

Pharmacy Benefit Coverage Updates

January 1, 2022

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, 2022.

Tier Updates

The following medications will change tiers on or before **January 1, 2022**.

Therapeutic Use	Medication	Tier	Alternative Treatment Option(s)
Cholesterol/Lipid lowering	niacin ER (generic Niaspan®)	3 ▶ 2	N/A
Sexual dysfunction	Imvexxy® ¹	3 ▶ 2	N/A

Exclusions^{2, 3}

The following medications will no longer be covered under our pharmacy benefit plans effective **January 1, 2022**.

Therapeutic Use	Medication	Alternative Treatment Option(s)
Acne	Winlevi® ⁴	OTC Differin®, tretinoin cream (generic Retin-A®)
Actinic keratosis	Carac® (fluorouracil 0.5% cream)	fluorouracil 5% (generic Efudex®), imiquimod (generic Aldara®), Fluoroplex® 1% cream
ADHD	Ritalin® tablets (brand only)	methylphenidate tablets (generic Ritalin)
Allergies	Patanase® (brand only)	olopatadine 0.6% nasal spray (generic Patanase)
Alzheimer's disease	Namenda® (brand only)	memantine (generic Namenda)
Angina	Isordil Titradose® (brand only)	isosorbide dinitrate (generic Isordil Titradose)
Benign prostatic hypertrophy	Proscar® (brand only)	finasteride (generic Proscar)
Cancer	Tykerb™ (brand only) ⁵	lapatinib tablet (generic Tykerb) ⁵
	Xalkori® ⁵	Alecensa® ⁵ , Alunbrig™ ⁵
	Zykadia® ⁵	

Therapeutic Use	Medication	Alternative Treatment Option(s)
Cholesterol/Lipid lowering	Niaspan (brand only)	niacin extended-release (generic Niaspan)
Cholesterol/Lipid lowering	Pravachol® (brand only)	pravastatin (generic Pravachol)
Coagulation disorders	Mephyton® (brand only)	phytonadione (generic Mephyton)
Contraceptive	Estrostep FE® (brand only) ⁶	norethindrone/ethinyl estradiol 1/20-1/30-1/35 [Tilia FE, Tri-Ligest FE (generic Estrostep FE)] ⁶
	Loestrin 1/20 (brand only) ⁶	norethindrone/ethinyl estradiol 1 mg/20 mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)] ⁶
	Loestrin FE 1.5/30 (brand only) ⁶	norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, (generic Loestrin FE 1.5/30)]
	Loestrin® 1.5/30 (brand only) ⁶	norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela, Hailey, Junel 1.5/30, Larin, Microgestin (generic Loestrin 1.5/30)] ⁶
	Mircette® (brand only) ⁶	desogestrel/ethinyl estradiol [Azurette, Bekyree, Kariva, Pimtrea, Simliya, Viorele, Volnea (generic Mircette)] ⁶
Cough & cold	Hycodan® (brand only) ⁴	hydrocodone/homatropine (generic Hycodan)
Depression	Remeron® SoluTab™, tablets (brand only)	mirtazapine (generic Remeron)
Dermatitis	Cordran® ointment (brand only) ⁵	flurandrenolide 0.05% ointment (generic Cordran)
Diabetes	Amaryl® (brand only)	glimepiride (generic Amaryl)
Gallstones	Actigall® (brand only)	
	Urso Forte® (brand only)	ursodiol (generic Actigall, generic Uro 250, generic Urso Forte)
	Urso® 250 (brand only)	
Glaucoma	travoprost (generic Travatan Z®)	latanoprost (generic Xalatan®), Lumigan®
Heart failure	Edecrin® (brand only)	ethacrynic acid tablets (generic Edecrin)
Hereditary angioedema	Orladeyo™ ^{4,5}	Haegarda® ⁵ , Takhzyro® ⁵
High blood pressure	Accupril® (brand only)	quinapril (generic Accupril)
	Dyrenium® (brand only)	triamterene capsules (generic Dyrenium)
	Tarka® (brand only)	trandolapril/verapamil extended-release tablet (generic Tarka)

Therapeutic Use	Medication	Alternative Treatment Option(s)
	Toprol XL [®] (brand only)	metoprolol succinate extended-release tablet (generic Toprol XL)
Hormone replacement	Femhrt [®] (brand only)	norethindrone/ethinyl estradiol 0.5 mg/2.5 mcg [Fyavolv (generic Femhrt)]
Infections	Diflucan [®] tablets, suspension	fluconazole (generic Diflucan)
Multiple sclerosis	Rebif [®] /Rebif Rebidose ^{®5}	Avonex ^{®5} , Betaseron ^{®5} , Plegridy ^{®5} dimethyl fumarate (generic Tecfidera ^{®5}), glatiramer acetate (generic Copaxone ^{®5}), Aubagio ^{®5} , Bafiertam ^{®5} , Gilenya ^{®5} ,
Nausea & vomiting	Emend [®] capsules (brand only)	aprepitant capsules (generic Emend)
Onychomycosis	Kerydin [®] (brand only) ⁵	ciclopirox (generic Penlac [®]), itraconazole (generic Sporanox [®]), terbinafine (generic Lamisil [®]), tavaborole (generic Kerydin)
Osteoporosis	Boniva [®] tablet (brand only)	ibandronate (generic Boniva)
Overactive bladder	Ditropan XL [®] (brand only)	oxybutynin extended-release tablet (generic Ditropan XL)
	Gemtesa ^{®4}	oxybutynin (generic Ditropan [®]), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic VESicare [®]), Toviaz [®] , Oxytrol OTC
	VESIcare LS ^{™4}	
Pain	Prolate [®] (oxycodone/acetaminophen) 10 mg/300 mg oral solution ⁴	oxycodone/acetaminophen (generic Percocet [®])
Pain & inflammation	Cataflam [®] (brand only) ⁴	diclofenac tablets (generic Cataflam, generic Voltaren [®])
Pain & inflammation	Mobic [®] (brand only)	meloxicam (generic Mobic)
Plaque psoriasis	Dovonex (brand only)	calcipotriene cream (generic Dovonex)
	Wynzora ^{®4}	betamethasone (generic Diprosone [®]) + calcipotriene (generic Dovonex [®]), betamethasone/calcipotriene ointment (generic Taclonex [®]), Enstilar [®] , Taclonex Suspension
Rheumatoid arthritis	Arava [®] (brand only)	leflunomide (generic Arava)
Thrombocytopenia	Agrylin [®] (brand only)	anagrelide (generic Agrylin)
Thyroid replacement	Thyquidity ^{™4}	levothyroxine (generic Synthroid [®]), Tirosint [®] -Sol
Ulcers due to H. pylori	Helidac [®] Therapy ⁴	metronidazole (generic Flagyl) + tetracycline (generic Sumycin [®]) + OTC bismuth subsalicylate or Omeclamox-Pak [™])

Prior Authorization – Notification Changes

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

Therapeutic Use	Medication
Iron overload	Feriprox® 1000 mg

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
Pain & inflammation	Indocin® suspension/suppository
Sexual dysfunction	Intrarosa™ ¹

Step Therapy Changes⁷

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)
Cancer	Lorbrena® ^{5*}	Both of the following: Alecensa ⁵ , Alunbrig ⁵

* Members currently on therapy as documented in claims history will be allowed to continue on their current therapy

1 Coverage of is determined by the consumer’s prescription drug benefit plan including step therapy or prior authorization.

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

3 For benefits that do not exclude, step therapy (referred to as First Start in New Jersey) or prior authorization (sometimes referred to as precertification) 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 benefit

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

6 In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access uhcprovider.com>Drug List and Pharmacy>Additional Resources> Patient Protection and Affordable Care Act \$0 Cost-share Preventive Medications Exemption Requests (Commercial members) or call the toll-free number on the member’s health plan ID card.

7 Referred to as First Start in New Jersey.

