FS, Kovaltry®, NovoEight®, Nuwig®, Recombinate™
HIV	Truvada® (brand only)	emtricitabine-tenofovir disoproxil fumarate (generic Truvada) ⁵
Hypertension	Bystolic®	atenolol (generic Tenormin®), bisoprolol (generic Zebeta®), metoprolol (generic Lopressor®), metoprolol extended-release (generic Toprol®)
	Inderal® XL	propranolol (generic Inderal), propranolol extended-release (generic Inderal LA)
	Innopran® XL	propranolol (generic Inderal), propranolol extended-release (generic Inderal LA)
Migraine	Nurtec™ ODT ^{1,4}	almotriptan (generic Axert®), eletriptan (generic Relpax®), frovatriptan (generic Frova®), naratriptan (generic Amerge®), rizatriptan (generic Maxalt®/Maxalt MLT), sumatriptan® (generic Imitrex), zolmitriptan (generic Zomig®), Ubrelvy® ¹
Multiple Sclerosis	Tecfidera® ¹ (brand only)	dimethyl fumarate (generic Tecfidera) ¹ , Bafiertam ¹
Muscle Spasms	Fexmid® (cyclobenzaprine 7.5 mg)	cyclobenzaprine 5 mg, 10 mg (generic Flexeril®)
Myasthenia Gravis	Mestinon® 60 mg tablet (brand only)	pyridostigmine (generic Mestinon)
Neutropenia	Nyvepria™ ⁴	Neulasta®, Ziextenzo®
Osteoporosis	Forteo® ¹	Teriparatide ¹ , Tymlos® ¹
Pain	tramadol HCL 100mg ⁴	Two tramadol 50 mg (generic Ultram®)
	Zohydro® ER (brand only) ¹	hydrocodone extended-release capsule (generic Zohydro ER) ¹ , morphine sulfate (generic MS Contin®), Xtampza® ER
Pain & Inflammation	Voltaren® gel (diclofenac 1%)	OTC Voltaren Arthritis Pain 1% gel
Testosterone Replacement	Jatenzo® ^{1,4}	Androderm® ¹ , Testim® ¹
Ulcers due to H. pylori	Talicia® ⁴	amoxicillin (generic Amoxil®) + omeprazole (generic Prilosec®) +

Therapeutic Use	Medication	Alternative Treatment Option(s)
		rifabutin (generic Mycobutin®) OR Omeclamox®-Pak
Wilson's Disease	Cuprimine® (brand only)	penicillamine (generic Cuprimine, Depen® Titratabs)

Prior Authorization – Notification Changes

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

Therapeutic Use	Medication
Diabetes	Adlyxin™
	Bydureon/Bydureon BCise®
	Byetta®
	Ozempic®
	Rybelsus®
	Trulicity®
	Victoza®

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
Asthma	Albuterol tablets

Step Therapy Changes

Step therapy 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)
Genital Warts	Veregen®	Must try one of the following: imiquimod (generic Aldara™) or podofilox (generic Condylox®)
Pain	levorphanol tartrate	Must try three of the following: hydromorphone (generic Dilaudid®), morphine immediate-release, oxycodone (generic Roxicodone®), oxymorphone (generic Opana®)

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 In accordance with HCR/ACA requirements, product will process for a \$0 copayment for all plan members.