

Pharmacy Benefit Coverage Updates

September 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 September 1, 2021.

Tier Updates

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

Therapeutic Use	Medication	Tier	Alternative Treatment Option(s)
Dermatitis	doxepin 5% (generic Zonalon®) ¹	1 ▶ 3	betamethasone dipropionate cream 0.05% (generic Diprosone®), desoximetasone cream 0.05% (generic Topicort®), fluocinonide cream 0.05% (generic Lidex®), mometasone furoate cream 0.1% (generic Elocon®), triamcinolone acetonide cream 0.5% (generic Aristocort®)
Parkinson's disease	tolcapone (generic Tasmar®) ¹	2 ▶ 3	carbidopa/levodopa (generic Sinemet®), entacapone (generic Comtan®)

Exclusions^{2, 3}

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

Therapeutic Use	Medication	Alternative Treatment Option(s)
ADHD	Desoxyn® (brand only)	methamphetamine (generic Desoxyn)
Alzheimer's disease	Aricept® 5 mg, 10 mg (brand only)	donepezil (generic Aricept)
Anticoagulant	Arixtra® (brand only)	fondaparinux (generic Arixtra)
Arrhythmias	Rythmol SR® (brand only)	propafenone extended-release capsules (generic Rythmol)
Bowel preparation	OsmoPrep®	polyethylene glycol powder (generic Glycolax®), PEG (generic Golytely®), Sutab®, Suprep®

Therapeutic Use	Medication	Alternative Treatment Option(s)
Contraceptive	Loestrin® FE 1/20 (brand only)	norethindrone/ethinyl estradiol [Aurovela™ FE, Blisovi™ FE, Hailey™ FE, Junel™ FE, Larin™ FE, Microgestin™ FE, Tarina™ FE (generics for Loestrin FE 1/20)]
	Impeklo™ ⁴	betamethasone 0.05% augmented gel (generic Diprolene), clobetasol propionate 0.05% gel (generic Temovate®), clobetasol 0.05% solution (generic Temovate®)
Dermatitis	Prudoxin™ ¹	betamethasone dipropionate cream 0.05% (generic Diprosone), desoximetasone cream 0.05% (generic Topicort), fluocinonide cream 0.05% (generic Lidex), mometasone furoate cream 0.1% (generic Elocon), triamcinolone acetonide cream 0.5% (generic Aristocort)
	Eysuvis™ ⁴	loteprednol 0.5% ophthalmic suspension (generic Lotemax®)
Dry eye disease	Eysuvis™ ⁴	loteprednol 0.5% ophthalmic suspension (generic Lotemax®)
Dry mouth	Evoxac™ (brand only)	cevimeline (generic Evoxac)
Endocrine disorders	DDAVP® injection, tablets (brand only)	desmopressin (generic DDAVP)
Heart failure	Aldactone® (brand only)	spironolactone (generic Aldactone)
	Inspra® (brand only)	eplerenone (generic Inspra)
Hemophilia	SevenFACT® ⁴	NovoSeven®
Hepatitis B	Hepsera™ (brand only)	adefovir (generic Hepsera)
HIV	Lexiva® (brand only)	fosamprenavir (generic Lexiva)
	Trizivir® (brand only)	abacavir/lamivudine/zidovudine (generic Trizivir)
Hormone replacement	Estrace® tablets (brand only)	estradiol tablets (generic Estrace)
Hypercholesterolemia	Praluent® ¹	Repatha® ¹
	Zocor® (brand only)	simvastatin (generic Zocor)
Hypertension	Conjupri® ⁴	amlodipine (generic Norvasc®)
	Altace® (brand only)	ramipril (generic Altace)
	Atacand HCT® (brand only)	candesartan/hydrochlorothiazide (generic Atacand HCT)
	Avalide® (brand only)	irbesartan/hydrochlorothiazide (generic Avalide)

Therapeutic Use	Medication	Alternative Treatment Option(s)
	Catapres-TTS® (brand only)	clonidine patch (generic Catapres-TTS)
	Coreg® (brand only)	carvedilol (generic Coreg)
	Hyzaar® (brand only)	losartan/hydrochlorothiazide (generic Hyzaar)
	Procardia XL® (brand only)	nifedipine extended-release tablet (generic Procardia XL)
Hypoglycemia	Proglycem® (brand only)	diazoxide (generic Proglycem)
Infections	Valcyte® oral solution (brand only)	valganciclovir oral solution (generic Valcyte)
Inflammation	Gastrocrom® (brand only)	cromolyn oral concentrate (generic Gastrocrom)
Inflammatory conditions	RediTrex® ⁴	methotrexate tablets, Rasuvo®
Mental health	Pamelor® (brand only)	nortriptyline (generic Pamelor)
	Paxil® (brand only)	paroxetine (generic Paxil)
Migraines	Amerge® (brand only)	naratriptan (generic Amerge)
	Zomig-ZMT® (brand only)	zolmitriptan orally disintegrating tablet (generic Zomig-ZMT)
Muscle spasms	Soma® 350 mg tablets (brand only)	carisoprodol 350 mg tablets (generic Soma)
Myasthenia gravis	Mestinon® Timespan® (brand only)	pyridostigmine extended-release tablet (generic Mestinon Timespan)
Nausea & vomiting	Transderm Scop® (brand only)	scopolamine transdermal patch (generic Transderm Scop)
	Zofran® tablets (brand only)	ondansetron (generic Zofran)
Ophthalmic inflammation	Lotemax® 0.5% ophthalmic suspension (brand only)	loteprednol 0.5% ophthalmic suspension (generic Lotemax)
	Pred Forte® 1% (brand only)	prednisolone 1% ophthalmic suspension (generic Pred Forte)
Oral steroid	Alkindi Sprinkle® ^{1,4}	hydrocortisone tablet (generic Cortef®)
Pain	Qdolo™ ^{1,4}	tramadol (generic Ultram®)
	Ultram® (brand only)	tramadol (generic Ultram)
Pain & inflammation	Arthrotec® (brand only)	diclofenac/misoprostol (generic Arthrotec)
	Naprosyn® oral suspension ¹ , tablets (brand only)	naproxen (generic Naprosyn)
Parkinson's disease	Ongentys® ⁴	carbidopa/levodopa (generic Sinemet®), entacapone (generic Comtan®)
Psoriasis	Soriatane® (brand only)	acitretin (generic Soriatane)

Therapeutic Use	Medication	Alternative Treatment Option(s)
Reflux	Gimonti™ ⁴	metoclopramide (generic Reglan®)
Sleep	Rozerem® (brand only) ¹	ramelteon (generic Rozerem) ¹
Tardive dyskinesia	Ingrezza™ ¹	Austedo® ¹

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
Parkinson's disease	Tasmar (tolcapone)

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 (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.

